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Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

|  |   | 2045  |  | 04 04 0045         40 04 004                                    | _                                 |  |  |   |
|--|---|---|--|---|-----------------------------------|--|--|---|
|  |   |   | lendar year, or tax year beginnin  C Name of organization  | g 01-01-2015 , and ending 12-31-201                             | .5                                | D Emplo  | ver identii  | fication number   |
|  |   | applicable<br>change  | STARK DEVELOPMENT CORPORATION  | N   |                                   |  |  |   |
| ,<br>∏ Nai   |   | _   | Doing business as  |   |                                   | <b>—</b> 45-04   | 105386   |   |
| ,<br>☐ Init  |   | -   | Dolling Dusiliess as   |   |                                   |  |  |   |
| ,<br>Fın   |   |   |  | all is not delivered to street address) Room/su                 | ite                               | E Telepho  | one number   | •   |
| ret  | urn/te  | erminated   | 314 3RD AVE WEST   |   |                                   | (701)  | 225-599  | 97  |
| ☐ Am   | ended   | d return  | City or town, state or province, coun DICKINSON, ND 58601  | ntry, and ZIP or foreign postal code                            |                                   | <b>1</b>   |  | 447.740   |
| M App  | olicatio  | on pending  | DICKINSON, ND S0001  |   |                                   | G Gross r  | eceipts \$ 1,  | 117,713   |
|  |   |   | F Name and address of prin   | icipal officer  |                                   | this a group   |  |   |
|  |   |   | TJ HERAUF<br>4150 3RD AVE EAST   |   |                                   | bordinates?<br>e all subordi   |  | ΓYes ΓΝο<br>ΓYes ΓΝο  |
|  |   |   | DICKINSON,ND 58601   |   |                                   | cluded?  | nates  | i resi No   |
|  | V-0V0   | empt status   | F01(a)(2) F F01(a) (4) #1(   | Insert no ) 4947(a)(1) or 527                                   |                                   |  |  | ee instructions)  |
|  |   |   |  | insert no )   4947(a)(1) or   527                               | <b>H(c)</b> G                     | roup exempt  | ion numb   | er <b>►</b>   |
|  |   | te:► N/A  |  |   |                                   |  |  |   |
|  |   |   | Corporation Trust Association  | n  Other ►  | <b>L</b> Year o                   | f formation 19   | 92 <b>M</b> Sta  | ate of legal domicile ND  |
| Ра   | rt I  |   | mary   |   |                                   |  |  | _   |
|  |   |   | scribe the organization's mission<br>ES THE START-UP AND GROW  | or most significant activities<br>TH OF VARIOUS BUSINESS VENTUR | ES WITHI                          | N SOUTHWI  | EST NOR  | ТН DAKOTA   |
| œ.   | -   |   |  |   |                                   |  |  |   |
| Governance   | -   |   |  |   |                                   |  |  |   |
| Ē.   | 2   | Check th  | nis box 🛏 if the organization dis  | continued its operations or disposed o                          | f more thai                       | n 25% of its   | net asset  | ts  |
| Š  |   |   | ,  |   |                                   |  |  |   |
|  |   |   |  | ng body (Part VI, line 1a)                                      |                                   |  | 3  | 17  |
| ijĕ  |   |   |  | of the governing body (Part VI, line 1b)                        |                                   |  | 4  | 17  |
| Activities &   |   |   |  | calendar year 2015 (Part V, line 2a)                            |                                   |  | 6  | 2   |
| ă  |   |   | mber of volunteers (estimate if ne   | art VIII, column (C), line 12                                   |                                   |  | 7a   | 0   |
|  | 1   |   |  | m Form 990-T, line 34   |                                   |  | 7b   |   |
|  |   |   |  |   |                                   |  |  |   |
|  | l   |   |  |   | F                                 | rior Year  |  | Current Year  |
| _  | 8   | Contri  | butions and grants (Part VIII, lii   | ne 1h)  | F                                 | Prior Year<br>792,   | 130  |   |
| aune   | 9   | Progra  | am service revenue (Part VIII, li  | ne 2g)  |                                   | 792,   |  | 1,028,620<br>0  |
| 3evenue  | 9<br>10   | Progra<br>Inves   | am service revenue (Part VIII, li<br>tment income (Part VIII, column   | ne 2g)  |                                   | 792,<br>3,   | 252  | 1,028,620<br>0<br>7,853   |
| Revenue  | 9<br>10<br>11   | Progra<br>Inves<br>Other  | am service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),  | ne 2g)  |                                   | 792,<br>3,<br>139,   | 252  | 1,028,620<br>0<br>7,853<br>81,240   |
| Ravenue  | 9<br>10   | Progra<br>Inves<br>Other  | am service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),  | ne 2g)  |                                   | 792,<br>3,   | 252  | 1,028,620<br>0<br>7,853<br>81,240   |
| Revenue  | 9<br>10<br>11   | Progra<br>Inves<br>Other<br>Total<br>12)  | am service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),<br>revenue—add lines 8 through 11  | ne 2g)  |                                   | 792,<br>3,<br>139,   | 252<br>843<br>225  | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713  |
| Ravenue  | 9<br>10<br>11<br>12   | Progra<br>Inves<br>Other<br>Total<br>12)<br>Grants  | am service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),<br>revenue—add lines 8 through 11<br>s and similar amounts paid (Part  | ne 2g)  | 2                                 | 792,<br>3,<br>139,<br>935,   | 252<br>843<br>225  | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640   |
|  | 9<br>10<br>11<br>12   | Progra Inves Other Total 12) Grants Benefi  | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part Its paid to or for members (Part Its, other compensation, employe  | ne 2g)  | 2                                 | 792,<br>3,<br>139,<br>935,   | 252<br>843<br>225<br>602   | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Progra Inves: Other Total 12) Grants Benefi Salari 5-10)  | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed)   | ne 2g)  | e                                 | 792,<br>3,<br>139,<br>935,<br>780,   | 252<br>843<br>225<br>602   | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204   |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) assional fundraising fees (Part IX,  | ne 2g)  | e                                 | 792,<br>3,<br>139,<br>935,<br>780,   | 252<br>843<br>225<br>602   | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204   |
| Expenses Revenue   | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D))   | ne 2g)  | e                                 | 792, 3, 139, 935, 780,   | 252<br>843<br>225<br>602   | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204   |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other  | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), I  | ne 2g)  | e                                 | 792, 3, 139, 935, 780,   | 252<br>843<br>225<br>602<br>245  | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204<br>0<br>50,016  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Progra Inves Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part Its paid to or for members (Part Its, other compensation, employed) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), liexpenses Add lines 13–17 (must   | ne 2g)  | e                                 | 792, 3, 139, 935, 780, 210,  | 252<br>843<br>225<br>602<br>245<br>683<br>530  | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204<br>0<br>50,016<br>566,860   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Progra Inves Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part Its paid to or for members (Part Its, other compensation, employed) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), liexpenses Add lines 13–17 (must   | ne 2g)  |                                   | 792, 3, 139, 935, 780, 210, 41, 1,032,   | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305                                     | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204<br>0<br>50,016<br>566,860   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Progra Invest Other Total 12) Grants Benefit Salarit 5-10) Profest Total fu Other Total Reven   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), liexpenses Add lines 13–17 (musture less expenses Subtract line   | ne 2g)  |                                   | 792, 3, 139, 935, 780, 210, 41, 1,032, -97, ag of Current  | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b>                      | 1,028,620  0 7,853 81,240 1,117,713 286,640 0 230,204 0 50,016 566,860 550,853 End of Year  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18   | Progra Inves Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musture less expenses Subtract line assets (Part X, line 16)  | ne 2g)  | Beginnin                          | 792, 3, 139, 935, 780, 210, 41, 1,032, -97,  | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534               | 1,028,620  0 7,853 81,240 1,117,713 286,640 0 230,204 0 50,016 566,860 550,853 End of Year 5,605,069  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total   | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16) liabilities (Part X, line 26)   | ne 2g)  | Beginnin                          | 792, 3, 139, 935, 780, 210, 41, 1,032, -97, 19 of Current 5,174,   | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534               | 1,028,620<br>0<br>7,853<br>81,240<br>1,117,713<br>286,640<br>0<br>230,204<br>0<br>50,016<br>566,860<br>550,853  |
| Net Assets or Expenses Fund Balances                     | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Progra Invest Other Total 12) Grants Benefit Salarit 5-10) Profest Total fu Other Total Reven  Total Total Net as                             | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part Its paid to or for members (Part Its, other compensation, employed) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must line less expenses Subtract line assets (Part X, line 16)   | ne 2g)  | Beginnin                          | 792, 3, 139, 935, 780, 210, 41, 1,032, -97, 19 of Current 5,174, 427, 4,746,   | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755        | 1,028,620  0 7,853 81,240 1,117,713 286,640 0 230,204 0 50,016 566,860 550,853 End of Year 5,605,069 307,437 5,297,632                                  |
| Met Assets of A befaces Expenses                         | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>tt II                | Progra Invest Other Total 12) Grants Benefit Salarit 5-10) Profest Total fu Other Total Reven  Total Net as  Sign nalties of                  | am service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part Its paid to or for members (Part Its paid to or for members (Part Its, column (Part Its, col | ne 2g)  | Beginnin  yıng sched              | 792,  3, 139, 935, 780,  210,  41, 1,032, -97, 19 of Current 5,174, 427, 4,746,  | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755<br>779 | 1,028,620  0 7,853 81,240  1,117,713  286,640 0 230,204 0 50,016 566,860 550,853  End of Year  5,605,069 307,437 5,297,632                              |
| Met Assets of A befaces Expenses                         | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>tt II                | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as  Sign nalties of edge and            | am service revenue (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) assional fundraising fees (Part IX, column (D) expenses (Part IX, column (A), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16)   | ne 2g)  | Beginnin  yıng sched              | 792,  3, 139, 935, 780,  210,  41, 1,032, -97, 19 of Current  5,174, 427, 4,746,  dules and stats is based on                | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755<br>779 | 1,028,620  0 7,853 81,240  1,117,713  286,640 0 230,204  0 50,016 566,860 550,853  End of Year  5,605,069 307,437 5,297,632                             |
| Mot Assets or Expenses by End Balances                   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>*** Tennowle         | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as  Sign nalties of edge and has any ki | am service revenue (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) assional fundraising fees (Part IX, column (D) expenses (Part IX, column (A), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16)   | ne 2g)  | Beginnin  yıng sched              | 792,  3, 139, 935, 780,  210,  41, 1,032, -97, 19 of Current 5,174, 427, 4,746,  | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755<br>779 | 1,028,620  0 7,853 81,240  1,117,713  286,640 0 230,204  0 50,016 566,860 550,853  End of Year  5,605,069 307,437 5,297,632                             |
| Signal Met Assets of Expenses Expenses Expenses Expenses | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>11<br>17 r pennowle  | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as Sign halties of edge and has any ki  | am service revenue (Part VIII, list the theorem to  | ne 2g)  | Beginnin  yıng sched              | 792, 3, 139, 935, 780, 210, 41, 1,032, -97, 19 of Current 5,174, 427, 4,746, dules and states as based on                    | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755<br>779 | 1,028,620 0 7,853 81,240 1,117,713 286,640 0 230,204 0 50,016 566,860 550,853 End of Year 5,605,069 307,437 5,297,632                                   |
| Signal Met Assets of Expenses Expenses Expenses Expenses | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>11<br>17 r pennowle  | Progra Inves: Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as  Sign nalties of edge and has any ki | am service revenue (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) assional fundraising fees (Part IX, column (D) expenses (Part IX, column (A), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16)   | ne 2g)  | Beginnin  ying schecenan officer) | 792,  3, 139, 935, 780,  210,  41, 1,032, -97, 19 of Current  5,174, 427, 4,746,  dules and states based on  2016-05-15 Date | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755<br>779 | 1,028,620 0 7,853 81,240 1,117,713 286,640 0 230,204 0 50,016 566,860 550,853 End of Year 5,605,069 307,437 5,297,632                                   |
| A Met Assets of A benses Expenses Expenses               | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>trpen<br>nowlearer h | Progra Invest Other Total 12) Grants Benefi Salari 5-10) Profes Total fu Other Total Reven  Total Net as  Sign halties of edge and has any ki | am service revenue (Part VIII, list the theorem to  | Ine 2g)   | Beginnin  ying schedan officer)   | 792, 3, 139, 935, 780, 210, 41, 1,032, -97, 19 of Current 5,174, 427, 4,746, dules and states as based on                    | 252<br>843<br>225<br>602<br>245<br>683<br>530<br>305<br><b>Year</b><br>534<br>755<br>779 | 1,028,620 0 7,853 81,240 1,117,713 286,640 0 230,204 0 50,016 566,860 550,853 End of Year 5,605,069 307,437 5,297,632 and to the best of ation of which |

