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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)

OMB No 1545-1150 2009

Open to Public

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning Check if applicable Please Name of organization Employer identification number use IRS Address change label or XYZ CORPORATION 26-1801357 Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return type. See PO BOX 439 605-260-1066 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption YANKTON SD 57078 Number Application pending tione Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) WWW.XYZINC.ORG If the organization is not Check ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) ( **3** ) **◄** (insert no ) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 104,453 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 34,453 1 Contributions, gifts, grants, and similar amounts received 1 Program service revenue months of the month fees and contracts 2 2 3 Membership dues and assessments 3 Investment income 4 4 Gross amount is a sale of assets other than investory 70,000 234,062 Less cost or other hasis and sales expenses 5h Gain or (loss) from sale of asses of the han in whitery (Subtract line 5b from line 5a) SEE -164,062 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ reported on line 1) 6a Less, direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7a Less. cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 -129,609Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 STMT 2 44,030 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 3,875 12 Salanes, other compensation, and employee benefits 12 Expenses 4,598 13 Professional fees and other payments to independent contractors 13 5,913 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe SEE STATEMENT 3 5,653 16 16 64,069 17 Total expenses. Add lines 10 through 16 17 -193,678 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 450,405 end-of-year figure reported on pnor year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 256,727 Net assets or fund balances at end of year Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 24,005 60,327 22 Cash, savings, and investments 22 426,400 196,400 Land and buildings 23 24 Other assets (describe 24 450, 405 256,727 Total assets 25

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

**256.727** 

26

450,405

Total liabilities (describe

DAA

Form 990-EZ (2009) XYZ COR	PORATION	26	-1801357				Page 2
	gram Service Accomplishme	nts (See the instruct	ions for Part III	l.)		Ехр	enses
What is the organization's primary exem	pt purpose?				(Requ	red fo	or section
SEE STATEMENT 4					501(c)	(3) ar	nd 501(c)(4)
Describe what was achieved in carrying	- · · · · · · · · · · · · · · · · · · ·						s and section
manner, describe the services provided,	the number of persons benefited, or of	ther relevant information for	ſ		ı		rusts, optional
each program title					for oth	ers)	
28 FUNDING SUPPORT FOR YANKT	ON AREA PROGRESSIVE GROWTH						
					<u> </u>		
(Crents \$ 44 03(	) If this amount includes foreign gran	ata abaak bara		П	28a		44,030
(Grants \$ 44,030	2) II this amount includes loreign gran	nts, check here	<u>-</u>	J . L	204		44,030
29							
(Grants \$	) If this amount includes foreign gran	nts, check here	•		29a		
30	<u></u>						
					<b>!</b>		
(Grants \$	) If this amount includes foreign gran	nts, check here	<b>&gt;</b>		30a		
31 Other program services (attach sche	edule)			_	•		
(Grants \$	) If this amount includes foreign gran	nts, check here	<u> </u>		31a		
32 Total program service expenses (a				<u> </u>	32		44,030
Part IV List of Officers, Direct	ors, Trustees, and Key Employees. L	List each one even if not co (b) Title and average	mpensated (See to	he in	structions 1 Contributions	for Pa	rt IV.) (e) Expense
(a) Na	ame and address	hours per week	` (If not paid,	emple	yee benefit pla	ans &	account and
		devoted to position	enter -0)	defe	rred compensa	ition	other allowances
CHAD EKROTH	YANKTON	PRESIDENT	_	ŀ			
905 W 14TH STREET	SD 57078	5.00 VICE PRES.	0			-	0
CHAD GORDON	YANKTON	5.00	o			0	0
2500 VALLEY ROAD BERYL OLSON	SD 57078 YANKTON	TREASURER				~	
2605 WILLIAM CIRCLE	SD 57078	5.00	o			اه	0
DEB SPECHT	YANKTON	SECRETARY					
2011 ROBERTS	SD 57078	5.00	o			o	0
SARAH CARDA	YANKTON	BOARD MEMBER	•				
2603 MULBERRY	SD 57078	5.00	o			٥	o
DAVID HOSMER	YANKTON	BOARD MEMBER	!				· · · · ·
505 RIVERSIDE DRIVE	SD 57078	5.00	0			0	0
BRAD WOERNER	YANKTON	BOARD MEMBER					
1407 SAINT BENEDICT DRIVE	SD 57078	5.00	0			0	0
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Form **990-EZ** (2009)

