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# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning and ending**

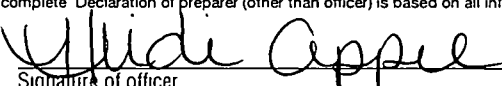
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C Name of organization</b> <b>Aberdeen Area Convention and Visitors Bureau, Inc.</b>		<b>D Employer identification number</b> <b>46-0422304</b>
		<b>Doing Business As</b>		<b>E Telephone number</b> <b>(605) 225-2414</b>
		<b>Number and street (or P.O. box if mail is not delivered to street address)</b>	<b>Room/suite</b>	<b>G Gross receipts \$</b> <b>709,992.</b>
		<b>10 Railroad Ave SW - PO Box 78</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>City or town, state or country, and ZIP + 4</b> <b>Aberdeen, SD 57402-0078</b>		<b>F Name and address of principal officer</b> <b>Heidi Haskell-Appel</b> <b>same as C above</b>		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ <b>www.visitaberdeensd.com + www.huntfishsd.c</b>				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L Year of formation:</b> <b>1992</b> <b>M State of legal domicile:</b> <b>SD</b>				

**Part I Summary**

<b>Revenue</b> <b>Activities and Governance</b>	1	Briefly describe the organization's mission or most significant activities		<b>The Aberdeen Area Convention and Visitors Bureau acts as a promotion agency in the promotion of the</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<b>11</b>		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<b>11</b>		
	5	Total number of employees (Part V, line 2a)	5	<b>13</b>		
	6	Total number of volunteers (estimate if necessary)	6	<b>20</b>		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<b>15,691.</b>		
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	<b>0.</b>		
	<b>Expenses</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	<b>387,241.</b>	
		9	Program service revenue (Part VIII, line 2g)	Current Year	<b>689,269.</b>	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>16,425.</b>		
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>20,723.</b>		
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>52.</b>		
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>403,718.</b>		
14		Benefits paid to or for members (Part IX, column (A), line 4)		<b>709,992.</b>		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>		
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶		<b>226,658.</b>		
<b>Net Assets or Fund Balances</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>269,162.</b>		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>156,976.</b>		
	19	Revenue less expenses Subtract line 18 from line 12		<b>338,314.</b>		
	20	Total assets (Part X, line 16)		<b>383,634.</b>		
	21	Total liabilities (Part X, line 26)		<b>735,976.</b>		
	22	Net assets or fund balances Subtract line 21 from line 20		<b>20,084.</b>		
			Beginning of Current Year	<b>&lt;25,984.&gt;</b>		
			End of Year	<b>110,827.</b>		
				<b>12,771.</b>		
				<b>98,056.</b>		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b> 	<b>Date</b> <b>11/15/10</b>
	<b>Heidi Haskell-Appel, Assistant Director</b> Type or print name and title	
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> <b>Melissa White, CPA</b>	<b>Date</b> <b>11/15/10</b>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> <b>EIDE BAILLY LLP</b> <b>24 2ND AVE SW; P.O. BOX 430</b> <b>ABERDEEN, SD 57402-0430</b>	<b>Check if self-employed</b> <input type="checkbox"/> <b>Preparer's identifying number (see instructions)</b> <b>EIN ▶</b> <b>Phone no. ▶ 605-225-8783</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The Aberdeen Area Convention and Visitors Bureau acts as a promotion agency in the promotion of the City of Aberdeen, SD as a visitor's destination and center for conventions and related activities.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

During 2009, Aberdeen hosted many tour groups from around the world. As a result of our marketing efforts, we hosted over 100 meetings and conventions annually, bringing close to 115,000 delegates to the Aberdeen area. We staff and maintain two visitor centers. These visitor centers provide information about the community, serving thousands of visitors to our area, coming from all 50 states, 4 Canadian provinces and 8 foreign countries. We print several publications that are distributed to entice visitors to the area and maintain two comprehensive websites, one geared to the leisure tourist and one geared to the hunting and fishing sportsman. We also help with coordinating volunteer assistance (882 hours) and host hospitality rooms for several events.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$

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## Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11	X	
<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>			
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	Yes	No
			X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		X

