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DLN: 93493067005142

Form **990**

Department of the Treasury

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 2010

Open to Public

2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 C Name of organization YANKTON AREA PROGRESSIVE GROWTH INC Doing Business As		D Employer is	
hange Doing Business As		D Elliployel I	dentification number
Doing Business As ange		46-03486	36
		E Telephone i	number
Number and street (or P O box if mail is not delivered to street address)	Room/suite		
PO BOX 588	Room, saite	(605) 665	-9011
return City or town, state or country, and ZIP + 4		G Gross receipt	ts \$ 426,308
YANKTON, SD 57078 n pending			
F Name and address of principal officer	H(a) Is this a	group roturn for affilia	ator 2 Vos. V No.
MIKE DELLINGER	in(a) is this a	group recurrior annie	aces Tes TNO
YANKTON, SD 57078	• •		·
	_		
mpt status	H(C) Group	o exemption ne	amber F
e: ► N/A			
rganization	L Year of form	mation 1978	State of legal domicile SD
Summary	·		-
Briefly describe the organization's mission or most significant activities			
			RIES AND
BOSINESSES ETTHER EGGATED ON TROTOSED TO BE EGGATED IN ON ARC	JOND TANKI	ON	
			_
Charly this hay Well if the arganization discontinued its aparations or disposed of	mara than 25	EO/ of its not a	
·	more than 25	1	
			17
			0
	• •	6	25
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7a	0
Net unrelated business taxable income from Form 990-T, line 34		7b	
	Prior	Year	Current Year
Contributions and grants (Part VIII, line 1h)		40,963	69,414
Program service revenue (Part VIII, line 2g)		217,585	338,109
Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,646	12,135
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,086	6,650
		285,280	426,308
Grants and similar amounts paid (Part IX, column (A), lines 1-3)		215,080	40,000
Benefits paid to or for members (Part IX, column (A), line 4)			0
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			_
10)			0
			0
<u> </u>			
			401,568
		· · · +	441,568
Revenue less expenses Subtract line to nom line 12	Reginning		<u> </u>
		I .	End of Year
Total assets (Part X, line 16)		4,817,920	6,871,637
Total liabilities (Part X, line 26)		2,521,919	4,630,896
Net assets or fund balances Subtract line 21 from line 20		2,296,001	2,240,741
r	and status S01(c)(3)	MIKE DELLINGER 803 E 4TH ST YANKTON, SD 57078 H(b) Are ali If "No H(c) Group Summary	MIKE DELLINGER 803 E 4TH ST YANKTON,SD 57078 Privation Priva

Par	t III	Statement of Check if Schedule	_	-	llishments uestion in this Part III		,
1	Brief	ly describe the orga	ınızatıon's mıss	ion			
		ICE AND DEVELOF OR PROPOSED TO				CE TO BOTH INDUSTRIES	AND BUSINESSES EITHER
2						r which were not listed on	「Yes 下 No
	If "Ye	es," describe these	new services or	n Schedule O			
3	servi	ces?			nt changes in how it co		┌ Yes ┌ No
4	Desc Secti	on 501(c)(3) and 5	pose achievem 01(c)(4) organi	ents for each of thizations and secti		largest program services b are required to report the am service reported	
4a	(Cod) (Expenses \$ JSINESS IN YANKT	10,000 ON, SD FOR THE DEV	including grants of \$ ELOPMENT OF ITS PRODUC	10,000) (Revenue \$)
4b	(Cod	e NTED MONEY TO LOCAL) (Expenses \$ AREA TECHNICAL I	30,000 INSTITUTE FOR TRAN	including grants of \$	30,000) (Revenue \$)
4c	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d			•	•	also Additional Data f	-	
	(Exp	penses \$	272,145	including grants (of \$) (Revenue \$)
4e	Tota	al program service e	xpenses ⊢ \$	312,14	15		

