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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other 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.  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: Absolutely Aberdeen Inc  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 416 Production Street North  
 City or town, state or country, and ZIP + 4: Aberdeen, SD 57401

**D** Employer identification number: 52-2424588  
**E** Telephone number: (605) 225-2860  
**F** Group Exemption Number:

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**  
**G** Accounting method:  Cash  Accrual  
 Other (specify):

**I Website:** WWW.ABSOLUTELYABERDEEN.COM  
**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one) —  501(c)(6) (insert no )  4947(a)(1) or  527  
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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.  
**L** 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 **\$** 210,539

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| Revenue   |  | Expenses  |   | Net Assets |  |
|-----------|--|-----------|---|------------|--|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received   | <b>10</b> | Grants and similar amounts paid (attach schedule)               | <b>18</b>  | Excess or (deficit) for the year (Subtract line 17 from line 9)  |
| <b>2</b>  | Program service revenue including government fees and contracts  | <b>11</b> | Benefits paid to or for members                                 | <b>19</b>  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| <b>3</b>  | Membership dues and assessments  | <b>12</b> | Salaries, other compensation, and employee benefits             | <b>20</b>  | Other changes in net assets or fund balances (attach explanation)  |
| <b>4</b>  | Investment income  | <b>13</b> | Professional fees and other payments to independent contractors | <b>21</b>  | Net assets or fund balances at end of year. Combine lines 18 through 20  |
| <b>5a</b> | Gross amount from sale of assets other than inventory  | <b>14</b> | Occupancy, rent, utilities, and maintenance                     |            |  |
| <b>5b</b> | Less cost or other basis and sales expenses  | <b>15</b> | Printing, publications, postage, and shipping                   |            |  |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>16</b> | Other expenses (describe )                                      |            |  |
| <b>6</b>  | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16                  |            |  |
| <b>6a</b> | Gross revenue (not including \$ of contributions reported on line 1)   |           |   |            |  |
| <b>6b</b> | Less direct expenses other than fundraising expenses   |           |   |            |  |
| <b>6c</b> | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  |           |   |            |  |
| <b>7a</b> | Gross sales of inventory, less returns and allowances  |           |   |            |  |
| <b>7b</b> | Less cost of goods sold  |           |   |            |  |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |           |   |            |  |
| <b>8</b>  | Other revenue (describe )  |           |   |            |  |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  |           |   |            |  |

**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

(See the instructions for Part II.)

|   | (A) Beginning of year | (B) End of year   |
|---|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments  | 266,457               | <b>22</b> 205,459 |
| <b>23</b> Land and buildings  |                       | <b>23</b>         |
| <b>24</b> Other assets (describe )  | 548,074               | <b>24</b> 403,844 |
| <b>25 Total assets</b>  | 814,531               | <b>25</b> 609,303 |
| <b>26 Total liabilities</b> (describe )   | 0                     | <b>26</b> 140,000 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 814,531               | <b>27</b> 469,303 |



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

**Yes No**

|   |                   |                      |           |
|---|-------------------|----------------------|-----------|
| <p><b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .</p>   | <p><b>33</b></p>  |                      | <p>No</p> |
| <p><b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .</p>   | <p><b>34</b></p>  |                      | <p>No</p> |
| <p><b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .</p>   |                   |                      |           |
| <p><b>a</b> 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? . . . . .</p>   | <p><b>35a</b></p> |                      | <p>No</p> |
| <p><b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .</p>   | <p><b>35b</b></p> |                      |           |
| <p><b>36</b> 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 . . . . .</p>  | <p><b>36</b></p>  |                      | <p>No</p> |
| <p><b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> _____ <b>37a</b> _____ 0</p>  |                   |                      |           |
| <p><b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .</p>   | <p><b>37b</b></p> |                      |           |
| <p><b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .</p>   | <p><b>38a</b></p> |                      | <p>No</p> |
| <p><b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .</p>  | <p><b>38b</b></p> |                      |           |
| <p><b>39</b> <i>Section 501(c)(7) organizations.</i> Enter</p>  |                   |                      |           |
| <p><b>a</b> Initiation fees and capital contributions included on line 9 . . . . .</p>  | <p><b>39a</b></p> |                      |           |
| <p><b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .</p>   | <p><b>39b</b></p> |                      |           |
| <p><b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p>   |                   |                      |           |
| <p><b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit 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 . . . . .</p> | <p><b>40b</b></p> |                      |           |
| <p><b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____</p>  |                   |                      |           |
| <p><b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____</p>  |                   |                      |           |
| <p><b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .</p>   | <p><b>40e</b></p> |                      | <p>No</p> |
| <p><b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/> _____</p>   |                   |                      |           |
| <p><b>42a</b> The organization's books are in care of <input type="checkbox"/> <u>CHAD EVANS</u> Telephone no <input type="checkbox"/> <u>(605) 225-8301</u><br/>                 PO BOX 1915<br/>                 Located at <input type="checkbox"/> <u>Aberdeen, SD</u> ZIP + 4 <input type="checkbox"/> <u>57401</u></p>  |                   |                      |           |
| <p><b>b</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)?</p>  | <p><b>42b</b></p> | <p><b>Yes No</b></p> | <p>No</p> |
| <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br/>                 See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b></p>   |                   |                      |           |
| <p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>  | <p><b>42c</b></p> |                      | <p>No</p> |
| <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>   |                   |                      |           |
| <p><b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b>—Check here <input type="checkbox"/> <input checked="" type="checkbox"/><br/>                 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> _____</p>  | <p><b>43</b></p>  |                      |           |
| <p><b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>  | <p><b>44</b></p>  | <p><b>Yes No</b></p> | <p>No</p> |
| <p><b>45</b> 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.</p>   | <p><b>45</b></p>  | <p><b>Yes No</b></p> | <p>No</p> |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