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## Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<b>32</b>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b>	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	13	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **Deb Kavanaugh - (605) 225-2414**  
**10 Railroad Ave SW, Aberdeen, SD 57401**

Form 990 (2009)

**Aberdeen Area Convention and Visitors  
Bureau, Inc.**

Form 990 (2009)

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Randy Grismer President	1.00	X		X				0.	0.	0.
JoEllen Lindner Secretary Treasurer	1.00	X		X				0.	0.	0.
David Novstrup President Elect	1.00	X		X				0.	0.	0.
Beth Isaacson Hoeft Past President	1.00	X		X				0.	0.	0.
Chris Dohrer Director	1.00	X						0.	0.	0.
Mike Birgen Director	1.00	X						0.	0.	0.
Kraig Schlaht Director	1.00	X						0.	0.	0.
Jessica Dorn Director	1.00	X						0.	0.	0.
Jennie Hogg Director	1.00	X						0.	0.	0.
Kevin Olsen Director	1.00	X						0.	0.	0.
Kim Bot Director	1.00	X						0.	0.	0.
KC DeBoer Chamber of Commerce Liai	1.00	X						0.	0.	0.
Nancy Krumm Executive Director	40.00			X				55,366.	0.	13,920.



**Aberdeen Area Convention and Visitors  
Bureau, Inc.**

Form 990 (2009)

**46-0422304** Page **8**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								<b>55,366.</b>	<b>0.</b>	<b>13,920.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form **990** (2009)

## Aberdeen Area Convention and Visitors

Form 990 (2009)

Bureau, Inc.

46-0422304 Page 9

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	689,269.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		689,269.			
Program Service Revenue	2 a	Sportsmans Coop	Business Code 541800	15,691.		15,691.	
	b	Program Service Revenue	561499	5,032.	5,032.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		20,723.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		709,992.	5,032.	15,691.	0.	

## Aberdeen Area Convention and Visitors

Form 990 (2009)

Bureau, Inc.

46-0422304 Page 10

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	128,500.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,286.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	153,192.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	29,916.			
10 Payroll taxes	16,768.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,447.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	235,158.			
13 Office expenses	15,281.			
14 Information technology				
15 Royalties				
16 Occupancy	18,867.			
17 Travel	20,744.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,807.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,293.			
23 Insurance	2,815.			
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Postage	10,770.			
b Hospitality Expenses	9,640.			
c Subscriptions	3,473.			
d Research/Development	417.			
e Meals	394.			
f All other expenses	208.			
25 Total functional expenses Add lines 1 through 24f	735,976.			
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Aberdeen Area Convention and Visitors  
Bureau, Inc.**

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	33,562.	1	98,434.	
	<b>2</b> Savings and temporary cash investments		2		
	<b>3</b> Pledges and grants receivable, net		3		
	<b>4</b> Accounts receivable, net	62,820.	4	23,685.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	<b>7</b> Notes and loans receivable, net		7		
	<b>8</b> Inventories for sale or use		8		
	<b>9</b> Prepaid expenses and deferred charges		9		
	<b>10a</b> Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 61,896.			
	<b>b</b> Less: accumulated depreciation	10b 52,880.	14,445.	10c	9,016.
	<b>11</b> Investments - publicly traded securities		11		
	<b>12</b> Investments - other securities. See Part IV, line 11		12		
	<b>13</b> Investments - program-related. See Part IV, line 11		13		
	<b>14</b> Intangible assets		14		
	<b>15</b> Other assets. See Part IV, line 11		15		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		110,827.	16	131,135.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	12,771.	17	21,637.	
	<b>18</b> Grants payable		18		
	<b>19</b> Deferred revenue		19		
	<b>20</b> Tax-exempt bond liabilities		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24		
	<b>25</b> Other liabilities. Complete Part X of Schedule D		25		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25		12,771.	26	21,637.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	98,056.	27	109,498.	
	<b>28</b> Temporarily restricted net assets		28		
	<b>29</b> Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32		
	<b>33</b> <b>Total net assets or fund balances</b>	98,056.	33	109,498.	
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	110,827.	34	131,135.	

Form **990** (2009)

# Aberdeen Area Convention and Visitors

Form 990 (2009)

Bureau, Inc.