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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	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	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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? If "Yes," complete Schedule D, Part VII.	11b		No
c	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? If "Yes," complete Schedule D, Part VIII.	11c		No
	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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 U S? If "Yes," complete Schedule F, Parts II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		Νo
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	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</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other TRS	Filings a	and Tax	Compliance
	ota to illoilto	itegai ailig	Othio: 2110	95 4		Compilation

		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		163	140
1a 1			
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N c
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		No
If "Yes," enter the name of the foreign country ►			
See instructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	5c		
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?	6a 6b		No
were not tax deductible?	OD		
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?	7a		No
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
file Form 8282?	7c		No
If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N c
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νc
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N c
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N c
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
Sponsoring organizations maintaining donor advised funds.			
Did the organization make any taxable distributions under section 4966?	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
Section 501(c)(12) organizations. Enter			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
year 12b			
Section 501(c)(29) qualified nonprofit health insurance issuers.			
Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of reserves the organization is required to maintain by the states			
In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
13c			
Did the organization receive any payments for indoor tanning services during the tax year?			

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

Check if Schedule Ocontains a re							

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	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	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
Ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	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		Νo
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 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			
10	Described Cabadala O subathan (and fee how) the assessment as made at a second of the fee of the fee			

- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRIAN STEWARD
 803 E 4TH ST

YANKTON, SD 57078 (605) 665-9011

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

Check if Schedule O contains a response to any question in this Part VII

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organize	ation nor any re	lated or	ganız	atıo	n co	mpen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours per	Posii t	(C tion (hat a	che	')	,		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) TOM BOHNET BOARD MEMBER	1 00	x						0	0	0
(2) DAN CONKLING	1 00	Х						0	0	0
BOARD MEMBER (3) DAN SPECHT	1 00	X						0	0	0
BOARD MEMBER (4) CHUCK AMAN	1 00							0	0	
BOARD MEMBER	1 00	Х						0	0	0
(5) GARY WOOD BOARD MEMBER	1 00	х						0	0	0
(6) JOE VIG BOARD MEMBER	1 00	х						0	0	0
(7) DAN EISENBRAUN	1 00	Х						0	0	0
BOARD MEMBER (8) JOHN HAGEMANN	1 00	x						0	0	0
BOARD MEMBER (9) STEVE SLOWEY										
BOARD MEMBER (10) ALLEN SINCLAIR	1 00	Х						0	0	0
BOARD MEMBER	1 00	Х						0	0	0
(11) JOHN CLIFTON BOARD MEMBER	1 00	х						0	0	0
(12) DOUG RUSSELL	1 00	X						0	0	0
BOARD MEMBER (13) ROB STEPHENSON		X						0	0	0
CHAIRMAN (14) MIKE DELINGER	20 00			x				0	0	
PRESIDENT (15) RANDY JOHNSON	1 00			X				0	0	
VICE PRESIDE (16) GARY DYBSETTER	1 00			_					0	
VICE PRESIDE	1 00			Х				0	0	0
										Form 990 (2010)

\$100,000 in compensation from the organization 🕨

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

week (describe hours for related organizations and states of the second		(A) Name and Title	(B) A verage hours per	1	tion ((che		11		(D) Reportable compensation from the	(E) Reportable compensation from related	,	(F) Estima amount of compens	ited f other
TOTAL FORM TOTAL IS AND TOTAL I			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	c	from t organızatı relate	he on and ed
EXERTARY SID IVMIN PETERSON DARD MEMBER 1 00	(17) RON	KRAFT	1 00			x				0		0		
DARD MEMBER 100												_		
SPEAN STEWARD 20 00 X 0 0 0 0 0 0 0 0	` '		1 00			×				0		0		
RESULTIVE VP 100												+		
No No No No No No No No	· TREASURE	-R	20 00			×				0		0		
Sub-Total			1.00			,								
Total from continuation sheets to Part VII, Section A	EXECUTIV	E VP	1 00			×				0		0		
Total from continuation sheets to Part VII, Section A												4		
Total from continuation sheets to Part VII, Section A												_		
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A												+		
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A	1h Cı	ıh-Total							<u> </u>			+		
d Total (add lines 1b and 1c)				tion A	•	•	•	•				+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No			to Fait VII, Sec	CIOII A	•		•		>			+		
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	2 To	tal number of individuals (inc	-				ted a	above)) who	I o received more tha	n	<u> </u>		
on line 1a? If "Yes," complete Schedule J for such individual											г		Yes	No
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							ey e	mploy	ee, o	or highest compens	ated employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							•	•	•			3	+	Νο
Individual														
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)		-			•				•			4		Νo
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)										_	r individual for	5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)														
\$100,000 of compensation from the organization (A) (B) (C)	Secti	on B. Independent Cor	tractors											
(A) (B) (C)					ndep	ende	nt c	ontrac	tors	that received more	e than			
Name and business address Description of services Compensation			(A)							Descr				
		iva	ne and business aut	41033						Desci	ipalon of scivices		Соптреп	Jacion