DICKINSON, ND 586015108

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

Firm's address 🟲 148 1ST ST W

Preparer

**Use Only** 

Phone no (701) 483-1156

| AKOTA                          |
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| Part IV | Checklist o | f Req | uired | <b>Schedule</b> |
|---------|-------------|-------|-------|-----------------|
|         |             |       |       |                 |

|     |   |     | 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 instructions)?   | 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   |     | No |
| 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   |     |    |
| 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   | Yes |    |
| 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   |     | 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 for escrow or custodial account liability, 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 |
| LO  | 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  |     | No |
| L1  | 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, line 10?  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 |
| С   | 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 |
| 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  | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | No |
| 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 |
| L2a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No |
| 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 and XII is optional  | 12b |     | No |
| L3  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| L4a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| 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 |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| L6  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   | 16  |     | No |
| L7  | 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  |     | 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 "Yes," complete Schedule G, Part II</i>   | 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 hospital facilities? If "Yes," complete Schedule H   | 20a |     | Νo |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |

| Par | t IV Checklist of Required Schedules (continued)  |     |                |        |
|-----|---|-----|----------------|--------|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |                | No     |
| 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  |                | 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 through 24d and complete Schedule K. If "No," go to line 25a                            | 24a |                | No     |
| 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   | 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), 501(c)(4), and 501(c)(29) 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 |                | No     |
| 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 |                | No     |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 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  |                | No     |
| 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 |                | No     |
| С   | 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 |                | No     |
| 29  | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M   | 29  |                | No     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |                | No     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .  | 31  |                | No     |
| 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  |                | No     |
| 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 "Yes," complete Schedule R, Part I </i>  | 33  |                | No     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |                | No     |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |                | No     |
| b   | If 'Yes' to line 35a, 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 |                |        |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 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  |                | No     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  |                | No     |
|     |   | F   | orm <b>990</b> | (2015) |

|     | 990 (2015)   |          |     | Page |
|-----|--|----------|-----|------|
| Pai | Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  |          |     | .୮   |
|     |  |          | Yes | No   |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0  |          |     |      |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  | _        |     |      |
| 2-  | gaming (gambling) winnings to prize winners?   | 1c       |     | No   |
| Za  | Tax Statements, 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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                  | 2b       | Yes |      |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | No   |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$  | 3b       |     |      |
| 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)? | 4a       |     | No   |
| b   | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |          |     |      |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | No   |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | No   |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |          |     |      |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | 5c<br>6a |     | No   |
| ь   | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                      | 6b       |     |      |
| 7   | 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       |     |      |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |      |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c       |     |      |
| 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?  | 7e       |     |      |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     |      |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     |      |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |     |      |
| 8   | Sponsoring organizations maintaining donor advised funds.  |          |     |      |
|     | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | 8        |     |      |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |     |      |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |     |      |
| 10  | Section 501(c)(7) organizations. Enter   |          |     |      |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |      |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club   |          |     |      |
| 11  | 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      |     |      |
| 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | 13a      |     |      |
| 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  |          |     |      |
| С   | Enter the amount of reserves on hand   |          |     |      |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | No   |
| L.  | If "Vac " has it filed a Form 730 to report these payments 2 If "No " provide an explanation in Schedule O   | 146      | 1   | 1    |

