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DLN: 93493040017167

OMB No 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Inspection

		nue Servic	<u>'</u>	n 04 01 2015 and anding 02 21 2	216						
		oplicable	endar year, or tax year beginning C Name of organization	g 04-01-2015 , and ending 03-31-20	316	D Emplo	over ide	entification number			
_	dress d		Aberdeen Development Corporation				46-6011831				
_	ame cha	-	Dama husanaa			46-6	40-0011831				
☐ In	ıtıal retu	ım	Doing business as								
Fi	nal ⁄termina	atad	Number and street (or P O box if ma	all is not delivered to street address) Room/	suite	E Teleph	one nun	nber			
_	nended :		416 Production St N			(605)	(605) 229-5335				
ПАр	plication	n pending	City or town, state or province, count	try, and ZIP or foreign postal code							
			Aberdeen, SD 57401			G Gross	receipts	\$ 8,935,095			
			F Name and address of princip	al officer	H(a)	s this a group	returi	n for			
			Mike Bockorny 416 Production St N		9	subordinates? No		Yes 🗸			
			Aberdeen,SD 57401		Н(в)	Are all subord	ınates	□Yes □ No			
I la	x-exem	pt status	501(c)(3) √ 501(c)(6) √	insert no) 4947(a)(1) or 527		ncluded?					
J W	ebsit e	e:► www	v adcsd com			Group exemp		(see instructions)			
V Eon	n of or	anızatıon	✓ Corporation Trust Associat	on Cther ▶		of formation 19		State of legal domicile SD			
K FOII	n or org	janization	♥ Corporation Trust Associat	ion Other P				· · · · · · · · · · · · · · · · ·			
Pa	rt I	Sum	mary		•						
			scribe the organization's mission		thortunac	of business u	n Drow	in County CD and the			
		irroundir	3	ment of industrial, commercial, and c	itner types	or business ii	п вгом	n County, SD and the			
Ce											
듣	_										
Je J						250/ 51					
Governance		neck th	is box > If the organization dis	continued its operations or disposed	i oi more ti	nan 25% or it:	s net a	ssets			
	3 N	lumber o	of voting members of the governir	ng body (Part V I, line 1a)			3	15			
Activities &	4 N	lumber	of independent voting members o	fthe governing body (Part VI, line 1b)		4	15			
Ξ	5 T	otal nur	nber of individuals employed in c	alendar year 2015 (Part V , line 2a)			5	7			
Ac	6 T	otal nur	nber of volunteers (estimate if ne	cessary)			6	19			
	7 a ⊺	otal unr	elated business revenue from Pa		7a	0					
	b Ne	et unrela	ted business taxable income froi	m Form 990-T, line 34			7b	0			
						Prior Year		Current Year			
	8	Contri	butions and grants (Part VIII, Iir		476,	217	938,814				
Ravenue	9	Progra	m service revenue (Part VIII, lir	ne 2g)		2,359,	2,359,248				
∂∧ë}	10		,	(A), lines 3, 4, and 7d)			150	599,685			
ш	11		revenue (Part VIII, column (A),		55,	680	51,670				
	12	Totalı 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A), li	ne	2,903,	295	3,636,279			
	13	Grants	and similar amounts paid (Part	IX, column (A), lines 1-3)			0	20,572			
	14	Benefi	ts paid to or for members (Part I)	K, column (A), line 4)			0	0			
۸۵	15	Saları	es, other compensation, employe	e benefits (Part IX, column (A), lines		300,	465	430,448			
સંક	١	5-10)						<u> </u>			
Expenses	16a			column (A), line 11e)	•		0	0			
Ä	b		ndraising expenses (Part IX, column (D)			2 220	227	1 000 016			
	17		, , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)		2,329,		1,909,916			
	18 19		·	t equal Part IX, column (A), line 25)	—	2,629,		2,360,936			
- Ø	19	Reven	ue less expenses subtract line i	.8 from line 12		273,		1,275,343			
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year			
Ass (20		assets (Part X, line 16)			31,474,		29,124,579			
팔	21				·	16,031,		12,406,014			
	22			ine 21 from line 20		15,443,	.222	16,718,565			
	t II		ature Block	mined this return including accompa	nuna aab	adulas and sta	-tamar	ata and to the heat of			
my k	nowled irer ha	lge and l s any kr	pelief, it is true, correct, and com nowledge	mined this return, including accompa plete Declaration of preparer (other							
Here <u>M</u>			e Bockorny CEO								
		7	or print name and title								
			rınt/Type preparer's name Ielissa White CPA	Preparer's signature Melissa White CPA	Date 2017-02-09	Check I if	PTIN P0085	51284			
Paid		_ _	ırm's name ► EIDE BAILLY LLP			self-employed Firm's EIN ▶ 4	.5-0250°	 958			
	pare	r F	ırm's address ▶ 24 2ND AVE SW			Phone no (605					
use	Onl	У	ABERDEEN, SD 574014	115							
May '	the IR	S discus		own above? (see instructions) .				√Yes No			