The state of the s			2010)					Р	age 9
Trail receives Related Company Section	oart \	/1111	Statement of Revenu	ie		(A)	(B)	(c)	(D)
18 Federated campaigns 18							Related	Unrelated	
Table Tabl									exclude
Section Part							function		
1							revenue		under
13 Federated campaigns 1a 26,000									section
Marchaer Ruy dates 1.0 1									
The Processes of the Section of the									513, or
2a L 6 H RADIATOR LEASE INCOME	92.92	1a	Federated campaigns	1a					717
2a L 6 H RADIATOR LEASE INCOME		b	Memhership dues	. 1h	28,010				
2a L 6 H RADIATOR LEASE INCOME	ಶ್ಮ€∣				·				
2a L 6 H RADIATOR LEASE INCOME	ફ્ર≝ =				-				
2a L 6 H RADIATOR LEASE INCOME	줐풑			. 1d					
2a L 6 H RADIATOR LEASE INCOME	왕	е	Government grants (contributions)	1e					
2a L 6 H RADIATOR LEASE INCOME	토힐	f	All other contributions, gifts, grants,	and 1f	41,404				
2a L 6 H RADIATOR LEASE INCOME	불행	а							
2a L 6 H RADIATOR LEASE INCOME	들필	_				69 414			
22		n	iotai. Add lines 1a-1r		Τ	05,414			
3 Investment income (including dividends, interest and other similar amounts)	Jile	-	LO. M. DADIATOR LEAGE THOOMS		Business Code		305		
3 Investment income (including dividends, interest and other similar amounts)	iewe		•		-				
3 Investment income (including dividends, interest and other similar amounts)	光 の		DATA CLIVIER LEASE INCOME			38,916	38,916		
3 Investment income (including dividends, interest and other similar amounts)	Š ≸								
3 Investment income (including dividends, interest and other similar amounts)	Ř								
3 Investment income (including dividends, interest and other similar amounts)	E		A II						
3 Investment income (including dividends, interest and other similar amounts)	8	Т	All other program service rev	renue					
and other similar amounts) Income from awestment of tax-exempt bond proceeds Income from awestment of tax-exempt bond proceeds Income from awestment of tax-exempt bond proceeds Income from several contents Income of (loss) Inc	ΔŤ	g	Total. Add lines 2a-2f			338,109			
# Incume from investment of tax-exempt bond proceeds . 5 Royalties		3	Investment income (including	g dıvıdends, ınterest					
5 Royalities			and other similar amounts) .			12,135	12,135		
(i) Real (ii) Personal (iii) Personal (iii) Personal (iii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
6a Gross Rents b Less intral expenses c Remtal income of (Geos) d Wet rental income or (loss)		5	Royalties						
b Less rantal expenses 6,090 d Net rental income or (loss)					(II) Personal				
expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other (iii) Other (iv) Ot			⊢	6,090					
d Net rental income or (loss)		_	expenses						
d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$		С		6,090					
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less direct expenses .		đ	Net rental income or (loss)			6,090	6,090		
from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) Sa Gross income from fundraising events (not including \$				(ı) Securities	(II) O ther				
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) Sa Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses		7a							
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a 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 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10a 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 11a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d 560			assets other						
sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) Sa Gross income from fundraising events (not including \$		ь	Less cost or						
c Gain or (loss) d Net gain or (loss)									
8a Gross income from fundraising events (not including \$ choice Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d		С	Gain or (loss)						
c Net income or (loss) from fundraising events		d	Net gain or (loss)						
c Net income or (loss) from fundraising events	e n	8a		ng events					
c Net income or (loss) from fundraising events	듄								
c Net income or (loss) from fundraising events	ا فِي		of contributions reported on I						
c Net income or (loss) from fundraising events	<u>.</u>		See Part IV, line 18						
c Net income or (loss) from fundraising events	ا چٌ								
9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses	9					-			
b Less direct expenses									
c Net income or (loss) from gaming activities						1			
10a 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 11a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d			·		`L				
returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d	-								
b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 560 560 C d All other revenue e Total. Add lines 11a-11d									
C Net income or (loss) from sales of inventory				_					
Miscellaneous Revenue 11a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d									
11a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d		С		es of inventory 🟲	Τ_				
b c d All other revenue e Total. Add lines 11a-11d					Business Code				
c d A II other revenue e Total. Add lines 11a-11d		11a	OTHERINCOME			560	560		
d A II other revenue		Ь							
e Total. Add lines 11a-11d		C	:						
▶ 560		d	All other revenue	•					
		e	Total. Add lines 11a-11d .			560]	
12 Total revenue. See Instructions									