<u> Pa</u>	iff V Other Information (Note the statement requirements in the instructions for	Part V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	t reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		]		
	6033(e) notice, reporting, and proxy tax requirements?		35a	ļ	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N	1	36	<u> </u>	_X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	a	4	ļ l	
þ	Did the organization file Form 1120-POL for this year?		37b		_ <u>X</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re	ł		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	b	4		
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9	<del>-</del>	4		
b	Gross receipts, included on line 9, for public use of club facilities	b	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		-		
	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefits	efit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		}		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	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 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization				
е	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		40e		X
41	List the states with which a copy of this return is filed NONE	<b>60</b>	5-26	Λ 1	066
42a	The organization's books are in care of ► SHELLY PETERSON  2208 VALLEY RD	Telephone no ► 60	3-20	0-1	000
	Located at YANKTON, SD	71D . 4 . 5. 5.7	078		
	•		078		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority			V	M-
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?		42b	Yes	No X
	If "Yes," enter the name of the foreign country		420	$\vdash$	42
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		х
·	If "Yes," enter the name of the foreign country		420	LI	
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶ □
70	and enter the amount of tax-exempt interest received or accrued during the tax year	▶   43			
	and anitor the amount of tax-exempt interest received or accorded during the tax year	F (+3)			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			162	140
•	Form 990-EZ		44		x
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		x
			orm 99	0-E7	
			J UU	-	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Pa	rt VI	Section 501(c)(3) organizations and section 4947(a)	• •			•			
		501(c)(3) organizations and section 4947(a)(1) nonex	empt cnaritable	e trusts must a	answe	er questior	is 46	-49b	
		and complete the tables for lines 50 and 51.	<del></del>						
46		organization engage in direct or indirect political campaign activities on b	ehalf of or in oppos	ition to				Yes	No
		es for public office? If "Yes," complete Schedule C, Part I					46 47		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									_ <u>X</u>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									X
49a	, , , , , , , , , , , , , , , , , , , ,								X
b		was the related organization a section 527 organization?					49b		
50	•	e this table for the organization's five highest compensated employees (		•		<b></b>			
	employe	es) who each received more than \$100,000 of compensation from the o	(b) Title and average	(c) Compensation		Contributions to	(0)	Expens	
		(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) compensation	employ	ee benefit plans & ed compensation	acc	ount an	nd
NONE	3								
		<del></del>							
					<u> </u>				
f	Total nur	nber of other employees paid over \$100,000	▶						
51	\$100,000	e this table for the organization's five highest compensated independent  Of compensation from the organization. If there is none, enter "None"			unan	1 (2) 0		-4	
		lame and address of each independent contractor paid more than \$100,000	(D)	Type of service	_	(c) C	ompens	ation	
NO	NE								
						<del>                                     </del>	-		
		<del></del> - ·							
				<del> </del>					
d	Total nur	mber of other independent contractors each receiving over \$100,000	<b></b>	· · · · · · · · · · · · · · · · · · ·	.,				
		Under penalties of perjury, I declare that I have examined this return, including ac and belief, it is true, correct, and complete Declaration of preparer (other than of							
Sigr	,	Cale Do		•	2010	any mionio	90		
Here		Signature of officer		Date	4070				
		CHAD EKROTH	PRES	SIDENT					
		Type or print name and title							
		Preparer's \ O1 \ O1 \ O1 \ O1	Date	Check if		Preparer's Ident	ifying Nu	nber (Se	e instr )
Paic	ı	Preparer's signature Full	- 03/11	self- employed	$\neg$	P0012	1266	5	
Prep	parer's	Firm's name (or yours WILLIAMS & COMPANY, C		_, _ o <sub>i</sub> chipioyed i			2-1		056
	Only	if self-employed), 614 BROADWAY	,			hone		<u>- · · · · · · · · · · · · · · · · · · ·</u>	
		address, and ZIP + 4 YANKTON, SD 57078				。▶ 605	-66	5-94	401
May	the IRS d	scuss this return with the preparer shown above? See instructions				<b></b>	Ye		No
	_			·············				0.EZ	