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	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	
	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	11 b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
e	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12 b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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	14 b		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
16	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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2015)						
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				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year					

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L.

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

to defease any tax-exempt bonds? .

29

31

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

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35a

35b

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37

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Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Nο

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance		1			_
		Check if Schedule O contains a response or note to any line in this	Part V	<i></i>	•	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	o vend	ors and reportable	1 c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered	_	7			
b	If at le	s return			2b	Yes	
За		ne organization have unrelated business gross income of \$1,000 or more during		,	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>			3b		
4a	over, a	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	k and F	Financial Accounts			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6 a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	is," did the organization include with every solicitation an express statement the hot tax deductible?			6 b		
7		nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contributi ces provided to the payor?		d partly for goods and	7a		
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	· · .	which it was required to	7 c		
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
		ne organization, during the year, pay premiums, directly or indirectly, on a perso			7 f		
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	ation file Form 8899 as	7 g		
h	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	s, did t	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sıness	holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667	٠.		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated pe	erson?	9b		
10	Sectio	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b		 		
11	Sect io	on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11 b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 I	ın lie	u of Form 1041?	12a		
b	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	l ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
14a	Did th	ne organization receive any payments for indoor tanning services during the tax	year?	·	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

orm 990 (2015)	F	2
art VI	Governance, Management, and Disclosure		
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10b below	′,
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	

_	Check if Schedule O contains a response or note to any line in this Part VI .		<u></u>			🗸	
Se	ction A. Governing Body and Management						
		ı			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15				
	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	1 ь	15				
2	Did any officer, director, trustee, or key employee have a family relationship or a busin						
-	other officer, director, trustee, or key employee?			2	Yes		
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com			3		No	
4	Did the organization make any significant changes to its governing documents since tfiled?		rıor Form 990 was • • • •	4		No	
5	Did the organization become aware during the year of a significant diversion of the org	janiza	atıon'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	r to e	elect or appoint one or				
	more members of the governing body?			7a		No	
	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?			7b		No	
8	Did the organization contemporaneously document the meetings held or written action year by the following ${\sf S}$	ns un	idertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8 b		No	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No	
Se	ction B. Policies (This Section B requests information about policies not re	equii	red by the Internal R	<u>even</u> t			
					Yes	No	
	Did the organization have local chapters, branches, or affiliates?			10a		No	
	If "Yes," did the organization have written policies and procedures governing the actival affiliates, and branches to ensure their operations are consistent with the organization	n's ex	xempt purposes?	10 b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	gove •	erning body before filing	11a		No	
b	$f b$ Describe in Schedule O the process, if any, used by the organization to review this Form 990 \cdot . \cdot .						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a	Yes		
b	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?	inte •	rests that could give	12 b	Yes		
c	Did the organization regularly and consistently monitor and enforce compliance with tin Schedule O how this was done	he po	olicy? If "Yes," describe	12c	Yes		
13	Did the organization have a written whistleblower policy?			13		No	
14	Did the organization have a written document retention and destruction policy?			14	Yes		
15	Did the process for determining compensation of the following persons include a revie independent persons, comparability data, and contemporaneous substantiation of the						
а	The organization's CEO, Executive Director, or top management official			15a	Yes		
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 taxable entity during the year?		llar arrangement with a	16a		No	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take	ation					
	organization's exempt status with respect to such arrangements?			16 b			
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), (3)s only) available for public inspection. Indicate how you made these available.						
	O wn website Another's website Upon request Other (explain in Sci						
19	Describe in Schedule O whether (and if so, how) the organization made its governing d		•				
	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 orga ▶Cheryl Olson 416 Production St N Aberdeen, SD 57401 (605) 229-5335	anıza	tion's books and record	6			