Part VI Governance, Management, and Disclosure

| Se              | ection 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 17   |       |        |     |
|                 | 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   |       |        |     |
| b               | Enter the number of voting members included in line 1a, above, who are independent 1b 17   |       |        |     |
| 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     |        | Νo  |
| 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     |        | Νo  |
| 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               | Did the organization have members or stockholders?   | 6     |        | No  |
| 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?   | 7a    |        | No  |
| b               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 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    |     |
|                 | 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     |        | No  |
| Se              | ection B. Policies (This Section B requests information about policies not required by the Internal R  | evenu | ie Cod | e.) |
|                 |  |       | Yes    | No  |
| 10a             | Did the organization have local chapters, branches, or affiliates?   | 10a   |        | No  |
| b               | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b   |        |     |
| 11a             | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a   |        | No  |
| b               | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |       |        |     |
| 12a             | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a   |        | Νo  |
| b               | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b   |        |     |
| C               | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c   |        |     |
| 13              | Did the organization have a written whistleblower policy?  | 13    |        | No  |
| 14              | Did the organization have a written document retention and destruction policy?   | 14    |        | No  |
| 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  |
| b               | Other officers or key employees of the organization  | 15b   |        | No  |
|                 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |       |        |     |
| 16a             | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a   |        | No  |
| 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 take steps to safeguard the organization's exempt status with respect to such arrangements?     | 16h   |        |     |
| 6-              | ection C. Disclosure   | 16b   |        |     |
| <u>5e</u><br>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)  |       |        |     |
| 19              | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O). Describe in Schedule O. whether (and if so, how) the organization made its governing documents, conflict of |       |        |     |
|                 | interest policy, and financial statements available to the public during the tax year  |       |        |     |

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►GAYLON BAKER 314 3RD AVE WEST DICKINSON, ND 58601 (701) 225-5997

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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, or 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 organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title         | (B) A verage hours per week (list any hours           | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |   |  |  |   | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |  |
|-------------------------------|---|--|-----------------------|---|--|--|---|---|--|---|--|
|                               | for related<br>organizations<br>below<br>dotted line) | Individual trustae<br>or director  | Institutional Trustee | ₽ |  |  | (W- 2/1099-<br>MISC)  Former  Highest compensated |   | (W- 2/1099-<br>MISC)                                   | organization<br>and related<br>organizations        |  |
| (1) TJ HERAUF PRESIDENT       |   | х  |                       | х |  |  |   | 0   | 0  | 0   |  |
| (2) RYAN JILEK VICE PRESIDE   |   | х  |                       | х |  |  |   | 0   | 0  | 0   |  |
| (3) RON LISKO SECRETARY       |   | х  |                       | х |  |  |   | 0   | 0  | 0   |  |
| (4) DAN KOVASH TREASURER      |   | х  |                       | х |  |  |   | 0   | 0  | 0   |  |
| (5) BRUCE DOLEZAL DIRECTOR    |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (6) JOE FRENZEL DIRECTOR      |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (7) MARY NORDSVEN DIRECTOR    |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (8) FLOYD HURT DIRECTOR       |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (9) KEN ZANDER DIRECTOR       |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (10) BRUCE BAER DIRECTOR      |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (11) PAUL SCHUETZLER DIRECTOR |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (12) THOMAS MITZEL DIRECTOR   |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (13) CARSON STEINER DIRECTOR  |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |
| (14) REED REYMAN DIRECTOR     |   | х  |                       |   |  |  |   | 0   | 0  | 0   |  |

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

|                       | (A)<br>Name and Title  | (B) A verage hours per week (list any hours           | more<br>pers                      | than<br>on is         | one<br>bot | not<br>bo:<br>th ar<br>or/ti | checl<br>c, unle<br>n office<br>rustee | ess<br>er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |  |
|-----------------------|--|---|-----------------------------------|-----------------------|------------|------------------------------|--|-----------|---|--|---|--|
|                       |  | for related<br>organizations<br>below<br>dotted line) | Individual trustae<br>or director | Institutional Trustee | Officei    | Key employee                 | Highest compensated employee           | Former    | (W- 2/1099-<br>MISC)                              | (W- 2/1099-<br>MISC)                                   | organization<br>and related<br>organizations        |  |
| ·····                 | KIRK WALD  |   | х                                 |                       |            |                              |  |           | (   | 0  | (   |  |
| (16) I                | LISA ROERS   |   | х                                 |                       |            |                              |  |           | (   | 0  | (   |  |
| (17) <i>i</i><br>DIRE | AMBROSE HOFF<br>CTOR   |   | х                                 |                       |            |                              |  |           | (   | 0  | (   |  |
|                       |  |   |                                   |                       |            |                              |  |           |   |  |   |  |
|                       |  |   |                                   |                       |            |                              |  |           |   |  |   |  |
|                       |  |   |                                   |                       |            |                              |  |           |   |  |   |  |
|                       |  |   |                                   |                       |            |                              |  |           |   |  |   |  |
|                       |  |   |                                   |                       |            | $\vdash$                     |  |           |   |  |   |  |
| 1b<br>c<br>d          | Sub-Total  | -   |                                   | ·<br>·                |            | <b>b</b>                     |  |           |   |  |   |  |
| 2                     | Total number of individuals (including b<br>\$100,000 of reportable compensation                     |   |                                   |                       | ed al      | bove                         | e) who                                 | rec       | eived more than                                   |  |   |  |
| 3                     | Did the organization list any <b>former</b> offi<br>on line 1a? <i>If "Yes," complete Schedule J</i> |   |                                   | e, key                | y em       | nplo                         | yee, o                                 | r hıg     | hest compensate                                   | ed employee  | Yes No  |  |
| 4                     | For any individual listed on line 1a, is the organization and related organizations of individual    |   |                                   |                       |            |                              |  |           |   | rom the  | No  |  |
| 5                     | Did any person listed on line 1a receive<br>services rendered to the organization?                   |   | •                                 |                       |            |                              |  |           | -   |  | No  |  |
| Se                    | ection B. Independent Contracto  | rs  |                                   |                       |            |                              |  |           |   |  |   |  |
| 1                     | Complete this table for your five highes compensation from the organization Re                       |   |                                   |                       |            |                              |  |           |   |  | s tax year  |  |
|                       |  | (A)<br>usiness address                                |                                   |                       |            |                              |  |           | Descript  | (B)<br>ion of services                                 | (C)<br>Compensation                                 |  |
|                       |  |   |                                   |                       |            |                              |  |           |   |  |   |  |
|                       |  |   |                                   |                       |            |                              |  |           |   |  |   |  |
|                       | Total number of independent contractors<br>\$100,000 of compensation from the orga                   |   | not lım                           | ıted t                | o th       | ose                          | listed                                 | dabo      | ove) who received                                 | d more than  |   |  |

Form **990** (2015)