46-0422304 Page 12

## Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **Aberdeen Area Convention and Visitors  
Bureau, Inc.**Employer identification number  
**46-0422304****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

## Aberdeen Area Convention and Visitors

Schedule D (Form 990) 2009

Bureau, Inc.

46-0422304 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		61,896.	52,880.	9,016.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,016.

Schedule D (Form 990) 2009

Bureau, Inc.

Schedule D (Form 990) 2009

<b>Part VII</b>	<b>Investments - Other Securities.</b> See Form 990, Part X, line 12
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**Total** (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

<b>Part VIII</b>	<b>Investments - Program Related.</b> See Form 990, Part X, line 13
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**Total** (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15
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**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 )

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25
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2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48



# Aberdeen Area Convention and Visitors

Schedule D (Form 990) 2009

Bureau, Inc.

46-0422304 Page 4

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **Aberdeen Area Convention and Visitors**

**Bureau, Inc.**

Employer identification number  
**46-0422304**

**Part I** General information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NESD Celtic Faire, Inc. PO Box 202 Aberdeen, SD 57401	26-0807449	501(c)(3)	10,000.	0.			To assist in the promotion of recreational activities in the Aberdeen SD area.
Act 2, Inc./South Dakota Film Festival - 417 S Main St - Aberdeen, SD 57401	46-0356747	501(c)(3)	30,000.	0.			To assist in the promotion of recreational activities in the Aberdeen SD area.
Aberdeen Downtown Association 103 1/2 South Main Street Aberdeen, SD 57401	46-0460220	501(c)(6)	41,000.	0.			To assist in the promotion of recreational activities in the downtown area of Aberdeen
Aberdeen Hockey Association PO Box 515 Aberdeen, SD 57401	23-7194708	501(c)(3)	25,000.	0.			To assist in the support of Youth Activities.
Brown County Fair 25 Market Street Aberdeen, SD 57401	46-6000011	Government	22,500.	0.			To assist in the promotion of recreational activities in the Aberdeen SD area.

**2** Enter total number of section 501(c)(3) and government organizations

▶ **4.**

**3** Enter total number of other organizations

▶ **1.**

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) 2009

# Aberdeen Area Convention and Visitors

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

Schedule I, Part I, Line 2: Grants are approved prior to disbursement.

There are currently no formal procedures for follow up. However, the events are held locally and can be observed in the community.

Part II, line 1, Column (h):

Name of Organization or Government: Aberdeen Downtown Association

(h) Purpose of Grant or Assistance: To assist in the promotion of recreational activities in the downtown area of Aberdeen SD.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Aberdeen Area Convention and Visitors  
Bureau, Inc.Employer identification number  
46-0422304Form 990, Part I, Line 1, Description of Organization Mission:City of Aberdeen, SD as a visitors destination and center for  
conventions and related activities.Form 990, Part III, Line 2, New Program Services:The Aberdeen Hotel Alliance function of Aberdeen Area Convention and  
Visitors Bureau was established in connection with the City of Aberdeen  
to fund a portion or all of the future proposed public activities,  
facilities, events, and improvements along with the costs of  
acquisition, construction, maintenance, operation, and funding of such  
improvements, facilities, events, or activities for: the enhancement,  
expansion, marketing and promotion of visitor facilities, events,  
attractions, and activities benefitting the City of Aberdeen SD and its  
hotels and motels located within the taxing district.Form 990, Part VI, Section A, line 8b: No committees exist which have the  
authority to act on behalf of the governing board.Form 990, Part VI, Section B, line 11: There is no process in 2009 for  
reviewing the return the before it is filed. However for the 2010 return,  
the draft Form 990 will be reviewed by the Executive Director. The return  
will then be presented to the Executive Board of Directors as well as the  
full CVB Board of Directors.Form 990, Part VI, Section B, line 12: 2009 - There was no conflict of  
interest polity. In 2010, the CVB has a newly written conflict of interest

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

Aberdeen Area Convention and Visitors  
Bureau, Inc.

Employer identification number  
46-0422304

policy for each employee and board member's signature yearly and as  
situations arise.

-Each December the Executive

Director performs an Employee Evaluation.

