

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury

Open to Public

Inte	rnal Revenue Service	► The organization may have to use a copy of this re	eturn to satisfy state report	ing requirements	inspection
A	For the 2011 calen	dar year, or tax year beginning 10/01	, 2011, and endir	ng 9/30	, 2012
В	Check if applicable	C		D Employe	er Identification Number
	Address change	Dakota Business Finance		20-4	4158141
	Name change	500 N Western Avenue #100		E Telepho	
	H '	Sioux Falls, SD 57104		,	-367-5390
	Initial return			003	307 3390
	Terminated				á 21 <i>C</i> 400
	Amended return			G Gross re	
	Application pending	F Name and address of principal officer		H(a) Is this a group return H(b) Are all affiliates inclu	
		Same As C Above		If 'No,' attach a list	
<u>l</u>	Tax-exempt status	X 501(c)(3) 501(c) () (insert no) 4	947(a)(1) or 527		,
J	Website: ► N	A		H(c) Group exemption nu	mber >
K	Form of organization	X Corporation Trust Association Other►	L Year of Forma	tion 2005 M s	tate of legal domicile SD
Pa	art I Summa	y		·	
	1 Briefly descr	be the organization's mission or most significant activ	ities. Dakota E	usiness Fina	nce provides
đ)		g for a wide range of businesses			
Š	program	provides fixed rate financing for			
Ë	the pure	hase of land, purchase and const			
o e	2 Check this be	ox If the organization discontinued its operation	ns or disposed of mo	re than 25% of its ne	et assets
Ğ	3 Number of vo	oting members of the governing body (Part VI, line 1a)			3 9
80	4 Number of in	dependent voting members of the governing body (Pa	rt VI, line 1b)		4 9
/#ie	5 Total numbe	of individuals employed in calendar year 2011 (Part V	√, lıne 2a)		5 0
Activities & Governance	6 Total numbe	of volunteers (estimate if necessary)	•		6 0
⋖	/ a Total uniterat	ed business revenue from Part VIII, column (C), line 1	2		7a 0.
	b Net unrelated	business taxable income from Form 990-T, line 34			7 b 0.
				Prior Year	Current Year
•	8 Contributions	and grants (Part VIII, line 1h)			
Revenue	9 Program ser	rice revenue (Part VIII, line 2g)	205,6		
ķ	10 Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	1,2		
æ	11 Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)	1,0	
	12 Total revenu	e – add lines 8 through 11 (must equal Part VIII, colui	mn (A), line 12)	207,9	40. 216,400.
	13 Grants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid	to or for members (Part IX, column (A), line 4)			
	15 Salaries, oth	er compensation, employee benefits (Part IX, column	(A), lines 5-10)		
Expenses	16a Professional	fundraising fees (Part IX, column (A), line 11e)			
Ë	h Total fundra	sing expenses (Part IX, column (D), line 25) ►		-	
ă	D Total lunurar			100.0	27 250 744
		ses (Part IX, column (A), lines 11a-[11d, 11f-24e)	A COMPANY	182,8	
		es Add lines 13-17 (must equal Part IX, dolumn 🗥	ine (25)	182,8	
		expenses Subtract line 18 from line 12		25,1	
Net Assets or Fund Balances		(Part X line 16) S JAN 2 9	2013	Beginning of Current	
alar	20 Total assets	(rate xt, into 10)	2013	129,1	
A P	21 Total habilitie	es (Part X, line 26)] <u>&</u>	22,5	05. 42,568.
25	22 Net assets o	fund balances Subtract line 21 from life 20 🏳 🗀 🤉	1117	106,6	63,278.
2 P;	art II Signatu	re Block	, 01		
Ja ∪n	der penalties of perjury, I	declare that I have examined this return, including accompanying schec larer (other than officer) is based on all information of which preparer h	lules and statements, and t	o the best of my knowledge	and belief, it is true, correct, and
100 	mplete Declaration of pre	parer (other than officer) is based on all information of which preparer h	as any knowledge		
- -1	X				
շ Si	an Signat	ure of officer	9	Date	_
₫ He		Inne Keller Fortes, Execu	ative Direct	- 1	23-13
-	Type o	print name and title			
,	Print/Type	preparer's name Preparer's signature	Date,	Check	ıf PTIN
- -	aid Natha	n Kinner Nathan Kinner	Yelen 1/3/1	self-employe	J D01050414
	reparer Firm's nam			Sent-employe	· 1101230314
	se Only Firm's add	101 0 1 1 2 2 2		F	► 16-0100356
) D	Firm's add	Brookings, SD 57006			► 46-0400356
			A \	Phone no	605-692-2515
Ma	ay the IRS discuss th	is return with the preparer shown above? (see instruc	tions)		X Yes No