Part IX Statement of Functional Expenses

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

Α	ll other organizations must complete column (A) but are not required to c	omplet e columi			
	ot include amounts reported on lines 6b, o, 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	40,000	40,000		
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				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
а	Fees for services (non-employees) Management	57,780		57,780	
b	Legal				
c	Accounting	7,358		7,358	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	49,095			49,09
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	616			61
20	Interest	166,552	166,552		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	102,098	102,098		
23 24	Insurance	2,077	2,077		
а	ADMINISTRATIVE FEES	14,400		14,400	
Ь	MISC EXPENSE	1,313	1,313		
С	POSTAGE/SHIPPING	174		139	3:
d	LICENSE & FEES	105	105		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	441,568	312,145	79,677	49,746
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Part X Balance Sheet (A) (B) Beginning of year End of year 68.167 215,799 1 2 2 Savings and temporary cash investments 935,977 527,825 3 3 10,805 4 9,028 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 75.000 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 328,128 7 316,578 8 1,366,845 8 830,822 Prepaid expenses and deferred charges 2.870 9 3,844 10a Land, buildings, and equipment cost or other basis Complete 5.329.852 10a Part VI of Schedule D 370.894 ь Less accumulated depreciation 10b 2.022.390 10c 4.958.958 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 7,738 8,783 14 14 15 15 16 4,817,920 16 6,871,637 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 30 17 19 17 Accounts payable and accrued expenses . 18 18 8.000 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 2,217,692 23 4.605.116 Secured mortgages and notes payable to unrelated third parties . . 24 285,271 24 Unsecured notes and loans payable to unrelated third parties 25 18,926 25 17,761 Other liabilities Complete Part X of Schedule D 26 2,521,919 26 4.630.896 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 1.011.024 27 1,363,915 Temporarily restricted net assets 527,826 28 935,977 28 Fund 349,000 29 349,000 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 2,296,001 2,240,741 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 4.817.920 34 6.871.637

Pal	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	126,30	
2	Total expenses (must equal Part IX, column (A), line 25)	2			141,56	
3	Revenue less expenses Subtract line 2 from line 1	3			-15,26	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,2	296,00	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-40,00	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,240,7			
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			୮	•	
				Yes	No	
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?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
c	If "Yes," to 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		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued				
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?		3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b			

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2010

Open to Public Inspection

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.