-Based on that Employee Evaluation, the ED recommends a merit increase for  
each employee.

-The ED then presents those recommendations to the Board of Director's at  
the December meeting.

-Based on Board of Director Approval, the ED delivers the Employee  
Evaluation to each employee.

-The Merit increase will be assessed on the first payroll in January.

Executive Director Compensation:

-ED requests a merit increase from the Board of Directors.

-The Board of Directors performs the Executive Directors Employee  
Evaluation.

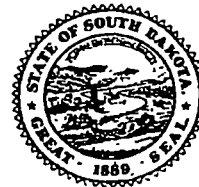
-If Merit increase is granted, the increase will be assessed to the next  
payroll.

-This process is true for all employee merit increases as well as benefit  
changes, i.e. car allowances, health benefits.

Form 990, Part VI, Section C, Line 19: Governing documents are available  
upon request.



STATE OF SOUTH DAKOTA  
Secretary of State



Certificate of Incorporation  
Non-Profit

I JOYCE HAZELTINE, Secretary of State of the State of South Dakota, hereby certify  
that the Articles of Incorporation of .....  
ABERDEEN AREA CONVENTION AND VISITORS BUREAU  
.....  
duly signed and verified, pursuant to the provisions of the South Dakota Nonprofit Corporation  
Act, have been received in this office and are found to conform to law  
ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this

Certificate of Incorporation of .....  
ABERDEEN AREA CONVENTION AND VISITORS BUREAU  
.....  
and attach hereto a duplicate of the Articles of Incorporation



IN TESTIMONY WHEREOF, I have hereunto  
set my hand and affixed the Great Seal of the  
State of South Dakota, at Pierre, the Capital,

this ..... 4th ..... day of  
..... SEPTEMBER A.D. 19..92.

.....  
*Joyce Hazeltnine*  
.....  
Secretary of State

.....  
Deputy

SEP 11 11 01 AM '92

444  
Sept 19 1992  
J. C. Hagelberg

RECEIVED  
AUG 25 1992

Secretary of State  
RECEIVED

SEP 4 1992

SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

ABERDEEN AREA CONVENTION AND VISITORS BUREAU

KNOWN BY ALL IN THESE PRESENTS, that we, the undersigned, for ourselves, associates and successors, have associated ourselves together for the purpose of forming a South Dakota Non-Profit Corporation under Chapter SDCL 47-22.

ARTICLE I

The name of the Corporation is Aberdeen Area Convention and Visitors Bureau.

ARTICLE II

The period of existence is perpetual.

ARTICLE III

The purpose or purposes for which the corporation is organized:

(A) To enjoy all the powers, rights and privileges granted by the South Dakota Business Corporation Act and all powers confirmed by all acts heretofore or hereafter amendatory of or supplemental to that Act, and the enumeration of power herein specified, if any, is not intended as exclusion of or as a waiver of any of the powers, rights or privileges granted or confirmed by that Act as it exists nor or hereafter. To engage in any lawful act or activities for which the Corporation may be organized under the laws of the State of South Dakota.

(B) The purpose or purposes for which the organization is organized shall include but not be limited to political,

#### ARTICLE VI

That the address of the Corporation's registered office is 516 S. Main, Aberdeen, South Dakota 57401, and the name of the registered agent is Duane Sutton. Said Duane Sutton does hereby consent to serve as registered agent.

#### ARTICLE VII

That the number of Directors constituting the initial Board of Directors shall be eleven and they are as follows:

NAME	ADDRESS
Duane Sutton	3401 w. Richmond Road Aberdeen, SD 57401
John McKichan	4326 Ironwood Drive Aberdeen, SD 57401
Dennis Miller	1503 South 7th St. Aberdeen, SD 57401
Jim Walker	206 South Harvard Aberdeen, SD 57401
Bebe Janish	1616 S. Main St. Aberdeen, SD 57401
Verna Schad	c/o Indian Health Services Federal Building Aberdeen, SD 57401
Dave Jensen	1021 S. Cochrane St. Aberdeen, SD 57401
Mike Warnke	c/o Holiday Inn 2727 SE Sixth Ave. Aberdeen, SD 57401
Gene Morsching	1425 McCoy St. Aberdeen, SD 57401
Sue Tonner	2205 N. Jay St. Aberdeen, SD 57401
Pierre duCharme	c/o Century 21 Box 1574 Aberdeen, SD 57402-1574



charitable, benevolent, education, social and civic,  
pursuant to SDCL 47-22-4.