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers	than on is	one bot rect	not bo: h ar or/ti	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Dr James Smith President	2 00	x		х				0	0	
(2) Brad Moore 1st Vice President	2 00	x		x				0	0	
(3) Cındı Walsh 2nd Vice President	2 00	x		х				0	0	
(4) Bob Gruman Secretary/Treasurer	2 00	x		x				0	0	
(5) Mark Hahler Director	2 00	x						0	0	
(6) Dale Locken Director	2 00	х						0	0	
(7) Dean Marske Director	2 00	×						0	0	
(8) Jim Kreber Director	2 00	×						0	0	
(9) Mike Jung Director	2 00	×						0	0	
(10) Paul Darling Director	2 00	х						0	0	
(11) Neil Bellikka Director	2 00	х						0	0	
(12) Mike Williams Director	2 00	х						0	0	
13) Dr Margaret Huber Director	2 00	x						0	0	
(14) Debbie Streier Director	2 00	x						0	0	

Trustees Vey Employees and Highest Companyated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) Char Hager	2 00	Х						0		0
Director		^						9		<u> </u>
(16) Mike Bockomy	40 00			Ų				100.050		10.242
CEO				X				108,060	'	18,342
1b Sub-Total				>						
c Total from continuation sheets to Part VII		•	•							
d Total (add lines 1b and 1c)	•	• • •		>			10	08,060	0	18,342

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ normal \ for \ for$ compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Huff Construction	Construction Contractor-Bldg Constructio	1,462,515
11 N Dakota St		
Aberdeen, SD 57401		
Steel Structures of Aberdeen Inc	Construction Contractor-Bldg Addition	514,920
PO Box 1208		
Aberdeen, SD 574021208		
Sauvage Construction	Construction Contractor-Bldg Remodel	128,548
PO Box 1721		
Aberdeen, SD 574021721		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 3

Yes

No

Form 99								Page 9
Part V	/##	Statement o						
		Check If Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
Ğ. G.	С	Fundraising eve	ents 1 c					
iffs, ar A	d	Related organiz	ations 1d	406,314				
s, G m ii	e	Government grants	s (contributions) 1e	420,000				
Contributions, Giffs, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f	112,500				
but	g	similar amounts no	ot included above	252.000				
a Ti	-	1a-1f \$		353,860	222.244			
Contand	h	Total. Add lines	s 1a-1f		938,814			
÷.		To do shoot Doods Door	hal Tanana	Business Code				
Program Service Revenue	2a b	Industrial Park Rer Miscellaneous	ntal Income	531120	2,191,216	2,191,216		
o≛ o±	C	Net Loss from Inve	estment in TTP	900099 6 11 600	973 - 1 46,079	973 - 1 46,079		
Ţ K	d		Serveric III TTI	011000	-140,079	-140,079		
ૐ =	e							
gran	f	A II other progra	am service revenue					
Ě	g	Total. Add lines	s 2a – 2f		2,046,110			
	3	Investment inc	ome (including dividend		12,800			12,800
	4	and other similar	ar amounts) tment of tax-exempt bond p		12,800			12,600
	5			>				
			(ı) Real	(II) Personal				
	6a	Gross rents	51,670					
	ь	Less rental expenses	0					
	c	Rental income or (loss)	51,670					
	d		me or (loss)		51,670			51,670
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		5,885,701				
	ь	Less cost or other basis and		5,298,816				
	c	sales expenses Gain or (loss)		586,885				
	d	Net gain or (los	s)		586,885			586,885
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding reported on line 1c)					
her		Laga direct ov	a					
ō	b c		penses b (loss) from fundraising e	events >				
	9a		rom gaming activities	·				
	ь	Less directex	penses b					
	С	Net income or ((loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		P				
	b c		oods sold b (loss) from sales of inve	entory ▶				
	-	Miscellaneous	s Revenue	Business Code				
	11a b							
	C			+				
	d	A II other reven	ue					
	e	Total. Add lines	ו s 11a-11d	🕨				
	12	Total revenue.	See Instructions	▶	3 636 373	3.046.446		0 (51.355
					3,636,279	2,046,110		0 651,355

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) of	organizations must complete all column	s All other organizations must com	ıplete column (A)
Check if Schedule O. co	ontains a response or note to any line in	this Dart IV	

