

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form 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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
FORT PIERRE DEVELOPMENT CORP

Number and street (or P O box, if mail is not delivered to street address) PO BOX 461	Room/suite
City or town, state or province, country, and ZIP or foreign postal code FORT PIERRE, SD 57532	

D Employer identification number
46-0454875

E Telephone number
(605) 223-7603

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$8,203

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	60,400
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	23,300
	4 Investment income	4	1,828
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	2,675	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	88,203	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	3,000
	11 Benefits paid to or for members	11	1,824
	12 Salaries, other compensation, and employee benefits	12	31,704
	13 Professional fees and other payments to independent contractors	13	36,403
	14 Occupancy, rent, utilities, and maintenance	14	5,202
	15 Printing, publications, postage, and shipping	15	226
	16 Other expenses (describe in Schedule O)	16	9,442
	17 Total expenses. Add lines 10 through 16 ▶	17	87,801
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	402
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	124,933
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	125,335

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	72,156	22	60,749
23 Land and buildings	2,245	23	2,153
24 Other assets (describe in Schedule O)	63,581	24	74,087
25 Total assets	137,982	25	136,989
26 Total liabilities (describe in Schedule O).	13,049	26	11,654
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,933	27	125,335

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROMOTE THE ECONOMIC DEVELOPMENT OF FORT PIERRE SD

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	0

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVE BONDE	40 00	32,000	0	0
EXEC DIRECTOR				
SHAD LUDEMANN	0 50	0	0	0
PRESIDENT				
DANA IVERSON	0 50	0	0	0
DIRECTOR				
LARRY CRONIN	0 50	0	0	0
TREASURER				
LYLE MAGORIEN	0 50	0	0	0
VICE PRESIDENT				
DR MICHELLE HOFER	0 50	0	0	0
DIRECTOR				
GERAD JOHNSON	0 50	0	0	0
DIRECTOR				
BECCI SCOTT	0 50	0	0	0
PRESIDENT				
CHRIS MAXWELL	0 50	0	0	0
DIRECTOR				
DR JOEL PRICE	0 50	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ANDERSON NILL & ASSOCIATES INC Telephone no (605) 224-0311 Located at 1517 N HARRISON AVE PIERRE, SD ZIP + 4 57501

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer DAVID BONDE EXECUTIVE DIRECTOR Type or print name and title	2019-05-15 Date
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Paid Preparer Use Only	Print/Type preparer's name JENNIFER ANDERSON EA	Preparer's signature	Date 2019-06-17	Check <input type="checkbox"/> if self-employed	PTIN P00657422
	Firm's name ▶ Anderson Nill & Associates Inc			Firm's EIN ▶	
	Firm's address ▶ 1517 N Harrison Pierre, SD 57501			Phone no (605) 224-0311	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 46-0454875

Name: FORT PIERRE DEVELOPMENT CORP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 ISSUE LOW-INTEREST E D LOANS CURRENTLY MANAGE 3 LOANS,TOTALING \$46,524, LOANS ARE ISSUED AT 5% INTEREST FORA TERM OF 60 or 120 MONTHS, CAN BE USED FOR NEW OR EXISTING BUSINESS (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 PASS-THRU ENTITY FOR CITY LAND SALES MANAGE THE SALEOF LAND BELONGING TO THE CITY OF FT PIERRE,NO LOTS SOLD IN 2018 (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

SCHEDULE O
(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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

FORT PIERRE DEVELOPMENT CORP

Employer identification number

46-0454875

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	SPECIAL PROJECTS - TOURISM COUNCIL 2675

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	FIXUP, CLEANUP GRANT, EXTERIOR IMPROVMENTS, DIAMOND D WESTERN 114 N DEADWOOD ST, FORT PIERRE, SD, 57532, MEMBER, 1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	FIXUP, CLEANUP GRANT, COMMUNITY GARDEN, FORT PIERRE COMMUNITY GARDEN PO BOX 700, FORT PIERRE, SD, 57532, MEMBER, 2000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Dues & Subs 776

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Advertising & Marketing Exp 1274

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Office Supplies 1263

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Travel 698

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Meeting Meals 1574

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Insurance 1996

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Equipment Rent 1769

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 92

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Notes Receivable 35510 46524

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Note Receivable (JKB) 28071 26491

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Prepaid Expenses 0 1072

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Funds Held for Others 400 2150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Payroll Liabilities 1549 1604

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Notepayable - FP BID Board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Unearned Revenue 11100 7900