(C) The specific purpose of said Non-Profit Corporation is to operate the Aberdeen Area Convention and Visitors Bureau and to provide activities to support the City of Aberdeen and the surrounding area as a convention site and to provide a Visitors Bureau for out of town visitors to the City of Aberdeen and to purchase property and to own property of whatever kind in order to accomplish said purposes.

#### ARTICLE IV

The Corporation will not have any members.

#### ARTICLE V

The initial Board of Directors shall be those listed as Incorporators. The initial Board of Directors shall choose subsequent Board of Directors pursuant to the By-Laws adopted by the Board of Directors.

#### ARTICLE VI

That in the event that this corporation is ever dissolved or discontinued, and if said corporation shall have any assets in its name, then in that event, said dissolution plan shall provide that said assets shall be sold and all proceeds from said assets and any money or accounts held in the name of the corporation can only be donated to another entity that has as its purpose one of the purposes of this corporation and in no event shall any member of said corporation in any way receive any amount upon dissolution of said corporation.

That the name and address of each incorporator is as follows:

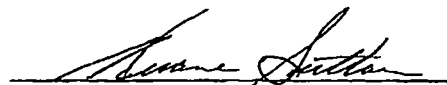
NAME	ADDRESS
Duane Sutton	3401 W. Richmond Road Aberdeen, SD 57401
Gene Morsching	1425 McCoy St. Aberdeen, SD 57401
Sue Tonner	2205 N. Jay St. Aberdeen, SD 57401

#### ARTICLE X

The private property of the stockholders of the Corporation shall not be subject to the payment of and no stockholder shall be individually responsible for the Corporate debts except as for such amount as may remain unpaid on his capitol stock.

These Articles may be amended in the manner authorized by law at the time of amendment.

Executed in duplicate on the 3 day of September, 1992.

  
Duane Sutton

State of South Dakota     )  
County of Brown         )ss

On this the 3rd day of September, 1992, before me,  
Laurie Lawson, the undersigned officer, personally appeared  
Duane Sutton, known to me or satisfactorily proven to be the person  
whose name is subscribed to the within instrument and acknowledge  
that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(SEAL)

Laurie Lawson  
Notary Public, Brown County  
South Dakota  
My Commission Expires: 11/20/95

Executed in duplicate on the 3 day of September, 1992.

Gene Morsching  
Gene Morsching

State of South Dakota )  
County of Brown ) ss

On this the 3rd day of September, 1992, before me,  
Laurie Lawson, the undersigned officer, personally appeared  
Gene Morsching, known to me or satisfactorily proven to be the  
person whose name is subscribed to the within instrument and  
acknowledge that he executed the same for the purposes therein  
contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(SEAL)

Laurie Lawson  
Notary Public, Brown County  
South Dakota  
My Commission Expires: 11/20/95

Executed in duplicate on the 3rd day of September, 1992.

Sue Tonner  
Sue Tonner


State of South Dakota )  
County of Brown ) ss

On this the 3rd day of September, 1992, before me,  
Laurie Lawson, the undersigned officer, personally appeared  
Sue Tonner, known to me or satisfactorily proven to be the person

whose name is subscribed to the within instrument and acknowledge  
that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(SEAL)

  
Notary Public, Brown County  
South Dakota  
My Commission Expires: 11/20/96

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>Aberdeen Area Convention and Visitors Bureau, Inc.</b>	Employer identification number <b>46-0422304</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>10 Railroad Ave SW - PO Box 78</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Aberdeen, SD 57402-0078</b>	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**Deb Kavanaugh**

- The books are in the care of ☒ **10 Railroad Ave SW - Aberdeen, SD 57401**

Telephone No ☒ **(605) 225-2414**

FAX No ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **November 15, 2010**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☒ **CPA**

Date ☒

Form **8868** (Rev. 4-2009)