| Part V  | 4 🕈 🕈 1       | Statement o                                  |  |                       | and the same             |                     |           | _                     |
|---|---------------|--|--|-----------------------|--------------------------|---------------------|-----------|-----------------------|
|   |               | Check if Schedu                              | ıle O contains a respo                                 | nse or note to any lu | ne in this Part VIII (A) | (B)                 | (C)       | <br>(D)               |
|   |               |  |  |                       | Total revenue            | Related or          | Unrelated | Revenue               |
|   |               |  |  |                       |                          | exempt              | business  | excluded from         |
|   |               |  |  |                       |                          | function<br>revenue | revenue   | tax under<br>sections |
|   |               |  |  |                       |                          |                     |           | 512-514               |
| क क   | 1a            | Federated camp                               | paigns 1a  |                       |                          |                     |           |                       |
| Grants<br>mounts  | ь             | Membership du                                | es <b>1b</b>   | 8,620                 |                          |                     |           |                       |
| Contributions, Giffs, Grants<br>and Other Similar Amounts | c             | Fundraising eve                              | ents <b>1c</b>   |                       |                          |                     |           |                       |
| Contributions, Gifts,<br>and Other Similar A              | d             | Related organiz                              | ations 1d  |                       |                          |                     |           |                       |
| <u>.</u><br>≣a  |               | Government grants                            |  | 1,020,000             |                          |                     |           |                       |
| ns,<br>Sir  | e             |  |  |                       |                          |                     |           |                       |
| iti<br>er (   | f             | All other contribution<br>similar amounts no | ons, gifts, grants, and <b>1f</b><br>it included above |                       |                          |                     |           |                       |
| 훂   | g             | Noncash contribution                         | ons included in lines                                  |                       |                          |                     |           |                       |
| ntr<br>d C  | •             | 1a-1f \$                                     |  |                       |                          |                     |           |                       |
| Co<br>an  | h             | Total. Add lines                             | 31a-1f   | · · · •               | 1,028,620                |                     |           |                       |
| nu n  |               |  |  | Business Code         |                          |                     |           |                       |
| JI.   | 2a            |  |  |                       |                          |                     |           |                       |
| e ve  | ь             |  |  |                       |                          |                     |           |                       |
| e<br>Н  | l c           |  |  |                       |                          |                     |           |                       |
| 7 A C   | ď             |  |  |                       |                          |                     |           |                       |
| 33  |               | _  |  |                       |                          |                     |           |                       |
| Program Serwde Revenue                                    | e<br>_        | A II a b b a                                 |  |                       |                          |                     |           |                       |
| 50  | f             | All other progra                             | m service revenue                                      |                       |                          |                     |           |                       |
| <u></u>   | g             | Total. Add lines                             | s 2a – 2f  | ►                     |                          | <u></u> '           |           |                       |
|   | 3             |  | ome (ıncludıng dıvıden                                 |                       | 7 053                    |                     |           | 7.05                  |
|   | _             |  | ar amounts)  |                       | 7,853                    |                     |           | 7,853                 |
|   | 4             |  | tment of tax-exempt bond                               |                       |                          |                     |           |                       |
|   | 5             | Koyalties                                    |  |                       |                          |                     |           |                       |
|   |               | Grace rest-                                  | (ı) Real   | (II) Personal         |                          |                     |           |                       |
|   | 6a            | Gross rents                                  |  |                       |                          |                     |           |                       |
|   | ь             | Less rental                                  |  |                       |                          |                     |           |                       |
|   | c             | expenses<br>Rental income                    |  |                       |                          |                     |           |                       |
|   |               | or (loss)                                    | ma or (loca)   |                       |                          |                     |           |                       |
|   | d             | ivet rental incor                            | me or (loss)   | 1                     |                          |                     |           |                       |
|   | 7a            | Gross amount                                 | (ı) Securities   | (II) Other            |                          |                     |           |                       |
|   | <sup>′a</sup> | from sales of                                |  |                       |                          |                     |           |                       |
|   |               | assets other<br>than inventory               |  |                       |                          |                     |           |                       |
|   | ١.            | Less cost or                                 |  |                       |                          |                     |           |                       |
|   | Ь             | other basis and                              |  |                       |                          |                     |           |                       |
|   | c             | sales expenses<br>Gain or (loss)             |  |                       |                          |                     |           |                       |
|   | d             | ` ′  | s)   |                       |                          |                     |           |                       |
| ά   |               | Gross income fi                              |  |                       |                          |                     |           |                       |
| Ē   |               | events (not incl                             |  |                       |                          |                     |           |                       |
| <b>⊕</b><br>≥   |               | \$   | wo no subsed seed to                                   |                       |                          |                     |           |                       |
| æ   |               | of contributions<br>See Part IV, lin         | reported on line 1c)                                   |                       |                          |                     |           |                       |
| <u>-</u>  |               | <b>,</b>                                     | a .  |                       |                          |                     |           |                       |
| Other Revenue   | ь             | Less direct ex                               | penses <b>b</b>  |                       |                          |                     |           |                       |
| -   | c             | Net income or (                              | loss) from fundraising                                 | events 🛌              |                          |                     |           |                       |
|   | 9a            |  | rom gamıng actıvıtıes                                  |                       |                          |                     |           |                       |
|   |               | See Part IV, lin                             |  |                       |                          |                     |           |                       |
|   | .             |  | a .  |                       |                          |                     |           |                       |
|   |               |  | penses <b>b</b>  |                       |                          |                     |           |                       |
|   |               |  | loss) from gaming acti                                 | vicies                |                          |                     |           | <u> </u>              |
|   | 104           | Gross sales of<br>returns and allo           |  |                       |                          |                     |           |                       |
|   |               |  | a  |                       |                          |                     |           |                       |
|   | ь             | Less cost of go                              | oods sold <b>b</b>                                     |                       |                          |                     |           |                       |
|   | С             | Net income or (                              | loss) from sales of inv                                | entory 🛌              |                          |                     |           |                       |
|   |               | Miscellaneous                                | Revenue  | Business Code         |                          |                     |           |                       |
|   | 11a           | PACE BUYDOV                                  | VN   |                       | 81,240                   | 81,240              |           |                       |
|   | ь             |  | _  |                       |                          |                     |           |                       |
|   | c             |  |  |                       |                          |                     |           |                       |
|   | d             | All other revenu                             | ue   |                       |                          |                     |           |                       |
|   | e             | Total. Add lines                             |  | 🕨                     |                          |                     |           |                       |
|   |               |  |  |                       | 81,240                   |                     |           |                       |
|   | 12            | iotai revenue.                               | See Instructions .                                     | · · · · •             | 1,117,713                | 81,240              |           | 7,853                 |

# Form 990 (2015) Part IX Statement of Functional Expenses

| Section | on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $A$   | All other organiza    | ations must com                           | plete column (A)                                 |                                       |
|---------|--|-----------------------|---|--|---------------------------------------|
|         | Check if Schedule O contains a response or note to any line in th  | s Part IX             |   |  | <u> </u>                              |
|         | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1       | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 286,640               | 286,640                                   |  |                                       |
| 2       | Grants and other assistance to domestic individuals See Part IV, line 22   |                       |   |  |                                       |
| 3       | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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   | 150,215               | 150,215                                   |  |                                       |
| 8       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 30,036                | 30,036                                    |  |                                       |
| 9       | Other employee benefits  | 38,490                | 38,490                                    |  |                                       |
| 10      | Payroll taxes  | 11,463                | 11,463                                    |  |                                       |
| 11      | Fees for services (non-employees)  |                       |   |  |                                       |
| а       | Management   |                       |   |  |                                       |
| b       | Legal  |                       |   |  |                                       |
| c       | Accounting   | 2,755                 |   | 2,755  |                                       |
| d       | Lobbying   |                       |   |  |                                       |
| e       | Professional fundraising services See Part IV, line 17   |                       |   |  |                                       |
| f       | Investment management fees   |                       |   |  |                                       |
| g       | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   |                       |   |  |                                       |
| 12      | Advertising and promotion  |                       |   |  |                                       |
| 13      | Office expenses  |                       |   |  |                                       |
| 14      | Information technology   |                       |   |  |                                       |
| 15      | Royalties  |                       |   |  |                                       |
| 16      | Occupancy  | 2,970                 | 2,970                                     |  |                                       |
| 17      | Travel   | 10,188                | 10,188                                    |  |                                       |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |   |  |                                       |
| 19      | Conferences, conventions, and meetings   | 3,200                 | 3,200                                     |  |                                       |
| 20      | Interest   |                       |   |  |                                       |
| 21      | Payments to affiliates   |                       |   |  |                                       |
| 22      | Depreciation, depletion, and amortization  | 602                   | 602                                       |  |                                       |
| 23      | Insurance  |                       |   |  |                                       |
| 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)                   |                       |   |  |                                       |
| а       | PROMOTIONAL ADVERTISING  | 15,764                | 15,764                                    |  |                                       |
| b       | OFFICE SUPPLIES  | 7,340                 | 7,340                                     |  |                                       |
| c       | TELEPHONE  | 3,031                 | 3,031                                     |  |                                       |
| d       | DUES AND PUBLICATIONS  | 2,866                 | 2,866                                     |  |                                       |
| е       | All other expenses   | 1,300                 | 1,300                                     |  |                                       |
| 25      | Total functional expenses. Add lines 1 through 24e   | 566,860               | 564,105                                   | 2,755  | 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) |                       |   |  |                                       |