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	20,572			
2	Grants and other assistance to domestic individuals See Part IV, line 22	20,0,2			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
4	and 16				
5	Compensation of current officers, directors, trustees, and key employees	130,339			
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	209,430			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,748			
9	Other employee benefits	51,957			
10	Payroll taxes				
11	Fees for services (non-employees)	24,974			
а	Management				
b	Legal				
c	Accounting	79,235			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	O ther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	26,862			
13	Office expenses	27,062			
14	Information technology				
15	Royalties				
16	Occupancy	254,751			
17	Travel	9,755			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,857			
20	Interest	644,193			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	798,516			
23	Insurance	17,936			
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	Bank Charges	10,992			
b	Miscellaneous	3,757			
C					
d	All other eveness				
e 25	All other expenses Total functional expenses: Add lines 1 through 24e.	2 252 253			
25	Total functional expenses. Add lines 1 through 24e	2,360,936			
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)				

	`	2013)					Page 11		
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any I	ına ın th	ue Bart V			_		
		Check it Schedule O Contains a response of note to any i	ille ill til	IIS PAILX	(A)		(B)		
	T .	Cash-non-interest-bearing			Beginning of year	_	End of year 250		
	1	<u>, </u>			2,963,391	2	3,500,711		
	2	Savings and temporary cash investments			2,963,391	3	3,300,711		
	3	Pledges and grants receivable, net	341,300	4	393,107				
	5	Accounts receivable, net				-			
		key employees, and highest compensated employees (Schedule L	Complet	e Part II of					
ts	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	3(c)(3)(l fsection	B), and n 501(c)(9)		5			
Assets						6			
As	7	Notes and loans receivable, net			335,421	7	269,817		
	8	Inventories for sale or use			2,899,450	8	806,592		
	9	Prepaid expenses and deferred charges			22,538	9	12,651		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	28,636,695					
	b	Less accumulated depreciation	10b	6,414,912	23,498,711	10c	22,221,783		
	11	Investments—publicly traded securities	estments—publicly traded securities						
	12	Investments—other securities See Part IV, line 11 .		12					
	13	Investments—program-related See Part IV, line 11 .		13	260,235				
	14		Intangible assets						
	15		er assets See Part IV, line 11						
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)		31,474,465	16	29,124,579		
	17	Accounts payable and accrued expenses			326,843	17	190,452		
	18	Grants payable				18			
	19	Deferred revenue			37,467	19	17,493		
	20	Tax-exempt bond liabilities				20			
10	21	Escrow or custodial account liability Complete Part IV	ofSche	dule D		21			
bilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o							
		persons Complete Part II of Schedule L				22			
Lia	23	Secured mortgages and notes payable to unrelated thir			13,166,933	23	9,698,069		
	24	Unsecured notes and loans payable to unrelated third p			2,500,000	24	2,500,000		
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D		ed third parties,		25			
		Total liabilities Add lines 17 through 25			16,031,243	25	12,406,014		
	26	Total liabilities. Add lines 17 through 25			10,031,243	26	12,400,014		
ces		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ►	√ and complete					
<u>la</u>	27	Unrestricted net assets			10,362,728	27	11,209,753		
ထိ	28	Temporarily restricted net assets			899,735	28	1,161,053		
ы	29	Permanently restricted net assets			4,180,759	29	4,347,759		
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	ere ►					
	30	Capital stock or trust principal, or current funds				30			
Net Assets	31	Paid-in or capital surplus, or land, building or equipmen	t fund			31			
Ă	32	Retained earnings, endowment, accumulated income, or	r other f	unds		32			
Nei	33	Total net assets or fund balances			15,443,222	33	16,718,565		
	34	Total liabilities and net assets/fund balances			31,474,465	34	29,124,579		
	•				•		Form 000 (2015)		

3,636,279

2,360,936

1,275,343

15,443,222

16,718,565

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

ΧI	Reconcilliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI							. [_

1	Total revenue (must equal Part VIII, colu

mn (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments

Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

Cash ✓ Accrual Other

1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis

basis, consolidated basis, or both

Separate basis ✓ Consolidated basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

b Were the organization's financial statements audited by an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

▼ Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

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SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493040017167 OMB No 1545-0047