Name of the organization
YANKTON AREA PROGRESSIVE GROWTH INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

		(a) Donor advised funds		(b) Funds and	other accour	nts
Т	otal number at end of year					
Δ	ggregate contributions to (during year)					
Δ	ggregate grants from (during year)					
Δ	ggregate value at end of year					
	Old the organization inform all donors and donor advirunds are the organization's property, subject to the		onor adv	ısed	☐ Yes	ר N
ι	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				☐ Yes	√ N
rt	III Conservation Easements. Complete	ıf the organization answered "Yes"	to For	m 990, Part :	IV, line 7.	
 	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space	•				a
'	Complete lines 2a–2d if the organization held a qual	ified conservation contribution in the for	mofac	onservation		
	easement on the last day of the tax year	med conservation contribution in the for		0113 61 7 4 61011		
				Held at th	e End of the	Year
1	Fotal number of conservation easements		2a			
٦	Γotal acreage restricted by conservation easements	S	2b			
1	Number of conservation easements on a certified his	storic structure included in (a)	2c			
1	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
[Number of states where property subject to conserv	g the periodic monitoring, inspection, ha	—— ndling o	f violations, ai	nd [Yes	IZ N
	enforcement of the conservation easements it holds		manta d	luring the vect	•	,
	Staff and volunteer hours devoted to monitoring, inspects				•	
	Amount of expenses incurred in monitoring, inspecti			g the year 🖛 \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of so	ection		☐ Yes	r N
ŀ	n Part XIV, describe how the organization reports coalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financi				
•	Overnientions Maintaining Collection					
	Complete if the organization answered	ons of Art, Historical Treasures "Yes" to Form 990, Part IV, line 8.	, or Ot	her Similaı	r Assets.	
't	Complete if the organization answered If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	"Yes" to Form 990, Part IV, line 8. 5 116, not to report in its revenue staten I for public exhibition, education or resea	nent and	l balance shee	t works of	
1 3 3 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	Complete if the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	"Yes" to Form 990, Part IV, line 8. 5 116, not to report in its revenue staten I for public exhibition, education or resea nancial statements that describes these 5 116, to report in its revenue statement public exhibition, education, or research	nent and arch in fu items : and bal	I balance shee urtherance of p ance sheet wo	et works of public service orks of art,	
1 t	Complete if the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS aistorical treasures, or other similar assets held for	"Yes" to Form 990, Part IV, line 8. 5116, not to report in its revenue staten I for public exhibition, education or reseanancial statements that describes these 5116, to report in its revenue statement public exhibition, education, or research s	nent and arch in fu items : and bal	I balance shee urtherance of p lance sheet wo erance of publ	et works of public service orks of art,	
r t	Complete If the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS instorical treasures, or other similar assets held for provide the following amounts relating to these items	"Yes" to Form 990, Part IV, line 8. 5116, not to report in its revenue staten I for public exhibition, education or reseanancial statements that describes these 5116, to report in its revenue statement public exhibition, education, or research s	nent and arch in fu items : and bal	I balance shee urtherance of p lance sheet wo erance of publ	et works of oublic service orks of art, ic service,	
1	Complete if the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS anstorical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	"Yes" to Form 990, Part IV, line 8. 5 116, not to report in its revenue statent for public exhibition, education or reseas ancial statements that describes these 5 116, to report in its revenue statement public exhibition, education, or research second of the statement public exhibition and the second of the	nent and arch in fu items : and bal i in furth	I balance shee urtherance of p ance sheet wo erance of publ * \$	et works of public service orks of art, ic service,	
1	Complete if the organization answered of the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its first the organization elected, as permitted under SFAS aistorical treasures, or other similar assets held for 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 if the organization received or held works of art, hist	"Yes" to Form 990, Part IV, line 8. 5 116, not to report in its revenue statent for public exhibition, education or reseas ancial statements that describes these 5 116, to report in its revenue statement public exhibition, education, or research second of the statement public exhibition and the second of the	nent and arch in fu items : and bal i in furth	I balance shee urtherance of p ance sheet wo erance of publ * \$	et works of public service orks of art, ic service,	