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

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

▶ Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

## XYZ CORPORATION

Employer identification number 26–1801357

<u> </u>	art i	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	<u>aπ.) S</u>	ee ins	struction	ons.		
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box )							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name					ıtal's name						
·	نا	city, and state											
5		•		a college or university owned or	nnerated	hy a gove	ernments	al unit de	ecahed	ın			
•	لــا	•	•	•	operated	by a gove	, i i i i i i i i i i i i i i i i i i i	ir ariit ac	SCIDEU				
		-	b)(1)(A)(iv). (Complete Part I	•		LVAVAV.							
6		•	,	vernmental unit described in sec	•		•						
7	X			ubstantial part of its support from	ı a govern	mentat ur	nt or tron	n the ge	nerai pu	IDIIC			
_			section 170(b)(1)(A)(vi). (Co	·									
8		-		'0(b)(1)(A)(vi). (Complete Part II	•								
9		An organizati	on that normally receives: (1)	more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership f	ees, and	d gross			
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions	, and (2) r	o more	than 33	1/3 % o	fits			
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 5	11 tax) fr	om busi	nesses				
		acquired by the	ne organization after June 30	, 1975 See <b>section 509(a)(2)</b> . (	Complete	Part III)							
10	Ш	An organization	on organized and operated ex	xclusively to test for public safety	See sec	tion 509(	a)(4).						
11		An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a	)(1) or se	ction 509	9(a)(2) \$	See <b>sec</b>	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h				
		a Type	I <b>b</b> Type II	c Type III–Functiona	ally integra	ited	d	Тур	e III-Oti	her			
9		By checking to	his box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	dısqualı	fied				
		persons other	than foundation managers a	and other than one or more public	cty suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	/pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
Ü		following per	_	, , ,		•							
				ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		• •	pelow, the governing body of				. ()				11g(ı)		
			member of a person describe	•							11g(ii)		
			ontrolled entity of a person de	• •							11g(iii)		
h			ollowing information about the								[••8(••)	1	1
	Nami	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
11,		anization	(11) 2.114	(described on lines 1–9	1 ' '	sted in your	the organ	nzation in	organizat		supp		
				above or IRC section	governing	document?	col (i)	of your cort?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2009 XYZ CORPORATION 26-1801357 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 457,850 34,453 492,303 Tax revenues levied for the organization'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 Total. Add lines 1 through 3 457,850 34,453 492,303 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) 406,708 Public support. Subtract line 5 from line 4 85,595 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 457,850 34,453 492,303 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 492,303 12 Gross receipts from related activities, etc. (see instructions) 12 13 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) ▶ X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 XYZ CORPORATION 26-1801357 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 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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 through 5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less b section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests-2008. If the organization did not check a box on line 14 or line 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

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

Page 4

Schedule A (Form 990 or 990-EZ) 2009 XYZ CORPORATION 26-1801357

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

# 82550 XYZ CORPORATION 26-1801357 FYE: 12/31/2009

# Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Gain / Loss	-164,062	-164,062
	Depreciation	တ	\$ 0
	Cost & Expense	234,062 \$	234,062 \$
	Sale Price	\$ 000,02	\$ 000,00
	Date Sold	\$ 60/60/9	S
	Date Acquired	12/30/08	
Description	Whom Sold		
	How Received	BUILDING DONATION	TOTAL

82550 .XYZ CORPORATION

26-1801357 FYE: 12/31/2009

# **Federal Statements**

3/11/2010 7:51 AM

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amo	<u>unt</u>
EXPENSES	\$	
INSURANCE		447
BANK CHARGE		45
FILING FEES		30
SUPPLIES		1,377
ANNUAL MEETING		1,973
FUNDRAISING		1,356
FEES		325
DUES		100
TOTAL	\$	5,653

82550 .XYZ CORPORATION

26-1801357 FYE: 12/31/2009

# **Federal Statements**

3/11/2010 7:51 AM

## Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROMOTE THE GREATER YANKTON ECONOMIC DEVELOPMENT COMMUNITY AND TO SUPPORT OTHER NON-PROFIT CORPORATIONS WITHIN THE GREATER YANKTON ECONOMIC DEVELOPMENT COMMUNITY.