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) Beginning of year (B) End of year 1 2,010,332 993,001 Cash-non-interest-bearing . . 1

| - 1       |          | <u> </u>  |  |              |           |           |           |  |  |
|-----------|----------|---|--|--------------|-----------|-----------|-----------|--|--|
|           | 2        | Savings and temporary cash investments  |  | 1,440,000    | 2         | 2,936,215 |           |  |  |
|           | 3        | Pledges and grants receivable, net  |  |              |           | 3         |           |  |  |
|           | 4        | Accounts receivable, net  |  |              | 1,615,599 | 4         | 1,580,622 |  |  |
|           | 5        | Loans and other receivables from current and former office key employees, and highest compensated employees Corschedule L   |  |              |           |           |           |  |  |
|           | 6        | Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruII of Schedule L | and<br>01(c)(9)  |              | 6         |           |           |  |  |
|           | 7        | Notes and loans receivable, net   |  |              |           | 7         |           |  |  |
|           | 8        | Inventories for sale or use   |  |              |           | 8         |           |  |  |
|           | 9        | Prepaid expenses and deferred charges   |  |              |           | 9         |           |  |  |
|           | 10a      | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a  | 28,666       |           |           |           |  |  |
|           | b        | Less accumulated depreciation   | 10b  | 27,747       | 1,519     | 10c       | 919       |  |  |
|           | 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   |  |              | 107,084   | 15        | 94,312    |  |  |
|           | 16       | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  |  |              | 5,174,534 | 16        | 5,605,069 |  |  |
|           | 17       | Accounts payable and accrued expenses   |  |              | 427,755   | 17        | 307,437   |  |  |
|           | 18       | Grants payable  |  |              | 18        |           |           |  |  |
|           | 19       | Deferred revenue  |  | 19           |           |           |           |  |  |
|           | 20       | Tax-exempt bond liabilities   |  | 20           |           |           |           |  |  |
|           | 21       | Escrow or custodial account liability Complete Part IV of   | Schedu   | le D         |           | 21        |           |  |  |
| Camillabi | 22       | Loans and other payables to current and former officers, do<br>key employees, highest compensated employees, and disc   |  |              |           |           |           |  |  |
| <u> </u>  |          | persons Complete Part II of Schedule L  |  |              |           | 22        |           |  |  |
| <u> </u>  | 23       | Secured mortgages and notes payable to unrelated third p  | arties   |              |           | 23        |           |  |  |
|           | 24       | Unsecured notes and loans payable to unrelated third part   | ies .  |              |           | 24        |           |  |  |
|           | 25       | Other liabilities (including federal income tax, payables to<br>and other liabilities not included on lines 17-24)<br>Complete Part X of Schedule D   | third parties,   |              |           |           |           |  |  |
|           | 26       | Table Habitation Add Inno 17 Abranah 25   |  | • •          | 427,755   | 25        | 307,437   |  |  |
| $\dashv$  | 26       | Total liabilities. Add lines 17 through 25  | <u> </u>   |              | 427,755   | 26        | 307,437   |  |  |
|           |          | Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.  |  | and complete |           |           |           |  |  |
|           | 27       | Unrestricted net assets   |  |              | 4,746,779 | 27        | 5,297,632 |  |  |
|           | 28       | Temporarily restricted net assets   | •  |              |           | 28        |           |  |  |
|           | 29       | Permanently restricted net assets   |  |              |           | 29        |           |  |  |
|           |          | Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.  | ck here  | r ▶          |           |           |           |  |  |
|           | 30       | Capital stock or trust principal, or current funds  |  |              |           | 30        |           |  |  |
|           | 31       | Paid-in or capital surplus, or land, building or equipment fu   | nd .   |              |           | 31        |           |  |  |
|           | 32       | Retained earnings, endowment, accumulated income, or ot   | Retained earnings, endowment, accumulated income, or other funds |              |           |           |           |  |  |
| - 1       |          |   |  |              |           |           |           |  |  |
|           | 33<br>34 | Total net assets or fund balances   |  |              | 4,746,779 | 33        | 5,297,632 |  |  |

Net Assets or Fund Balances

| - 01111 | 330 (2013)  |           |    |     | aye 12     |
|---------|---|-----------|----|-----|------------|
| Par     | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI   |           |    |     |            |
|         |   | 1 1       |    |     |            |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |    | 1,1 | 17,713     |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | 2         |    | Ę   | 566,860    |
| 3       | Revenue less expenses Subtract line 2 from line 1   | 3         |    |     | 550,853    |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .   | 4         |    | 4,7 | 746,779    |
| 5       | Net unrealized gains (losses) on investments  | 5         |    |     |            |
| 6       | Donated services and use of facilities  | 6         |    |     |            |
| 7       | Investment expenses   | 7         |    |     |            |
| 8       | Prior period adjustments  | 8         |    |     |            |
| 9       | Other changes in net assets or fund balances (explain in Schedule O)  | 9         |    |     |            |
| 10      | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 10        |    | 5,2 | 297,632    |
| Par     | t XII Financial Statements and Reporting  | <u> </u>  |    |     |            |
|         | Check if Schedule O contains a response or note to any line in this Part XII  | <u> </u>  |    |     | <u>. ୮</u> |
|         |   |           |    | Yes | No         |
| 1       | Accounting method used to prepare the Form 990  | -         |    |     |            |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?   |           | 2a |     | No         |
|         | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, or both  | riewed or |    |     |            |
|         | Separate basis Consolidated basis Both consolidated and separate basis  |           |    |     |            |
| b       | Were the organization's financial statements audited by an independent accountant?  |           | 2b |     | No         |
|         | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both  | parate    |    |     |            |
|         | Separate basis Consolidated basis Both consolidated and separate basis  |           |    |     |            |
| c       | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountain  |           | 2c |     |            |
|         | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O   | n In      |    |     |            |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?  | the       | 3a |     | No         |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. |           | 3b |     |            |

DLN: 93493137081086

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization      |
|-------------------------------|
| STARK DEVELOPMENT CORPORATION |

**Employer identification number** 

45-0405386

| Provid | e a description o | f the organization's | direct and in | direct political | campaign activ | rities in Part IV |
|--------|-------------------|----------------------|---------------|------------------|----------------|-------------------|

2

Political expenditures

|   | <b>-</b> |  |  |  |
|---|----------|--|--|--|
| 3 |          |  |  |  |

Volunteer hours

| art I-R | Compie | te if the or | ganizatio | n is exempt | unaer | secti | on 5 | 01(C)(3). |
|---------|--------|--------------|-----------|-------------|-------|-------|------|-----------|
|         |        |              | _         |             |       |       |      |           |

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

If "Yes," describe in Part IV

| Part I-C Complete if the organization is exempt under section 501( | c), except section 501(c)(3). |
|--|-------------------------------|
|--|-------------------------------|

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name                              | (b) Address                              | (c) EIN | (d) Amount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---------------------------------------|--|---------|---|---|
|                                       |  |         |   |   |
| 2                                     |  |         |   |   |
| 3                                     |  |         |   |   |
| 4                                     |  |         |   |   |
| 5                                     |  |         |   |   |
| 6                                     |  |         |   |   |
| For Paperwork Peduction Act Notice Se | on the instructions for Form 990 or 990. | .F7 C.  | - N - F0004C  | 000 000 FT) 201F  |

| Schedule C (F | Pag  | je ∡ |
|---------------|--|------|
| Part II-A     | Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$ ). | ī    |
|               |  |      |

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures                           | (a) Filing               | (b) Affiliated |
|---|--------------------------|----------------|
| (The term "expenditures" means amounts paid or incurred.) | organization's<br>totals | group totals   |

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

|    | Lobbying Expendit  | ures During 4   | 4-Year Avera    | ging Period     |                 |                  |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|
|    | Calendar year (or fiscal year<br>beginning in)             | <b>(a)</b> 2012 | <b>(b)</b> 2013 | <b>(c)</b> 2014 | <b>(d)</b> 2015 | <b>(e)</b> Total |
| 2a | Lobbying nontaxable amount                                 |                 |                 |                 |                 |                  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| С  | Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| d  | Grassroots nontaxable amount                               |                 |                 |                 |                 |                  |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| f  | Grassroots lobbying expenditures                           |                 |                 |                 |                 |                  |