|  | Yes | No |
|--|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     |    |
| <b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   |     |    |
| <b>49b</b> If "Yes," was the related organization a section 527 organization?  |     |    |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2010-11-15

Type or print name and title: Chad Evans Treasurer

**Paid Preparer's Use Only**

Preparer's signature: Chad T Weber CPA Date: 2010-11-12 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: EIDE BAILLY LLP, 24 2ND AVE SW PO BOX 430, ABERDEEN, SD 574020430

Preparer's identifying number (See instructions): EIN: Phone no: (605) 225-8783

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-2424588  
**Name:** Absolutely Aberdeen Inc

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (A) Name and address  | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| Cindi Walsh<br>416 Production Street North<br>Aberdeen, SD 57401          | President 1 00   | 0  | 0   | 0  |
| Todd Jordre<br>416 Production Street North<br>Aberdeen, SD 57401          | Vice President 1 00                                      | 0  | 0   | 0  |
| Chad Evans<br>416 Production Street North<br>Aberdeen, SD 57401           | Treasurer 1 00   | 0  | 0   | 0  |
| James Groft<br>416 Production Street North<br>aberdeen, SD 57401          | Secretary 1 00   | 0  | 0   | 0  |
| Dave Leone<br>416 Production Street North<br>Aberdeen, SD 57401           | Director 1 00  | 0  | 0   | 0  |
| Harvey Jewett<br>416 Production Street North<br>Aberdeen, SD 57401        | Director 1 00  | 0  | 0   | 0  |
| Tim Kessler<br>416 Production Street North<br>Aberdeen, SD 57401          | Director 1 00  | 0  | 0   | 0  |
| Jim Barringer<br>416 Production Street North<br>aberdeen, SD 57401        | director 1 00  | 0  | 0   | 0  |
| Terry Helms<br>416 Production Street North<br>aberdeen, SD 57401          | Director 1 00  | 0  | 0   | 0  |
| Mike Levsen<br>416 Production Street North<br>Aberdeen, SD 57401          | Director 1 00  | 0  | 0   | 0  |
| Ron Jacobson<br>416 Production Street North<br>Aberdeen, SD 57401         | Director 1 00  | 0  | 0   | 0  |
| Kim Stoddard Gibbons<br>416 Production Street North<br>aberdeen, SD 57401 | Director 1 00  | 0  | 0   | 0  |
| Tom Aman<br>416 Production Street North<br>aberdeen, SD 57401             | Director 1 00  | 0  | 0   | 0  |
| Brad Olson<br>416 Production Street North<br>Aberdeen, SD 57401           | Director 1 00  | 0  | 0   | 0  |
| Daryl Ebach<br>416 Production Street North<br>Aberdeen, SD 57401          | Director 1 00  | 0  | 0   | 0  |
| Trevor Lien<br>416 Production Street North<br>Aberdeen, SD 57401          | Director 1 00  | 0  | 0   | 0  |
| Kevin Fiedler<br>416 Production Street North<br>Aberdeen, SD 57401        | Director 1 00  | 0  | 0   | 0  |
| Rod Tobin<br>416 Production Street North<br>Aberdeen, SD 57401            | Director 1 00  | 0  | 0   | 0  |
| Joe Senger<br>416 Production Street North<br>Aberdeen, SD 57401           | Director 1 00  | 0  | 0   | 0  |
| Duane Sutton<br>416 Production Street North<br>Aberdeen, SD 57401         | Director 1 00  | 0  | 0   | 0  |
| Carl Perry<br>416 Production Street North<br>Aberdeen, SD 57401           | Director 1 00  | 0  | 0   | 0  |
| Dr Lorraine Hale<br>416 Production Street North<br>Aberdeen, SD 57401     | Director 1 00  | 0  | 0   | 0  |
| Tom Simmons<br>416 Production Street North<br>Aberdeen, SD 57401          | Director 1 00  | 0  | 0   | 0  |
| Dave Burgard<br>416 Production Street North<br>Aberdeen, SD 57401         | Director 1 00  | 0  | 0   | 0  |
| Kelly Manning<br>416 Production Street North<br>aberdeen, SD 57401        | Director 1 00  | 0  | 0   | 0  |
| Gail Ochs<br>416 Production Street North<br>aberdeen, SD 57401            | Director 1 00  | 0  | 0   | 0  |
| Dr James Smith<br>416 Production Street North<br>aberdeen, SD 57401       | Director 1 00  | 0  | 0   | 0  |
| Mike Evans<br>416 Production Street North<br>aberdeen, SD 57401           | Director 1 00  | 0  | 0   | 0  |
| Paul Devoe<br>416 Production Street North<br>aberdeen, SD 57401           | Director 1 00  | 0  | 0   | 0  |
| Mike Williams<br>416 Production Street North<br>aberdeen, SD 57401        | Director 1 00  | 0  | 0   | 0  |
| Julie Johnson<br>416 Production Street North<br>Aberdeen, SD 57401        | Executive Director<br>40 00                              | 84,000                                     | 22,366  | 0  |