orm 990 (2011) Dakota Busines		20-41	. 58141 Pag
	Service Accomplishments		
Check if Schedule O contains	a response to any question in this Part III		<u>-</u>
 Briefly describe the organization's mis 	ssion		
See Schedule 0			
2 Did the organization undertake any si	gnificant program services during the year which were no	t listed on the prior	•
Form 990 or 990-EZ?			Yes X N
If 'Yes,' describe these new services	on Schedule O		
•	g, or make significant changes in how it conducts, any pro	ogram services?	Yes X N
If 'Yes,' describe these changes on S		3	
	service accomplishments for each of its three largest prog	ram services, as me:	asured by expenses
Section 501(c)(3) and 501(c)(4) organ	nizations and section 4947(a)(1) trusts are required to repue, if any, for each program service reported	ort the amount of gra	ants and allocations to
) (C.)	250 744	\	6
a (Code Expenses \$	259,744. including grants of \$		
	<u>provides financing for a wide rang</u>		
SBA 504 Loan Program.	This program provides fixed rate f	inancing for	<u>tne purchase</u>
	as the purchase of land, purchase an		
	<u>remodel existing facilities, and/or</u>	r <u>purchase of</u>	long-term
machinery and equipment	<u> </u>		-
b (Code (Expenses \$	including grants of \$) (Revenue	Ś
b (Code) (Expenses V	including grants of \$) (Nevenue	Ψ
c (Code) (Expenses \$	including grants of \$) (Poyonuo	ė
C (Code) (Expenses \$	including grants or \$) (Nevenue	٧
			
	Calculate O.		
4d Other program services (Describe in		A	_
(Expenses \$		evenue \$)
4e Total program service expenses ▶	259,744.		
AA	TEEA0102L 07/05/11		Form 990 (26

Page 3

Form 990 (2011) Dakota Business Finance
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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		_X_
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? If 'Yes,' complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
ł	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		x
(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	11 c		X
	d 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		X
	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	11 f		X
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	-	X
	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	<u> </u>	X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	1	_X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Form 990 (2011) Dakota Business Finance
Part IV Checklist of Required Schedules (continued)

			res	NO
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		Х
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		x
		204		
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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		X
29		29	-	
30	contributions? If 'Yes,' complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		
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		Х
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? If 'Yes,' complete Schedule R, Part I	33	ļ -	x
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
ı	b 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	35b		Х
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA	1	Forr	n 990	(2011)

20-4158141 Page 5 Form 990 (2011) Dakota Business Finance Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4 a **b** If 'Yes.' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Χ services provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 c as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizationsDid the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11_b against amounts due or received from them) 12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a 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 b 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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O X

13 a

14a

14h

13b

13c

20-4158141 Form 990 (2011) Dakota Business Finance Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 9 1 a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule 0 12c X 13 13 Did the organization have a written whistleblower policy? Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Х b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If 'Yes,' did the organization follow 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