Open to Public Inspection

	me of the organization erdeen Development Corporation		Emp	loyer identification number
ADC	racen bevelopment corporation		46-6	5011831
Pa	organizations Maintaining Donoi			or Accounts.
	Complete if the organization answere	(a) Donor advised funds		Funds and other accounts
1	Total number at end of year	(a) Dollor advised fullus	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i ulius aliu otilei accoulits
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	<u> </u>		sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	5 5		•
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes	" on Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e.g., recr		. 6	rically important land area
	education) Protection of natural habitat	•		rically important land area ed historic structure
	Preservation of open space	Freservation o	n a certine	a mstoric structure
2	Complete lines 2a through 2d if the organization	hold a gualified concentration contribution	ın tha farm	of a concernation
2	easement on the last day of the tax year	neid a quaimed conservation contribution	in the form	TOTA CONSERVATION
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (only in the National Register historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termin	ated by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	5 ,	andling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	orcing cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, insperse.	ecting, handling of violations, and enforcing	g conserva	ation easements during the year
В	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the requirements of	section 17	"0(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ		The state of the s
aı	rt III Organizations Maintaining Collect			ner Similar Assets.
4 -	Complete if the organization answere			tement and halance sheet
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education	on, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		

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

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	ical	Treasu	res, or O	ther Sim	ilar Asse	ets	<u> </u>
3		ing the organization's acquisition, acce lection items (check all that apply)	ssion, and other recor	ds, cl	neck	any o	f the follo	wing that a	re a signific	ant use of	its	
а	Г	Public exhibition		d		Loa	an or excl	nange prog	rams			
b		Scholarly research		e	Г	O t	her					
c		Preservation for future generations										
4		vide a description of the organization's t XIII	collections and expla	ain ho	w the	y furt	her the or	rgan ız atıon	's exempt p	urpose in		
5		ring the year, did the organization solic sets to be sold to raise funds rather tha								☐ Yes	□ No	,
Pa	rt I\	Escrow and Custodial Arrai Complete if the organization a Part X, line 21.		orm	990,	Part	t IV, line	9, or rep	orted an a	•	n Forr	n 990,
1a		the organization an agent, trustee, cust luded on Form 990, Part X?	codian or other intermo	ediary	for c	ontri	butions o	r other ass	ets not	☐ Yes	┌ No	•
ь]	If "Yes," explain the arrangement in Pa	rt XIII and complete	the fo	llowir	ng tab	le			A moun	t	
c	Е	Beginning balance	·			_		1c				
d	A	Additions during the year						1d				
e		Distributions during the year						1e				
f	Е	Ending balance						1f				
2a	Did	the organization include an amount on	Form 990, Part X, lin	e 21,	for e	scrow	orcusto	dıal accour	nt liability?	☐ Yes	□ No	•
											•	_
ь	If"	Yes," explain the arrangement in Part 2										Ш
Pa	irt V	Endowment Funds. Complet						i				
_			(a)Current year	(b) Pr	nor ye	ar	b (c) Two	years back	(d)Three year	rs back (e	Four ye	ars back
1a		ginning of year balance										
Ь		ntributions										
c		t investment earnings, gains, and ses										
d	Gra	ants or scholarships										
e		her expenditures for facilities d programs										
f	A d	ministrative expenses										
a		d of year balance										
,	•											
2	Pro	vide the estimated percentage of the c	urrent year end balan	ce (lır	ne 1 g	, colu	mn (a)) h	eld as				
а	Воа	ard designated or quasi-endowment 🕨										
b	Per	manent endowment >										
С		mporarily restricted endowment ► e percentages on lines 2a, 2b, and 2c s	hould equal 100%									
За	A re	there endowment funds not in the pos	session of the organiz	ation	that	are he	eld and ac	dministered	for the			
		anization by									Yes	No
		unrelated organizations		•		•				3a(i)		
b		related organizations Yes" on 3a(ii), are the related organiza		· ·	Sche	 dule E				3a(ii) . 3b		
4		scribe in Part XIII the intended uses o								36		
Pa	rt V											
		Complete if the organization a		rm 9			IV, line					
		Description of property		Co	st or d	(a) other b stment		(b) or other basi (other)		nulated eciation	(d)Boo	k value
1a	Lanc	·						1,396,34	10			1,396,340
b	Build •	lings · · · · · · · · · · · · · · · · · · ·						25,999,71	.0 5	5,923,702	2	0,076,008
c	Leas	ehold improvements										
d	Equi	pment						548,50	16	491,210		57,296
e	O the	er 						692,13	39			692,139