	ts (continued)
se of its collection	1
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es" to Form 990	Yes V No
23 (0 101111)) 0	',
not	Yes
A mou	int
Γ,	Yes 🔽 No
t IV, line 10.	<u></u>
Three Years Back (e	e)Four Years Back
	
	
the	
	Yes No
3a(i)	No
3a(ii)	No No
3b	No
(a) Assumulated	
depreciation	(d) Book value
	159,880
187,329	4,346,383
183,565	452,695
	4,958,958
	187,329 183,565

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	Can Form 000 Part V June 13	
Part VIII Investments—Program Related. S		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) Desc	приоп	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)	
Part X Other Liabilities. See Form 990, Par		<u> </u>
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED INTEREST	15,209	
ACCRUED PROPERTY TAXES	,	
	2,552	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,552	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	426,308
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	441,568
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,260
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 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-15,260
Part			
1	Total revenue, gains, and other support per audited financial statements	1	426,308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•
а	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
с	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	426,308
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	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 should equal Form 990, Part I, line 12)	5	426,308
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Returr	1
1	Total expenses and losses per audited financial statements	1	441,568
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	· · · · · · · · · · · · · · · · · · ·	- 2e	
3	Subtract line 2e from line 1	3	441,568
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	441,568
Part	XIV Supplemental Information	<u> </u>	
3 4 a b c 5	A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV)	3 4c 5	44

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

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, 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

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL FINANCIAL	SCHEDULE D, PAGE 4, PART XIV	PART V - LINE 4 - INTENDED USES FOR ENDOWMENT
INFORMATION		FUNDS FUNDS WILL BE UTILIZED TO ENHANCE AND
		PROMOTE ECONOMIC GROWTH IN THE YANKTON AREA AS
		DEEMED NECESSARY BY A MAJORITY VOTE OF THE
		GOVERNING BOARD THESE FUNDS MAY BE LOANED,
		GRANTED, OR USED INTERNALLY TO PURCHASE PROPERTY
		AND DEVELOP PROPERTIES AND OTHER ASSETS, AND TO
		CONSTRUCT SPEC BUILDINGS SCHEDULE D PART X LINE 1
		THE ORGANIZATION IS EXEMPT FROM INCOME TAXES
		UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE
		CODE, ACCORDINGLY, NO PROVISION FOR INCOME
		TAXES IS MADE IN THE FINANCIAL STATEMENTS THE
		ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE
		SUPPORT FOR ANY TAX POSITIONS TAKEN, AND SUCH,
		DOES NOT HAVE ANY UNCERTIAN TAX POSITIONS THAT
		ARE MATERIAL TO THE FINANCIAL STATEMENTS

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DLN: 93493067005142

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public **Inspection**

► Attach to Form 990 Internal Revenue Service Name of the organization Employer identification number YANKTON AREA PROGRESSIVE GROWTH INC 46-0348636 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be 1 (a) Name and address of (e) A mount of non-**(b)** EIN (c) IRC Code section (d) A mount of cash (f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant valuation non-cash assistance or assistance cash (book, FMV, appraisal, or government assistance other) (1) REGIONAL TECHNICAL 34-2014700 3 30.000 DOB TRAINING INSTITUTE1200 W 21ST YANKTON, SD 57078 (2) BOW HUNTING 27-0209587 10,000 PRODUCT SCIENCE800 ARCHERY LN DEVELOPMENT YANKTON, SD 57078

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 Schedule I-1 (Form 990) if additional space is needed.	