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 during the tax year See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Lynne Keller 500 N Western Avenue, Suite 100 Sioux Falls SD 57104 605-367-5390

orm 990 (2011)	Dakota	Rusiness	Finance
OM 990 (2011)	Dakota	Dusiness	rinance

20-4158141

age **7**

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

X Check this box if neither the organization	n nor any i	elated	lorg	janiz	atio	n com	npen	sated any current offi	cer, director, or truste	e
	(C)									
(A) Name and title	(B) Average hours per week	l a	Position (do not check more than one bunless person is both an officiand a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) John Isley										
Director	0.5	X						0.	0.	0.
(2) Cindy Heiberger									II.	
Director	0.5	X						0.	0.	0.
(3) Eric Hilmoe	_							'		
Director	0.5	X						0.	0.	0.
(4) Brendan Reilly	_									
Director	0.5	X	ļ					0.	0.	0.
(5) Jaimey Schempp										
Director	0.5	X	ļ					0.	0.	0.
(6) Albert Schmidt	_					ļ				
Director	0.5	X			<u></u>			0.	0.	0.
(7) Brad Gullickson Vice President	1			х				0.	0.	0.
(8) Lanny Auringer President	1			Х				0.	0.	0.
(9) Jason Gusso			 							
Sec/Treasurer	1			X			ļ	0.	0.	0.
(10)										
(11)	_									
(12)										,
(13)	-									,
(14)	1									

(A) Name and title	(B) Average hours	ge box, unless person is l			s bot	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		ner	
	per week (describ e hours for related organi- zations in Sch O)			Officer	Key employee	Highest compensated employee	_	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fro orga and	pensation om the anization d related nization	on r i
<u>(15)</u>												
<u>(16)</u>									• · · · · · · · · · · · · · · · · · · ·			
(17)												
<u>(18)</u>												
(19)												
(20)		-										
(21)												
(22)												
(23)												
<u>(24)</u>												
(25)												
1 b Sub-total							>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d d Total (add lines 1b and 1c)	A						>	0.	0.			0.
2 Total number of individuals (including but not limited	to tho	se li	sted	abo	ve)	who	rec	ــــــــــــــــــــــــــــــــــــــ	100,000 of reportab	ole comp	ensati	
from the organization 0		•									Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust Idividua	ee, I	key (emp	loye	e, o	r hıg	hest compensated	d employee	3		- X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual	portable nan \$15	e cor 50,00	npe	nsat <i>If 'Y</i>	ion es' d	and comp	othe olete	er compensation fr e Schedule J for	rom	4		
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompens	satio	n fro	om a	iny i <i>I for</i>	unre	lated	d organization or i	ndıvıdual	5		X
Section B. Independent Contractors								<u> </u>	#100 000 -f			
Complete this table for your five highest compensate compensation from the organization. Report compensation.	ed inde nsation	for i	the c	con	trac ndar	tors yea	tnat r en	ding with or withir	the organization's			
(A) Name and business addres	ss							Description	of services	Compe	c) nsatio	n
	h		. ا- ما	to 41-		lie4:		novo) who soco	d more than			
2 Total number of independent contractors (including \$100,000 in compensation from the organization	_	. ıımı	ted 1	เอ เท	iose	uste	eu at	Jove) who receive	u more than			

Dakota Business Finance 20-4158141 Form 990 (2011) Page 9 Part VIII Statement of Revenue (A) Total revenue (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512, 513, or 514 1 a 1a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 b **b** Membership dues c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above \$ q Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f PROGRAM SERVICE REVENUE **Business Code** 110,534 110,534 2a Loan Closing Costs 103,326 103,326 **b** Servicing Fees f All other program service revenue 213,860. g Total. Add lines 2a-2f Investment income (including dividends, interest and 1,823. 1,823 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) 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 Gain or (loss). d Net gain or (loss) 8a Gross income from fundraising events **JTHER REVENUE** (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events. 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory

BAA

Miscellaneous Revenue

11a Miscellaneous Revenue

b Late Fees

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

TEEA0109L 07/06/11

517

200

717

216,400

517

200

216,400

Business Code

Form 990 (2011)

0.

0.