|                              | filed Form 5768 (election under section 501(h)).   | (a)              | (b)               |
|------------------------------|--|------------------|-------------------|
| or each "Yes" i<br>ctivity.  | response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying   | No               | Amount            |
| legislati                    | he year, did the filing organization attempt to influence foreign, national, state or local<br>on, including any attempt to influence public opinion on a legislative matter or referendum,<br>the use of                | Yes              |                   |
| a                            | the use of   | 1 1              | I                 |
| olunteers?                   | 1  |                  |                   |
|                              | ff or management (include compensation in expenses reported on lines 1c through 1i)?   |                  |                   |
| <b>c</b><br>ledia advertis   | sements?   |                  |                   |
|                              | 1  |                  |                   |
| <b>d</b><br>allings to me    | embers, legislators, or the public?  |                  |                   |
|                              |  |                  |                   |
| <b>e</b> Publicat            | cions, or published or broadcast statements?   |                  | <u> </u>          |
| <b>f</b> Grants t            | o other organizations for lobbying purposes?   |                  |                   |
| <b>g</b> Direct co           | <br>ontact with legislators, their staffs, government officials, or a legislative body?  |                  |                   |
| <b>h</b> Rallies,            | demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                  |                   |
| <b>i</b><br>ther activitie   | es?  |                  |                   |
|                              | 1  |                  |                   |
| j                            |  |                  |                   |
| otal Add line                | es 1c through 1ı   |                  |                   |
|                              | Lactivities in line 1 cause the organization to be not described in section 501(c)(3)? ' enter the amount of any tax incurred under section 4912   |                  | _                 |
| c If "Yes,"                  | enter the amount of any tax incurred by organization managers under section 4912   |                  |                   |
| <b>d</b> If the fili         | ing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                  |                   |
| Part III-A                   | Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)  | <br>n 501(c)(5), | or section        |
|                              | 501(c)(6).   |                  | Yes No            |
|                              | bstantially all (90% or more) dues received nondeductible by members?  |                  | 1   No            |
|                              | organization make only in-house lobbying expenditures of \$2,000 or less?  |                  | 2   No            |
|                              | organization agree to carry over lobbying and political expenditures from the prior year?  |                  | 3   No            |
| Part III-B                   | Complete if the organization is exempt under section $501(c)(4)$ , sectio $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  |                  |                   |
|                              | ments and similar amounts from members   |                  |                   |
| 1                            | 8,620  |                  |                   |
|                              | 162(e) nondeductible lobbying and political expenditures (do not include amounts of political is for which the section 527(f) tax was paid).   |                  |                   |
| <b>a</b><br>urrent year      |  |                  |                   |
| 2a                           |  |                  |                   |
| ь                            |  |                  |                   |
| arryover fron                | ı last year  |                  |                   |
| 2b c                         |  |                  |                   |
| otal                         |  |                  |                   |
| 2c                           | the amount reported in section 6033(a)(1)(A) notices of pendeductible acction 163(a) due-  | 3                |                   |
| <b>3</b> Aggrega<br><b>4</b> | te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | _ <b>3</b>       |                   |
| oes the orgar                | e sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess nization agree to carryover to the reasonable estimate of nondeductible lobbying and inditure next year?                       |                  |                   |
|                              |  |                  |                   |
| 4                            |  |                  |                   |
| 5 Taxable                    | amount of lobbying and political expenditures (see instructions)   | 5                |                   |
|                              |  |                  |                   |
| Part IV                      | Supplemental Information   |                  |                   |
| Part IV Provide the o        | Supplemental Information  descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gictions), and Part II-B, line 1 Also, complete this part for any additional information | roup list), Part | II-A, lines 1 and |

DLN: 93493137081086

OMB No 1545-0047

SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** STARK DEVELOPMENT CORPORATION 45-0405386 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) 
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part | ***              | Organizations Maintaining (continued)                                       | Collections of A       | rt, His       | stori    | cal '  | Treas     | ures, o     | r Ot         | her Simi                     | lar A                 | ssets        |                         |
|------|------------------|---|------------------------|---------------|----------|--------|-----------|-------------|--------------|------------------------------|-----------------------|--------------|-------------------------|
| 3    |                  | the organization's acquisition, accetion items (check all that apply)       | ssion, and other rec   | ords, c       | heck     |        |           |             |              |                              | ant us                | e of its     |                         |
| а    | ┌ P              | ublic exhibition  |                        | d             | Г        | Loa    | norex     | change p    | rogra        | ms                           |                       |              |                         |
| b    | ┌ s              | cholarly research   |                        | е             | Γ        | Oth    | ier       |             |              |                              |                       |              |                         |
| c    | ГР               | reservation for future generations  |                        |               |          |        |           |             |              |                              |                       |              |                         |
| 4    | Provid<br>Part X | de a description of the organization's<br>III                               | collections and exp    | laın ho       | w the    | / furt | her the   | organıza    | tıon's       | s exempt pu                  | ırpose                | ın           |                         |
| 5    |                  | g the year, did the organization solic                                      |                        |               |          |        |           |             |              |                              | _                     | _            |                         |
| Dov  |                  | s to be sold to raise funds rather tha                                      |                        | s part        | of the   | orga   | ınızatıo  | n's collec  | tion?        | ·                            | Yes                   | ☐ No         |                         |
| Par  | t IV             | Escrow and Custodial Arrage Complete if the organization a Part X, line 21. |                        | Form          | 990,     | Part   | t IV, lı  | ne 9, or    | repo         | orted an a                   | mour                  | nt on For    | m 990,                  |
| 1a   |                  | organization an agent, trustee, cus<br>ed on Form 990, Part X?              | todian or other interr | mediary       | y for c  | ontri  | butions   | orother     | asse         |                              | _<br>Yes              | ┌ No         |                         |
| b    | If"              | Yes," explain the arrangement in Pa   | rt XIII and complete   | the fo        | llowin   | g tab  | le        |             |              |                              | Am                    | ount         |                         |
| C    | Beg              | Jinning balance   |                        |               |          |        |           |             | 1c           |                              |                       |              |                         |
| d    | Add              | ditions during the year   |                        |               |          |        |           |             | <b>1</b> d   |                              |                       |              |                         |
| е    | Dıs              | tributions during the year  |                        |               |          |        |           |             | 1e           |                              |                       |              |                         |
| f    | End              | ling balance  |                        |               |          |        |           |             | 1f           |                              |                       |              |                         |
| 2a   | Dıd th           | e organızatıon ınclude an amount or   | n Form 990, Part X, II | ıne 21,       | for es   | crow   | vorcus    | todial ac   | count        | t liability? 「               | _ Yes                 | ┌ No         |                         |
| b    |                  | s," explain the arrangement in Part   |                        |               |          |        |           |             |              |                              |                       |              | Г                       |
| Pai  | rt V             | Endowment Funds. Complet  |                        |               |          |        |           |             | <del></del>  | Part IV, lır<br>d)Three year |                       |              |                         |
| 1a   | Regin            | ning of year balance  | (a)Current year        | ( <b>D</b> )P | rior yea | ır     | B (C)11   | wo years ba | ack (        | d)iniee year                 | S DACK                | (e)roury     | ears back               |
| b    | _                | ibutions  | +                      |               |          |        |           |             | _            |                              |                       |              |                         |
| •    | •                |   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| c    | Net ır<br>losse  | nvestment earnings, gains, and<br>s   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| d    | Grant            | s or scholarships   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| e    |                  | r expenditures for facilities<br>rograms                                    |                        |               |          |        |           |             |              |                              |                       |              |                         |
| f    | A dmı            | nistrative expenses   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| g    |                  | fyear balance   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| 2    | Provid           | le the estimated percentage of the c  | current year end bala  | nce (lir      | ne 1g,   | colu   | ımn (a)   | ) held as   |              |                              |                       |              |                         |
| a    | Board            | designated or quasi-endowment 🕨   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| b    | Perma            | nent endowment ►  |                        |               |          |        |           |             |              |                              |                       |              |                         |
| c    | -                | orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s         | should equal 100%      |               |          |        |           |             |              |                              |                       |              |                         |
| За   | A re th          | ere endowment funds not in the pos<br>ization by                            |                        | ızatıon       | that a   | re he  | eld and   | admınıst    | ered         | for the                      |                       | Yes          | No                      |
|      |                  | related organizations   |                        |               |          |        |           |             |              |                              | 3a                    | (i) res      | 140                     |
|      |                  | lated organizations   |                        |               |          |        |           |             |              |                              | 3a                    | (ii)         |                         |
| b    |                  | s" on 3a(11), are the related organiza                                      |                        |               |          |        | ₹?.       |             |              |                              | . 3                   | Bb           |                         |
| 4    |                  | tibe in Part XIII the intended uses o                                       |                        | endown        | nent fu  | ınds   |           |             |              |                              |                       |              |                         |
| Par  | t VI             | Land, Buildings, and Equipa<br>Complete if the organization a               |                        | orm C         | 990 E    | art '  | TV lın    | o 11a Se    | aa Fo        | orm 990 I                    | Dart X                | ′ line 10    | )                       |
|      |                  | Description of property   | iliswered res to r     |               | Cost     |        | ner basıs |             | )<br>ner bas | Accu                         | imulated<br>reciation | <b>(d)</b> B | ook value               |
| 1a   | Land             |   |                        | $\neg +$      |          |        |           | ,           |              |                              |                       |              |                         |
| Ь    | Buildin          | gs  |                        | .             |          |        |           |             |              |                              |                       |              |                         |
| c    | Leaseh           | old improvements  |                        | .             |          |        |           |             |              |                              |                       |              |                         |
| d    | Equipm           | nent  |                        |               |          |        |           |             | 28,66        | 66                           | 27,                   | 747          | 919                     |
|      |                  |   |                        |               |          |        |           |             |              |                              |                       |              |                         |
| Tota | <b>I.</b> A dd I | ines 1a through 1e (Column (d) mus  | t equal Form 990, Part | X, colu       | ımn (E   | ), lin | e 10(c).  | )           |              |                              | . 🕨                   |              | 919<br><b>990) 2015</b> |