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

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

Ident if ier	Return Reference	Explanation
	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION HAS NO PROCEDURES FOR MONITORING THE USE OF GRANTED FUNDS
OF GRANT FUNDS		
INSIDE THE UNITED		
STATES		

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DLN: 93493067005142

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047 2010

> Open to Public Inspection

	of the organization I AREA PROGRESSIVE GROWTH IN	1C							mployer i	dentifica	ition numb	er
Part I	Evcess Renefit Trai	neacti	ione (s	ection 501	(c)(3) =	and section 501	(c)(4)					
Faitz										der ** ** ** ** ** ** ** ** **		
1	(a) Name of disq	ualıfıed	person			(h) Dasc	rintion	of trans	action		(c) Cor Yes	orrected?
	(,					(5) Desc	- IIption	or trains			Yes	No
2 En	ter the amount of tax impos	ed on t	he orga	nızatıon man	agers or	r disqualified pers	ons duri	ng the	ear unde	r		
se	ction 4958								•	· \$		
3 En	ter the amount of tax, if any	, on lin	e 2, abo	ve, reimburs	ed by th	ne organization .			•	· \$		
Part I	I Loans to and/or I	From	Intere	ested Pers	sons.							
	Complete if the organiz	zation a	ns we re	d "Yes" on F	zation managers or disqualified persons during the year under							
			oan to				(e) I	n		/ed	(a)Writ	ten
(a) Nam	ne of interested person and purpose		om the zation?			(d)Balance due			by boar	d or	1	
	F41.F333	To	From	-			Voc	l No		1	Vac	No
		10	FIOIII				res	NO	res	140	res	NO
Total .			 		▶ s							1
Part II						Persons.	<u> </u>		1			
	Complete if the orga	nızatı						27.				
((a) Name of interested pers	on	(rson	(c) A n	nount of g	rant or t	ype of assi	stance
				411	ia tire or	gamzation						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

) GARY DYBSETTER	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) ALLEN SINCLAIR	BOARD MEMBER		GRANTS		Νο
(2) GARY DYBSETTER	BOARD MEMBER		FINANCING		Νο
(3) ROB STEPHENSON	BOARD MEMBER		FINANCING		Νo
(4) DAN EISENBRAUN	BOARD MEMBER	32,570	PROFESSIONAL FEES		Νο
(5) LYNN PETERSON	BOARD MEMBER		FINANCING		Νo
(6) RON KRAFT	BOARD MEMBER		GRANTS		Νο

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493067005142

Employer identification number

46-0348636

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

YANKTON AREA PROGRESSIVE GROWTH INC

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Identifier Return Reference **Explanation** ALL OTHER ACHIEVEMENTS FORM 990, PAGE 2, PART III, VARIOUS ACTIVITIES PROMOTING ECONOMIC GROWTH IN THE **DESCRIPTION** LINE 4D COMMUNITY

ldentifier	Return Reference	Explanation					
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GARY DYBSETTER BOARD MEMBER ROB STEPHENSON BOARD MEMBER DAN EISENBRAUN BOARD MEMEBR ALLEN SINCLAIR BOARD MEMEBR GARY WOOD BOARD MEMEBR DOUG RUSSELL BOARD MEMBER					

ldentifier	Return Reference	Explanation		
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS MEMBERS		

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	ALL BOARD MEMEBRS RECEIVE A COPY OF THE 990 FOR THEIR REVIEW THE EXECUTIVE BOARD WILL MEET AT THE NEXT SCHEDULED EXECUTIVE BOARD MEETING TO REVIEW AND DISCUSS THE FORM 990 IN DETAIL

ldentifier	Return Reference	Explanation				
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION HAS ADOPTED A POLICY OF PROVIDING COPIES OF VARIOUS DOCUMENTS THAT ARE SUBJECT TO PUBLIC DISCLOSURE, UPON WRITTEN OR VERBAL REQUEST,				

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	IN-KIND PLEDGE RECEIVABLES FOR ADVERTISING WERE USED IN PRIOR YEARS THIS ADJUSTMENT MATCHES THE PRIOR PERIOD ADJUSTMENT RECORDED IN THE ANNUAL AUDIT