22,221,783

XIII 🔼

Part VII	Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the orga	nızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	(a) Description of security or catego	ry	(b)Book value	(c)Method of valuation
(1)Financi	(including name of security) al derivatives			Cost or end-of-year market value
(2)Closely	r-held equity interests			
(3) 0 ther				
				+
				_
	mn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	•		2.0
	Complete if the organization answer	ed 'Yes' on Form 99	0, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of end-of-year market value
				+
				+
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza	tion answered 'Ves' or	Form 990 Part IV line	11d See Form 990 Part V line 15
Ture 1x		scription	11 on 11 3 3 0 , 1 are 1 v , 11 inc	(b) Book value
	lized Interest			216,025
(2) Collate (3) Loan F				1,243,435 179,817
(4) Deposi				20,000
(5) Accrue	ed Interest Receivable			96
Part X	umn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the o			▶ 1,659,373
rait X	See Form 990, Part X, line 25.	rgamzadon answere	163 011101111 330,	rare iv, into the or this
1.	(a) Description of liability	(b) Book value	e	
Federal inc	come taxes			
			\dashv	
			_	
		<u>L</u>		
			7	
Total, (Colu	mn (b) must equal Form 990, Part X, col (B) line 25)	•	\dashv	
2. Liability	for uncertain tax positions In Part XIII, pro			
organizatio	on's liability for uncertain tax positions under	FIN 48 (ASC 740) C	neck here if the text of the	ne tootnote has been provided in Part

Schedule D (Form 990) 2015

1

3,636,279

2	A mounts included on line 1 b	out not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses	on investments 2a		
b	Donated services and use of	facilities 2b		
c	Recoveries of prior year gran	its		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d .		2e	0
3	Subtract line 2e from line 1		3	3,636,279
4	A mounts included on Form 9	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	0
5		nd 4c. (This must equal Form 990, Part I, line 12)	5	3,636,279
Par		Expenses per Audited Financial Statements With Expense	s per	Return.
1		inization answered 'Yes' on Form 990, Part IV, line 12a.	1	2 260 026
		er audited financial statements	1	2,360,936
2		out not on Form 990, Part IX, line 25 facilities		
a L				
b				
c d)		
	•) <u>2d </u>	2e	0
е 3	_			2,360,936
4		90, Part IX, line 25, but not on line 1:	3	2,300,930
		cluded on Form 990, Part VIII, line 7b 4a		
a b	·) 4b		
c	Add lines 4a and 4b	, , , , , , , , , , , , , , , , , , , ,	4c	0
5		and 4c. (This must equal Form 990, Part I, line 18)	5	2,360,936
	Total expenses Add lines 3	and 4c. (This must equal Form 550, Fart 1, line 10)	3	2,300,930
Par	t XIII Supplemental In	formation		
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
art)	(, Line 2	The Aberdeen Development Corporation is organized as a South Dakota been recognized by the Internal Revenue Service (IRS) as exempt from Internal Revenue Code Section 501(c)(6). The Company is annually recognization Exempt from Income Tax (Form 990) with the IRS. The Conot subject to unrelated business income tax and has not filed an Exempt Income Tax Return (Form 990T) with the IRS. The Company believes the for any tax positions taken affecting its annual filing requirements, and a uncertain tax positions that are material to the financial statements. The future accrued interest and penalties related to unrecognized tax benefit expense if such interest and penalties are incurred.	federal juired t mpany ot Orga jat it ha is such e Com	I income taxes under to file a Return of that has determined it is anization Business as appropriate support in does not have any pany would recognize

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . .