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX									
Do n 6b. 7	ot include amounts reported on lines %, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21				:				
2	Grants and other assistance to individuals in the United States See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				i				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages								
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	_							
11	Fees for services (non-employees)								
а	Management								
b	Legal	49,335.	49,335.						
c	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
c	Other								
_	Advertising and promotion								
	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	- "11							
17									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19 20	Conferences, conventions, and meetings Interest								
21	Payments to affiliates.								
22	Depreciation, depletion, and amortization		<u></u>						
23	Insurance	1,941.	1,941.						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
ä	Administrative Expense	200,001.	200,001.						
	o Marketing	3,721.	3,721.						
	Dues, Subscriptions & Members	2,240.	2,240.						
	d Computer Software	1,215.	1,215.						
•	All other expenses	1,291.	1,291.						
25	Total functional expenses. Add lines 1 through 24e	259,744.	259,744.	0.	0.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
	Check here ► If following								
	SOP 98-2 (ASC 958-720)		1	<u> </u>					

Page 11

Pa	ırt X	Balance Sheet			
		,	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	126,476.	1	103,563.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	830.	4	342.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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)		6	
Ą	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	·· ·
ASSETS	9	Prepaid expenses and deferred charges	1,821.	9	1,941.
J	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			,
	,	Less accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	129,127.	16	105,846
	17	Accounts payable and accrued expenses	22,505.	17	42,568.
	18	Grants payable	,	18	•
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
BIL	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
Š	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	22,505.	26	42,568.
N E		Organizations that follow SFAS 117, check here ► and complete lines			
Ŧ	1	27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Ŕ		Organizations that do not follow SFAS 117, check here ► X and complete			
F		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds	106,622.	30	63,278
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	106,622.	33	63,278.
Š	34	Total liabilities and net assets/fund balances	129,127.	34	105,846.

BAA

Form **990** (2011)

Form 990 (2011) Dakota Business Finance	0-4158141		Pa	ige 12
Part XI Reconciliation of Net Assets				
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			100.
2 Total expenses (must equal Part IX, column (A), line 25)	2		59,7	
3 Revenue less expenses Subtract line 2 from line 1	3		43,3	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	06,6	
5 Other changes in net assets or fund balances (explain in Schedule O).	5			<u>0.</u>
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		63,2	278.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		1		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				j
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
b Were the organization's financial statements audited by an independent accountant?		2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2c		<u>X</u>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				İ
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both	sued on a			İ
X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	e Sıngle	3a		<u>X</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	3 b		
BAA		Form	990 ((2011)

TEEA0112L 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public

Employer identification number 20-4158141 Dakota Business Finance Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described X in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Other Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) A family member of a person described in (i) above? A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported (II) EIN (III) Type of organization (IV) Is the (v) Did you notify (vi) Is the (vii) Amount of support (described on lines 1-9 above or IRC section (see instructions)) the organization in column (i) of your support? organization in column (i) organized in the US? organization organization in column (i) listed in your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Dakota Business Finance 20-4158141 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year ining in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	76,842.	142,969.	181,835.	205,632.	213,860.	821,138.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	76,842.	142,969.	181,835.	205,632.	213,860.	821,138.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						821,138.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	76,842.	142,969.	181,835.	205,632.	213,860.	821,138.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44.	37.	325.	1,289.	1,823.	3,518.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV		2,085.	549.	1,019.	717.	4,370.
11	Total support. Add lines 7 through 10						829,026.
12	Gross receipts from related activ	ities, etc (see instr	ructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	► X
	tion C. Computation of Pu					1	· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 20	*	-	11, column (f))		14	%
	Public support percentage from 2						%
	a 33-1/3% support test – 2011. If the and stop here. The organization	qualifies as a publ	icly supported org	anization			▶ []
b	33-1/3% support test – 2010. If to and stop here. The organization	he organization did qualifies as a publ	d not check a box of icly supported orga	on line 13 or 16a anization	, and line 15 is 33	-1/3% or more, c	heck this box ►
17 a	n 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	nd-circumstances	test, check this b	ox and stop here	. Explain in Part I	V how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ar d-circumstances' te	nd-circumstances' est The organizati	test, check this bon qualifies as a	ox and stop here publicly supported	. Explain in Part I d organization	V how the ►
	Private foundation. If the organiz	zation did not chec	k a box on line 13	3, 16a, 16b, 17a, o			-
BAA					Sc	:nedule A (Form 9	990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support										
	ar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5.										
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons.										
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
С	Add lines 7a and 7b										
	Public support (Subtract line 7c from line 6)										
	tion B. Total Support			 	T						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses										
_	acquired after June 30, 1975 Add lines 10a and 10b										
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
	Total support. (Add Ins 9, 10c, 11, and 12)										
14	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)	(3) ▶ □				
	tion C. Computation of Pu										
15	Public support percentage for 20	11 (line 8, column	(f) divided by lin	e 13, column (f))		1	5 %				
16	Public support percentage from 2	2010 Schedule A,	Part III, line 15			1	6 %				
Sec	tion D. Computation of Inv	estment Inco	me Percentac	je							
17	Investment income percentage for	or 2011 (line 10c,	column (f) divided	d by line 13, colui	mn (f))	1					
18	Investment income percentage fr	om 2010 Schedul	e A, Part III, line	17		_ 1	8 %				
	33-1/3% support tests – 2011. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppor	rted organizatio	on • 📗				
	33-1/3% support tests – 2010. If Inne 18 is not more than 33-1/3%	, check this box a	ind stop here. The	organization qua	alifies as a publicly	supported orga	anization				
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Schedule A	(Form 990 or 990	<u>-EZ) 2011 - I</u>	Dakota E	Business	Finance		20	-4158141	Page	<u>: 4</u>
Part IV	Supplemental Part II, line 17 (See instruction	l Informatic 'a or 17b: a	on. Compl and Part II	ete this pa I, line 12.	art to provid Also comp	de the explan plete this part	ations require for any addit	ed by Part II tional inform	, line 10; lation.	_
, 							·			
	- -				_		. 			
										· -
					_					
	·									
					-					
					 -					