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493067005142

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** YANKTON AREA PROGRESSIVE GROWTH INC INDIRECT DEPRECIATION 46-0348636 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 100.643 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 100,643 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24b, col															
Section A—Depre								<u>nstru</u>									
24a Do you have evider	nce to support	the business/inve	stment u	se claimed	d? ┌ Yes	Гио	•		24	b If "Ye	es," is	the ev	idence	written?	Гү€	sГn	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	other	Basis for (business use			(f) Recov perio	' '	Met	g) hod/ ention		(h) Deprecia deduc	ation/		(i) Electe section cost	179
25 Special depreciation allo 50% in a qualified busi	•		y placed	ın service (during the	tax yea	rand ι	ısed m	nore	than	25						
26 Property used more			usinoss	115.0							23						
26 Floperty used more	e tilali 50%	m a quanned bi	usilless	use				1				Т			\neg		
		%															
27 Property used 50%	orlessina horlessina	gualified busir	ness us	e													
		%								S/L -							
		%							\rightarrow	S/L - S/L -		+			4		
28 Add amounts in co	l olumn (h), lır		27 En	ter here a	I and on lir	ne 21.	page	1	`	28					\dashv		
29 Add amounts in co									-				29				
				-Infor		on L	Jse d	of Ve	e hi	cles							
Complete this section If you provided vehicles to	for vehicles	used by a sole	e propri	etor, part	tner, or o	ther "r	nore i	than	5 %	owne	r," or	relate	d pers	on for the	a uabu	loc	
					a)		пеет а b)	in exce		(c)	<u>трен</u>	ng this (d	_	(e			f)
30 Total business/in- year (do not inclu			ng the •	Vehi	-	_	ıcle 2			hicle 3	3	Vehic	-	Vehi		1	icle 6
31 Total commuting	mıles drıven	during the yea	r .														
32 Total other person	nal(noncomm	nutıng) mıles dı	rıven														
33 Total miles driver through 32	during the y	ear Add lines	30														
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Y	'es	No	٥ ١	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .																
35 Was the vehicle u owner or related p		by a more tha	in 5%														
36 Is another vehicle	available fo	r personal use	[?] .														
Section Answer these question 5% owners or related	ns to determ															not mo	re thai
37 Do you maintain a employees? .	written polic	y statement th	nat proh	nibits all	personal • •	use of	f vehi	cles,	ınc •	ludıng •	comr	nutin	g, by y •	our	Y	'es	No
38 Do you maintain a employees? See t													your				
39 Do you treat all us																	
40 Do you provide mo				oyees, ol	btaın ınfo	rmatic	n froi	m you	ur e	mploy	ees a	bout 1	the us	e of the	a 🗀		
41 Do you meet the r				utomobi	le demor	• nstratio	on us	e? (S	ee i	· · ınstru	• ctions	· ;) .	٠. '				
Note: If your answ	ver to 37, 38	, 39, 40, or 41	ıs "Yes	s," do not	t comple	te Sec	tion E	3 for t	he	cover	ed vel	hicles					
Part VI Amo	rtization															· ·	
(a) Description of c	osts	(b) Date amortization begins		(c A morti a mo	ızable			(d) Code ectioi		р	(e) nortiza eriod ercent	or			(f) rtızatı hıs ye		
42 A mortization of co	sts that beg	_	r 2010	tax year	(see inst	tructio	ns)										
LOAN FEES		2010-10-01		•		500 1				10	0						250
													_				
43 A mortization of co	sts that beg	an before your	2010 t	ax year								43					1,205
44 Total. Add amoun	ts ın column	(f) See the ins	tructio	ns for wh	ere to re	port						44					1,455

Additional Data

Software ID: Software Version:

EIN: 46-0348636

Name: YANKTON AREA PROGRESSIVE GROWTH INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services									
(Code) (Expenses \$	272,145	including grants of \$) (Revenue \$)					
VARIOUS ACTIVI	ARIOUS ACTIVITIES PROMOTING ECONOMIC GROWTH IN THE COMMUNITY									