| Part VII      | Investments—Other Securities. Co<br>See Form 990, Part X, line 12.              | omplete if the or                             | ganızatıon answere   | d 'Yes' on For   | m 990, Part IV, line 11b.                                 |
|---------------|---|---|----------------------|------------------|---|
|               | (a) Description of security or categor (including name of security)             | у   | (b)Book value        |                  | (c)Method of valuation or end-of-year market value        |
| (1)Financia   | al derivatives  |   |                      | 0000             | or ella or year market value                              |
|               | -held equity interests  |   |                      |                  |   |
| (3)Other      |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
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|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
| Total (Colur  | nn (b) must equal Form 990, Part X, col (B) line 12)                            |   | •                    |                  |   |
|               | Investments—Program Related   |   | <u> </u>             |                  |   |
|               | Complete if the organization answere  | d 'Yes' on Form '                             | 990, Part IV, line 1 | 1c.See Form 9    | 990, Part X, line 13.                                     |
|               | (a) Description of investment   |   | (b) Book value       |                  | <b>c)</b> Method of valuation or end-of-year market value |
|               |   |   |                      |                  | ,   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
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|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
| Total (Colum  | nn (b) must equal Form 990, Part X, col (B) line 13 )                           |   | •                    |                  |   |
|               | Other Assets. Complete if the organizati  |   |                      | , line 11d See F | orm 990, Part X, line 15                                  |
|               | (a) Desc  | cription                                      |                      |                  | (b) Book value  |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
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|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               | mn (b) must equal Form 990, Part X, col.(B) line                                |   |                      |                  |   |
| Part X        | <b>Other Liabilities.</b> Complete if the org<br>See Form 990, Part X, line 25. | ganization answe                              | red 'Yes' on Form    | 990, Part IV, l  | ine 11e or 11f.   |
| 1.            | (a) Description of liability  | (b) Book va                                   | lue                  |                  |   |
|               |   |   |                      |                  |   |
| Federal inc   | ome taxes   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
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|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
|               |   |   |                      |                  |   |
| Total. (Colum | nn (b) must equal Form 990, Part X, col (B) line 25 )                           | <u>*                                     </u> |                      |                  |   |

| Par   |  | evenue per Audited Financial Sta<br>Ization answered 'Yes' on Form 990, |        |                       | per R      | eturn             |
|-------|--|---|--------|-----------------------|------------|-------------------|
| 1     |  | r support per audited financial statements                              |        | •                     | 1          |                   |
| 2     | Amounts included on line 1 bu              | t not on Form 990, Part VIII, line 12                                   |        |                       |            |                   |
| а     | Net unrealized gains (losses) o            | on investments  | 2a     |                       |            |                   |
| b     | Donated services and use of fa             | icilities   | 2b     |                       |            |                   |
| c     | Recoveries of prior year grants            |   | 2c     |                       |            |                   |
| d     | Other (Describe in Part XIII )             |   | 2d     |                       |            |                   |
| e     | Add lines $2a$ through $2d$                |   |        |                       | 2e         |                   |
| 3     | Subtract line ${f 2e}$ from line ${f 1}$ . |   |        |                       | 3          |                   |
| 4     | Amounts included on Form 990               | O, Part VIII, line 12, but not on line <b>1</b>                         |        |                       |            |                   |
| а     | Investment expenses not inclu              | uded on Form 990, Part VIII, line 7b .                                  | 4a     |                       |            |                   |
| b     | Other (Describe in Part XIII )             |   | 4b     |                       |            |                   |
| c     | Add lines <b>4a</b> and <b>4b</b>          |   |        |                       | <b>4</b> c |                   |
| 5     | Total revenue Add lines 3 and              | <b>4c.</b> (This must equal Form 990, Part I, line                      | 12)    |                       | 5          |                   |
| Part  |  | rpenses per Audited Financial Starzation answered 'Yes' on Form 990,    |        |                       | es per     | Return.           |
| 1     |  | audited financial statements  |        |                       | 1          |                   |
| 2     | Amounts included on line 1 but             | t not on Form 990, Part IX, line 25                                     |        |                       |            |                   |
| а     | Donated services and use of fa             | icilities   | 2a     |                       |            |                   |
| b     | Prior year adjustments                     |   | 2b     |                       |            |                   |
| c     | Otherlosses                                |   | 2c     |                       |            |                   |
| d     | Other (Describe in Part XIII )             |   | 2d     |                       |            |                   |
| e     | Add lines <b>2a</b> through <b>2d</b>      |   |        |                       | 2e         | ]                 |
| 3     | Subtract line ${f 2e}$ from line ${f 1}$ . |   |        |                       | 3          |                   |
| 4     | Amounts included on Form 990               | O, Part IX, line 25, but not on line 1:                                 |        |                       |            |                   |
| а     | Investment expenses not inclu              | uded on Form 990, Part VIII, line 7b                                    | .   4a |                       |            |                   |
| b     | Other (Describe in Part XIII )             |   | 4b     |                       |            |                   |
| c     | Add lines <b>4a</b> and <b>4b</b>          |   |        |                       | 4c         |                   |
| 5     | Total expenses Add lines <b>3</b> ar       | nd <b>4c.</b> (This must equal Form 990, Part I, li                     | ne 18  | )                     | 5          |                   |
| Pari  | XIII Supplemental Info                     | ormation  |        |                       | ·          |                   |
|       |  | Part II, lines 3, 5, and 9, Part III, lines 1a                          | and 4  | Part IV Junes 1 h and | 2 h        |                   |
| Part  | V, line 4, Part X, line 2, Part XI,        | lines 2d and 4b, and Part XII, lines 2d and                             |        |                       |            | de any addıtıonal |
| Intor | mation                                     | T   |        |                       |            |                   |
|       | Return Reference                           | Explanation   |        |                       |            |                   |
|       |  |   |        |                       |            |                   |
|       |  |   |        |                       |            |                   |
|       |  |   |        |                       |            |                   |
|       |  |   |        |                       |            |                   |
|       |  |   |        |                       |            |                   |

| Part XIII Supplemental Info | Part XIII Supplemental Information (continued) |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|
| Return Reference            | Explanation                                    |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
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|                             |  |  |  |  |  |  |  |  |
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|                             |  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |

Schedule D (Form 990) 2015

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Schedule I (Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493137081086

2015

Open to Public Inspection

Employer identification number

| organization or government  (1) BAKER BOY 170 GTA DRIVE DICKINSON, ND 58601  (2) HERITAGE HILLS LLLP FARGO, ND 58107  THEODORE ROOSEVELT (3) EXPRESSWAY 22 E BROADWAY WILLISTON, ND 588021306  (book, FMV, appraisal, other)  53,846  78,000  78,000  S  25,000  E  (book, FMV, appraisal, other)  53,846  F  64,000  F  65,000  F  66,000  F  67,000  F  67,000 | Yes N                                     |
|--|---|
| (a) Name and address of organization or government  (b) EIN (c) IRC section if applicable (d) Amount of cash grant (s) EIN (s) EIN (c) IRC section if applicable (d) Amount of cash assistance (e) Amount of non-cash other)  (f) Method of valuation (book, FMV, appraisal, other)  (g) Description of non-cash assistance (e) Amount of non-cash other)  (g) Description of non-cash assistance (h) EIN (s)  | 1, for any recipient                      |
| (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash or grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (f) M |   |
| 170 GTA DRIVE DICKINSON, ND 58601  (2) HERITAGE HILLS LLLP 325 BRO ADWAY FARGO, ND 58107  THEODORE ROOSEVELT (3) EXPRESSWAY 22 E BRO ADWAY WILLISTON, ND 588021306  (4) TMI  45-0307418  78,000  25,000  E  27,394   | <b>(h)</b> Purpose of grant or assistance |
| 325 BROADWAY FARGO,ND 58107  THEODORE ROOSEVELT (3) EXPRESSWAY 22 E BROADWAY WILLISTON,ND 588021306  (4) TMI 45-0307418  | ECONOMIC GROWTH                           |
| (3) EXPRESSWAY 22 E BROADWAY WILLISTON, ND 588021306  (4) TMI 45-0307418  27,394  E  | SENIOR HOUSING                            |
|  | ECONOMIC GROWTH                           |
| DICKINSON, ND 58601  | ECONOMIC GROWTH                           |
| (5) ALL ABOUT YOU 46-5430127 12,400 C BOX 3113 DICKINSON,ND 58601  | CHILDCARE GRANT                           |
| PRAIRIE WINDS 91-1766606 90,000 H (6) APARTMENTS 1 LLC 4461 12TH STREET WEST DICKINSON, ND 58601 H   | HOUSING GRANT                             |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