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Absolutely Aberdeen Inc

**EIN:** 52-2424588

|  |                                      |
|--|--------------------------------------|
| <b>Item No.</b>                        | 1                                    |
| <b>Class of Activity</b>               | Sculpture Grant                      |
| <b>Donee's Name</b>                    | Ben Victor Studios                   |
| <b>Donee's Address</b>                 | 1017 Plum Lane<br>Aberdeen, SD 57401 |
| <b>Amount (FMV)</b>                    | 6,885                                |
| <b>Purpose of Payment to Affiliate</b> |                                      |
| <b>Relationship</b>                    | None                                 |
| <b>Description</b>                     |                                      |
| <b>Book Value</b>                      |                                      |
| <b>How BV Determined</b>               |                                      |
| <b>How FMV Determined</b>              |                                      |
| <b>Date of Gift</b>                    |                                      |

|  |                                       |
|--|---------------------------------------|
| <b>Item No.</b>                        | 2                                     |
| <b>Class of Activity</b>               | Housing Grant                         |
| <b>Donee's Name</b>                    | Housing & Redevelopment Commission    |
| <b>Donee's Address</b>                 | 2324 3rd Ave SE<br>Aberdeen, SD 57401 |
| <b>Amount (FMV)</b>                    | 5,000                                 |
| <b>Purpose of Payment to Affiliate</b> |                                       |
| <b>Relationship</b>                    | None                                  |
| <b>Description</b>                     |                                       |
| <b>Book Value</b>                      |                                       |
| <b>How BV Determined</b>               |                                       |
| <b>How FMV Determined</b>              |                                       |
| <b>Date of Gift</b>                    |                                       |

|  |  |
|--|--|
| <b>Item No.</b>                        | 3  |
| <b>Class of Activity</b>               | Grant for Computers and hardware           |
| <b>Donee's Name</b>                    | City of Aberdeen                           |
| <b>Donee's Address</b>                 | 123 S Lincoln Street<br>Aberdeen, SD 57401 |
| <b>Amount (FMV)</b>                    | 63,229                                     |
| <b>Purpose of Payment to Affiliate</b> |  |
| <b>Relationship</b>                    | None                                       |
| <b>Description</b>                     |  |
| <b>Book Value</b>                      |  |
| <b>How BV Determined</b>               |  |
| <b>How FMV Determined</b>              |  |
| <b>Date of Gift</b>                    |  |

**TY 2009 Other Assets Schedule****Name:** Absolutely Aberdeen Inc**EIN:** 52-2424588

| <b>Description</b> | <b>Beginning of Year<br/>Amount</b> | <b>End of Year<br/>Amount</b> |
|--------------------|-------------------------------------|-------------------------------|
| Pledges Receivable | 548,074                             | 403,844                       |

**TY 2009 Other Expenses Schedule****Name:** Absolutely Aberdeen Inc**EIN:** 52-2424588

| <b>Description</b>                 | <b>Amount</b> |
|------------------------------------|---------------|
| Advertising                        | 97,025        |
| Office                             | 12,172        |
| Prizes, awards, and gifts          | 10,153        |
| Bad Debt                           | 25,100        |
| Dues and Memberships               | 2,000         |
| Travel                             | 60,261        |
| Conferences, Conventions, Meetings | 10,472        |
| Contributions                      | 3,208         |
| Interest Expense                   | 1,605         |

## TY 2009 Other Liabilities Schedule

**Name:** Absolutely Aberdeen Inc

**EIN:** 52-2424588

| Description                   | Beginning of Year Amount | End of Year Amount |
|-------------------------------|--------------------------|--------------------|
| Unsecured Notes/Loans Payable | 0                        | 140,000            |

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** Absolutely Aberdeen Inc

**EIN:** 52-2424588

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.