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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No 1545-1150

2012

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning		, 2012, and ending																																																											
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization SOUTH DAKOTA STOCKGROWERS DEVELOPMENT FOUNDATION Number and street (or P O box, if mail is not delivered to street address) Room/suite 426 SAINT JOSEPH ST City or town, state or country, and ZIP + 4 RAPID CITY, SD 57701																																																											
D Employer identification number 27-3219564		E Telephone number																																																											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B I Website: ► _____																																																											
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		(Form 990, 990-EZ, or 990-PF).																																																											
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return																																																													
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 4																																																													
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>																																																													
SCANNED FEB 20 2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 5px;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; vertical-align: top; padding: 5px; text-align: right;">1</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">2 Program service revenue including government fees and contracts</td> <td style="vertical-align: top; padding: 5px; text-align: right;">2</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">3 Membership dues and assessments</td> <td style="vertical-align: top; padding: 5px; text-align: right;">3</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">4 Investment income</td> <td style="vertical-align: top; padding: 5px; text-align: right;">4</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">5a Gross amount from sale of assets other than inventory</td> <td style="vertical-align: top; padding: 5px; text-align: right;">5a</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">b Less: cost or other basis and sales expenses</td> <td style="vertical-align: top; padding: 5px; text-align: right;">5b</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="vertical-align: top; padding: 5px; text-align: right;">5c</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">6 Gaming and fundraising events</td> <td style="vertical-align: top; padding: 5px; text-align: right;">6d</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="vertical-align: top; padding: 5px; text-align: right;">6a</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="vertical-align: top; padding: 5px; text-align: right;">6b</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">c Less direct expenses from gaming and fundraising events</td> <td style="vertical-align: top; padding: 5px; text-align: right;">6c</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="vertical-align: top; padding: 5px; text-align: right;">6d</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">7a Gross sales of inventory, less returns and allowances</td> <td style="vertical-align: top; padding: 5px; text-align: right;">7a</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">b Less: cost of goods sold</td> <td style="vertical-align: top; padding: 5px; text-align: right;">7b</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="vertical-align: top; padding: 5px; text-align: right;">7c</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">8 Other revenue (describe in Schedule O)</td> <td style="vertical-align: top; padding: 5px; text-align: right;">8</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;">9 Total revenue. 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Expenses	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> RECEIVED 43 FEB 02 2015 IRS:OSC OGDEN, UT </div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> RECEIVED 43 FEB 05 2015 TPR BRANCH OGDEN </div>																																																												
Net Assets																																																													

For Paperwork Reduction Act Notice, see the separate instructions.
EEA

Form 990-EZ (2012)

8/16

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
	4,413	22	4,417
22 Cash, savings, and investments	0	23	0
23 Land and buildings	0	24	0
24 Other assets (describe in Schedule O)	4,413	25	4,417
25 Total assets	0	26	0
26 Total liabilities (describe in Schedule O)	4,413	27	4,417
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SOUTH DAKOTA LIVESTOCK INDUSTRY**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 TO PRESERVE THE VIABILITY OF THE SOUTH DAKOTA LIVESTOCK INDUSTRY, RANCH AND RURAL COMMUNITIES THROUGH EDUCATION, SCHOLARSHIPS OR STEWARDSHIP AND LAND MANAGEMENT.

(Grants \$) If this amount includes foreign grants, check here ► 28a 0

29 (Grants \$) If this amount includes foreign grants, check here ► 29a

30 (Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KENNY FOX PRESIDENT	1	0	0	0
SHANE KOLB DIRECTOR	0	0	0	0
BOB FORTUNE DIRECTOR	0	0	0	0
MARVIN JESSEN DIRECTOR	0	0	0	0
GARY DEERING DIRECTOR	0	0	0	0
DEAN ODDEN DIRECTOR	0	0	0	0
CLARK BLAKE DIRECTOR	0	0	0	0
RANDY VOLMER DIRECTOR	0	0	0	0

46 ~ Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Part VI Section 501(c)(3) organizations only

All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

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

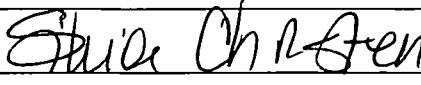
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

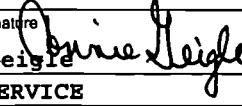
d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer Connie Geigle , DIRECTOR  Connie Geigle Type or print name and title	Date 1-26-15
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Paid Preparer Use Only	Print/Type preparer's name Connie Geigle	Preparer's signature  Connie Geigle	Date 1/23/15	Check <input type="checkbox"/> if self-employed	PTIN P01568965
	Firm's name ► A2Z BUSINESS AND TAX SERVICE			Firm's EIN ►	
	Firm's address ► 1241 E SAINT JOSEPH ST RAPID CITY SD 57701			Phone no 605-716-3985	

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

SCHEDULE A
(Form 990 or 990-EZ)

"Retroactive Reinstatement"
Public Charity Status and Public Support

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

SOUTH DAKOTA STOCKGROWERS DEVELOPMENT FOUNDATION

Employer identification number

27-3219564

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)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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

<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Type III-Functionally integrated	<input type="checkbox"/> Type III-Non-functionally integrated
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- e 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)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

<input type="checkbox"/> (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
<input type="checkbox"/> (ii) A family member of a person described in (i) above?
<input type="checkbox"/> (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

EEA

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				4,413		4,413
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3				4,413		4,413
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)						
6 Public support. Subtract line 5 from line 4						4,413

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4				4,413		4,413
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4	4
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4,413
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	0.00	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 bus under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 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						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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