Enter total number of other organizations listed in the line 1 table.

| Schedule I | (Form 990) 2015  |
|------------|--|
| Part III   | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 |
|            | Part III can be duplicated if additional space is needed   |

| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | <b>(c)</b> 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 |
|--------------------------------|----------------------------------|----------------------------------|-----------------------------------|--|---------------------------------------|
|                                |                                  |                                  |                                   |  |                                       |
|                                |                                  |                                  |                                   |  |                                       |
|                                |                                  |                                  |                                   |  |                                       |
|                                |                                  |                                  |                                   |  |                                       |
|                                |                                  |                                  |                                   |  |                                       |
|                                |                                  |                                  |                                   |  |                                       |
|                                |                                  |                                  |                                   |  |                                       |
| rt IV Supplemental Inforn      | nation. Provide the inf          | formation required in            | Part I, line 2, Part III,         | column (b), and any other                            | addıtıonal ınformatıon.               |

Return Reference

Explanation

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137081086

## Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

**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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

| Name of the organization<br>STARK DEVELOPMENT CORPORATION |                    |                      |                    |  |                              |                   | Employer identification number 45-0405386 |            |                   |         |            |          |
|---|--------------------|----------------------|--------------------|--|------------------------------|-------------------|---|------------|-------------------|---------|------------|----------|
| Part I Exc  | ess Benefit 1      | ransaction           | <b>1S</b> (section | 501(c)(3), se                                    | ection 501(c                 | )(4), and 501(c   |   |            |                   | only)   |            |          |
|   | plete if the orgai |                      |                    |  |                              |                   |   |            |                   |         | 40b        |          |
| 1 (a) Name of disqualified per                            |                    | d person             | <b>(b)</b> Rel     | •  | ween disqualified person and |                   | d (4                                      |            |                   |         | (d) Corr   | ected?   |
|   |                    |                      |                    | or   | ganızatıon                   |                   |   | tran       | saction           |         | Yes        | No       |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   | _   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   | -   |            |                   | -+      |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   | -+      |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   | +       |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
| 2 5-1-11  |                    |                      |                    |  |                              |                   |   |            |                   |         | I          |          |
| 2 Enterthe a  | amount of tax in   |                      |                    |  |                              | sons during the   |   |            | section<br>► ¢    |         |            |          |
|   | amount of tax, ıf  |                      |                    |  |                              |                   |   |            | - γ<br><b>-</b> α |         |            |          |
| J Linter the  | annount of tax, if | any, on the 2        | , above, ieii      | iibuisea by ti                                   | ie organizacio               |                   |   | •          | FP                |         |            |          |
| Part II Lo  | ans to and/        | or From In           | terested           | Persons.   |                              |                   |   |            |                   |         |            |          |
| Co  | mplete if the or   | ganization ans       | wered "Yes         | on Form 990                                      | O-EZ, Part V,                | , line 38a, or Fo | orm 99                                    | 0, Par     | t IV, lın         | e 26, o | r ıf the   |          |
| org   | ganızatıon repor   | ted an amount        | on Form 99         | 0, Part X, lin                                   | e 5, 6, or 22                |                   |   |            |                   |         |            |          |
| (a) Name of   | (b) Relationsh     | ıp <b>(c)</b>        | (d) Loan t         | ·n   | (e)Original (f)Balance       |                   | (a)                                       | (g) In (h) |                   |         | (i)Written |          |
| interested  | with               | Purpose of           |                    |  | principal                    | due               | defa                                      |            | Appro             |         | agreement? |          |
| person  | organization       | loan                 | organizatio        | n?   | amount                       |                   |   |            | by boa            |         |            |          |
|   |                    |                      | <u> </u>           | Τ_   | _                            |                   | W   N                                     |            | committee?        |         | Yes N-     |          |
|   |                    |                      | То                 | From   |                              |                   | Yes                                       | No         | Yes               | No      | Yes        | No       |
|   |                    |                      |                    |  |                              |                   |   |            |                   | 1       |            | 1        |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            | <u> </u> |
|   | 1                  |                      |                    |  |                              |                   |   |            |                   | +       |            | 1        |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   | 1       |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            | 1        |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            |                   |         |            |          |
| Total   |                    | <b>▶</b> \$          |                    |  |                              |                   |   |            |                   |         |            |          |
| Part IIII Gra   | ants or Assis      | stance Ben           | efiting In         | terested P                                       | ersons.                      |                   |   |            |                   |         |            |          |
|   | mplete if the o    |                      |                    |  |                              | rt IV, line 27    |   |            |                   |         |            |          |
| (a) Name of   | 1 3                | <b>b)</b> Relationsh |                    | (c) A mount                                      | of assistanc                 | e <b>(d)</b> Type | ofassı                                    | stance     | e (e)             | Purpos  | e of ass   | stance   |
| perso   | on II              | nterested pers       |                    |  |                              |                   |   |            |                   |         |            |          |
|   |                    | organiza             | шоп                |  |                              |                   |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              |                   |   |            | I                 |         |            |          |
|   |                    |                      |                    |  |                              | +                 |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              | +                 |   |            |                   |         |            |          |
|   |                    |                      |                    | <del>                                     </del> |                              | -                 |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              | +                 |   |            |                   |         |            |          |
|   |                    |                      |                    |  |                              | +                 |   |            |                   |         |            |          |
|   |                    |                      |                    | 1  |                              |                   |   |            |                   |         |            |          |

| Part IV Business Transactions II |  |                                   |                                |                                  |               |
|----------------------------------|--|-----------------------------------|--------------------------------|----------------------------------|---------------|
| Complete if the organization     | <u>n answered "Yes" on F</u>   | <del>Form 990, Part IV, lin</del> | e 28a, 28b, or 28c.            |                                  |               |
| (a) Name of Interested person    | (b) Relationship<br>between interested<br>person and the<br>organization | <b>(c)</b> A mount of transaction | (d) Description of transaction | (e) Sh<br>of<br>organiz<br>reven | f<br>zatıon's |
|                                  |  |                                   |                                | Yes                              | No            |
| (1) KOVASH & DASOVICK PC         | BOARD MEMBER   | 2,755                             | ACCOUNTING SERVICES            |                                  | No            |
| (2) CUSTOM DATA INC              | BOARD MEMBER   | 2,107                             | COMPUTER SERVICES              |                                  | No            |
| (3) AMBER WAVES INC              | BOARD MEMBER   | 9,898                             | EXEMPT FUNCTION PACE           |                                  | No            |
|                                  |  |                                   |                                |                                  |               |
|                                  |  |                                   |                                |                                  |               |
|                                  |  |                                   |                                |                                  |               |
|                                  |  |                                   |                                |                                  |               |
|                                  |  |                                   |                                |                                  |               |
|                                  |  |                                   |                                |                                  |               |
|                                  |  |                                   |                                |                                  |               |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

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DLN: 93493137081086

OMB No 1545-0047

2015

Open to Public Inspection

## SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization STARK DEVELOPMENT CORPORATION

**Employer identification number** 

45-0405386

#### 990 Schedule O, Supplemental Information

| Return Reference                    | Explanation                          |
|-------------------------------------|--------------------------------------|
| FORM 990, PAGE 6, PART VI, LINE 11B | NO REVIEW WAS OR WILL BE CONDUCTED   |
| FORM 990, PAGE 6, PART VI, LINE 19  | NO DOCUMENTS AVAILABLE TO THE PUBLIC |