2011	Schedule	A, Part I	V - Sup	olemei	ntal Inforn	nation	Page
Client 1110		Dako	ta Busines	s Financ	:e		20-415814
1/16/13			· · - · - · - · - · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · · - · · · · · · · · · ·		··		03 21F
Part II, Line 10 - O	ther Income						
Nature and Sou	irce	2011	2010		2009	2008	2007
Other	Total 🕏	717. 717.	1,0 \$ 1,0	L9. 19. \$	549. 549. \$	2,085. 2,085. \$	0.
	<u> </u>			<u> </u>		<u> </u>	

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Name	of the organization		Employer Identification number	
Dal	reta Business Finance		20-4158141	
	kota Business Finance rt·I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu		
- 4	the organization answered 'Yes'	to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised Yes No	ı
6	Did the organization inform all grantees, dono used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor, or for	s can be any other Yes No)
Pa	rt II Conservation Easements. Comp	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply)		
	Preservation of land for public use (e.g., r	·	of an historically important land area	
	Protection of natural habitat	Preservation	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on th	е
	last day of the tax year		Held at the End of the Tax Ye	ar
;	a Total number of conservation easements		2a	
	b Total acreage restricted by conservation easer	ments	2 b	
	c Number of conservation easements on a certif	ied historic structure included in (a)	2c	
1	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	7IC 2d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the organization during the	
4	Number of states where property subject to co	nservation easement is located 🕨		
5		garding the periodic monitoring, inspection, har its it holds?)
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing conservation ease	ments during the year	
7	Amount of expenses incurred in monitoring, ir	especting, and enforcing conservation easement	ts during the year	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction Yes No)
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote conservation easements	orts conservation easements in its revenue and to the organization's financial statements that d	d expense statement, and balance sheet, a escribes the organization's accounting for	ınd
Pa	rt III: Organizations Maintaining Coll	ections of Art, Historical Treasures, of Swered 'Yes' to Form 990, Part IV, lin	or Other Similar Assets. ne 8.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or resear	nue statement and balance sheet works of rch in furtherance of public service, provide	∍,
	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the	÷
	(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 a amounts required to be reported under SFAS	116 (ASC 958) relating to these items	or financial gain, provide the following	
	a Revenues included in Form 990, Part VIII, line	e 1	> \$	
	b Assets included in Form 990, Part X		▶\$	