Schedule D (Form 990) 2015		Page 5			
Part XIII Supplemental Informa	ation <i>(continued)</i>				
Return Reference	Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493040017167 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Aberdeen Development Corporation 46-6011831 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government other) assistance (1) City of Aberdeen 46-6000010 20,572 Purchase price Land Infrastructure Government 123 South Lincoln St development Aberdeen, SD 57401 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

SCHEDULE M

Noncash Contributions

OMB No 1545-0047

DLN: 93493040017167

2015

Open to Public Inspection

(Form 990)

Department of the Treasury

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

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Internal Revenue Service

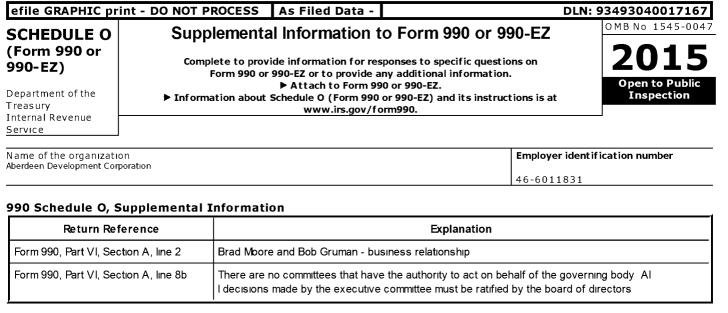
Employer identification number Name of the organization Aberdeen Development Corporation 46-6011831 **Types of Property** (a) (b) (c) (d) Number of contributions Check Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line Art—Works of art . . Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property . . Securities-Publicly traded . **10** Securities—Closely held stock Securities—Partnership, LLC, or trust interests Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution-Other . 15 Real estate—Residential . 1 275,000 FMV determined by sale 16 Real estate—Commercial . X Real estate—Other . . **18** Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . **25** Other ▶ (78,860 Book Value Receivables and fixed assets from The Training Place 26 Other ► (**27** Other ▶ (__ 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that

it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



990 Schedule O, Supplemental Information
Return Reference

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Prior to filing, a draft of the return is review ed by the CEO

Form 990, Part VI, Section B, line 12c

All employees, officers and directors are covered by the Organization's conflict of interest policy. Directors complete a conflict of interest form when they are elected. For ongoing monitoring for potential conflicts, directors declare at each meeting whether they have a conflict with any of the items on the agenda. Board members with a conflict abstain from voting on issues related to that item. Any conflicts that are identified for employees would be evaluated by the governing board.

990 Schedule O, Supplemental Information
Return

Reference	
Form 990, Part VI, Section B, line 15a	Information surveys have been done throughout the board members and other entities they are affiliated with In October 2007, a comparison of salaries with the city of Brookings was performed. Salaries are compared with the SD Chamber and Economic Development Council information every 5 years. Annual salary adjustments for years subsequent to the compensation survey are based on the cost of living rate of inflation in the geographic area as well as performance. An annual performance evaluation survey for the CEO is sent to the Board of Directors. The performance survey responses are reviewed by the executive committee. This was last conducted in September 2013.
Form 990, Part VI, Section C, line 19	These documents would be available upon request and approval by the CEO

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493040017167 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Aberdeen Development Corporation

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

				46-6011831			
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" o	n Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		the organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 because it	nad one	Э
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty statu (if section 501(c)(3	(f) Direct controlling entity	Section (13) co ent	ity?
(1)The Training Place 416 Production St N Aberdeen, SD 57401	Employment Training	SD	501(c)(3)	Line 7	Aberdeen Development Corporation	Yes Yes	No
36-3652025							
						<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 99	00.	Cat No 501	35Y		Schedule R (Forn	n 990) 2	015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	aging	(k) Percentage ownership
				514)			Yes	No	1	Yes	No	
				1			 	 •	<u> </u>			
							-	-			\vdash	
											\vdash	
Part IV Identification of Polated Organizations Taxable a	s a Cornor	ation	or Trust C	omplete if th	0.0000000	tion ancy	wordd	"Voc!	on Form 9	an r	Dart I	TV line

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(i) Section 512 (b)(13) controlled entity?	Yes No			
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of total Income	,			
(e) Type of entity (C corp, S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

Schedule R (Form 990) 2015		Рa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gıft, grant, or capıtal contribution to related organization(s)	1 b		No
c Gıft, grant, or capital contribution from related organization(s)	1 c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	[No

	reflormance of services of membership of fundraising soficitations by related organization(s)		''•	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No	-
o	Sharing of paid employees with related organization(s)	10	No	-
р	Reimbursement paid to related organization(s) for expenses	1 p	No	_
q	Reimbursement paid by related organization(s) for expenses	1q	No	
r	Other transfer of cash or property to related organization(s)	1r	No	_
s	O ther transfer of cash or property from related organization(s)	1s	No	_
				_
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)The Training Place	С	131,314	Book Value
(2)The Training Place	С	275,000	Subsequent sale of property

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	