Schedule D (Form 990) 2011 Dakota Business Finance 20-4158141 Page Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition d Loan or exchange programs
b Scholarly research e Other
c Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
Amount
c Beginning balance
d Additions during the year . 1d
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If 'Yes,' explain the arrangement in Part XIV. Deat Y Deat W Deat
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1 a Beginning of year balance b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.
a Board designated or quasi-endowment ►%
b Permanent endowment ► %
c Temporarily restricted endowment ►%
The percentages in lines 2a, 2b, and 2c should equal 100%
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No
(i) unrelated organizations . 3a(i)
(ii) related organizations
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other depreciation (d) Book value depreciation
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))
BAA Schedule D (Form 990) 20

TEEA3302L 01/16/12

Page 3

Part VII	Investments – Other Securities. See	Form 990, Part X,	line 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	lation arket value
•	ial derivatives			
	/-held equity interests			
(3) Other				
(<u>A)</u>				
(<u>B)</u>				
(C)		***		·
(D)		••••		· · · · · · · · · · · · · · · · · · ·
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
<u>(l)</u>				
	mn (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X		
	(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year management	
(1)			Cost or end-or-year in	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			1	
(7)				
(8)				
(9)				
(10)	mn (h) must equal Form 990 Part X column (R) line 13)			
Part IX	mn (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X,	line 15. N/A		
raitix		scription		(b) Book value
(1)	(a) DC	Scription	 .	(b) Book Value
(2)			•	
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(0)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (E	3). line 15)		>
Part X	Other Liabilities. See Form 990, Part			<u> </u>
1 uit A	(a) Description of liability	(b) Book value		
(1) Fed	eral income taxes	(0) 20011 1010		
(2)	oral moonto taxos			
(3)				
(4)				
(5)				
(6)				
(7)	10 to 10			
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, column (B) line 25)	•		
(0010	2-2 (-)			

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 Dakota Business Finance		20-4158141	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)			216,400.
2 Total expenses (Form 990, Part IX, column (A), line 25)			259,744.
3 Excess or (deficit) for the year Subtract line 2 from line 1			-43,344.
4 Net unrealized gains (losses) on investments .			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV.)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine line	es 3 and 9		-43,344.
Part XII Reconciliation of Revenue per Audited Financial State		per Return	
1 Total revenue, gains, and other support per audited financial statements	-	1	216,400.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	216,400.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		210,100.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV).	4b		
,	40	4.0	
c Add lines 4a and 4b	2.)	4c 5	216 400
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			216,400.
Part XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expenses p	1 1	250 744
1 Total expenses and losses per audited financial statements		1	259,744.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3	259,744
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b	10.)	4c	250 744
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	259,744
Part XIV Supplemental Information	5 1		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9 Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII any additional information.	, Part III, lines Ta and 4, P II, lines 2d and 4b Also co	art IV, lines 16 and 26 mplete this part to pro	; vide
			-
			-
		- - 	·
BAA TEEA3304L 05/25/11		Schedule D (f	Form 990) 201

Schedule D (Form 990) 2011 Dakota Business Finance Part XIV Supplemental Information (continued)	20-4158141	Page 5
Part XIV Supplemental Information (continued)		
·		
		
'		
		
•		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Dakota Business Finance	20-4158141
Form 990, Part III, Line 1 - Organization Mission	
Dakota_Business_Finance_provides_financing_for_a_wide_range	e of businesses through
the SBA 504 Loan Program. This program provides fixed rate	e financing for the
purchase of long-term assets such as the purchase of land,	purchase and construction
of buildings, renovate or remodel existing facilities, and,	or purchase of long-term
machinery and equipment.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The financial statements and tax returns are submitted to	the Board of Directors for
review and approval, which may or may not occur prior to the	
tax returns.	·
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	of Conflicts
The organization monitors and enforces any conflicts that i	
heing considered for approval	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availa	
The organization makes its governing documents, conflict or	
financial statements available to the public upon request.	
	·
	·
	·
	·
	·
	·