2939314512642 OMB No 1545-0687 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) 10/1/2017 For calendar year 2017 or other tax year beginning , and ending 9/30/2018 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service 501(c)(3) Organiz Employer Identification number Name of organization (Check box if name changed and see instructions) (Employees' trust, see instructions.) Exempt under section MITCHELL AREA DEVELOPMENT CORPORATION Х)**Ø**3) 501 (C Number, street, and room or suite no. If a P.O. box, see instructions 46-0394983 **Print** Unrelated business activity codes 408(e) 220(e) 601 N MAIN ST or (See instructions) City or town State ZIP code 408A 530(a) Type MITCHELL SD 57301 529(a) Foreign country name Foreign province/state/county Foreign postal code 531120 F Group exemption number (See instructions) Book value of all assets at G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust 5.020.512 Describe the organization's primary unrelated business activity

Leasing debt - finance building During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ KIMBERLY LOFGREN Telephone number (605) 996-1140 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Track of 1 a Gross receipts or sales **b** Less returns and allowances c Balance 1c 西西西北北京 門門門前 Cost of goods sold (Schedule A, line 7) 2 **** Gross profit Subtract line 2 from line 1c 3 the metrolic director (1) 4 a Capital gain net income (attach Schedule D) 4a 41 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) the same of the 4b Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement). 5 AT THE REAL PROPERTY. Rent income (Schedule C) . 6 Unrelated debt-financed income (Schedule E) 7 33.914 36,363 -2.449 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) . 11 12 Other income (See instructions, attach schedule) 12 13 Total. Combine lines 3 through 12 13 33,914 36,363 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income 14 Compensation of officers, directors, and trustees (Schedule K) . 14 15 15 Salaries and wages . 16 Repairs and maintenance 16 17 Bad debts 17 18 18 Interest (attach schedule) 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22b 22 22a 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 28 28 Other deductions (attach schedule) 29 29 Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

32, enter the smaller of zero or line 32 .

For Paperwork Reduction Act Notice, see instructions.

Net operating loss deduction (limited to the amount on line 30).

-2,449

-2.449

1,000

30

31

32

33

28

30

31

32

33

34

Par		Tax Computation					,
' 35 a	member y	izations Taxable as Corporations. See instructions for tax computation. Controllers (sections 1561 and 1563) check here See instructions and your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in (2) (3) (5)					
b	(2) Add	organization's share of (1) Additional 5% tax (not more than \$11,750) \$ stax (not more than \$100,000)				i 	
		e tax on the amount on line 34		35c		-384	<u> </u>
36		Taxable at Trust Rates. See instructions for tax computation. Income tax on the	е				
	amount	t on line 34 from Tax rate schedule or Schedule D (Form 1041)	. ▶	36			
37	Proxy t	tax. See instructions	▶	· 37			
38	Alternat	tive minimum tax .		38			L
39	Tax on	Non-Compliant Facility Income. See instructions		39			
40	Total. A	Add lines 37, 38 and 39 to line 35c or 36, whichever applies .		40		0	
Part	IV	Tax and Payments					
41 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a					
b	Other c	redits (see instructions)					
С	Genera	al business credit Attach Form 3800 (see instructions) 41c					ı
d	Credit for	or prior year minimum tax (attach Form 8801 or 8827) 41d		i			
е	Total ci	redits. Add lines 41a through 41d		41e		0	
42	Subtrac	ct line 41e from line 40		42		0	
43	Other tax	kes Check if from Form 4255 Form 8611 Form 8697 Form 8866 C	Other (attach schedule)	43			
44		x. Add lines 42 and 43		44		0	
45 a	Paymer	nts ⁻ A 2016 overpayment credited to 2017 . 45a	1				
b		stimated tax payments					
С	Tax dep	posited with Form 8868				- }	
d	Foreign	organizations Tax paid or withheld at source (see instructions) 45d				- 1	
е		withholding (see instructions)				1	
f	•	or small employer health insurance premiums (Attach Form 8941) 45f				ĺ	
g	Other cr	redits and payments. Form 2439					
40		m 4136 Other Total ▶ 45g	0	-			
46	-	ayments. Add lines 45a through 45g	· · · · . i ¬	46		이	
47		ed tax penalty (see instructions) Check if Form 2220 is attached	· · •	47			
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		- 0	
49 50		yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpal	Refunded	49		_	
50		e amount of line 49 you want Credited to 2018 estimated tax		50		0	
Part		tatements Regarding Certain Activities and Other Information (see			 -	1	
51	•	ime during the 2017 calendar year, did the organization have an interest in or a	•	•		Yes	No
		mancial account (bank, securities, or other) in a foreign country? If YES, the organization	•				, - 3
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the na	ime of the foreign	country			
	here ►						<u>X</u>
52	_	ne tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a fore	ign trust?	• • •		<u>X</u>
		see instructions for other forms the organization may have to file			ļ	18.	4,3
53		e amount of tax-exempt interest received or accrued during the tax year superior spendities of perjury, I declare that I have examined this return, including accompanying schedules and statements, it		Jodge and he	that it is to be	Description of	- 'y
٠.		complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		vieuge aitu be	mei, it is tide, o	on ect,	
Sign	- -	11-hand 15-6-19 Sanstal			IRS discuss thi		with
Here		1000 T Secretary		instructio	ns)? X Ye		No
	Sig	nature of officer Date Title			LEN		
Paid		Print/Type preparer's name Preparer's signature D	1	لنبنا	if PTIN		
	aror	PATRICK J CARLON Jaluk Julon	5/3/2019 sel	lf-employed	P0126	4074	
Prep		Firm's name ► CARLON & MILLAR, PROF L L C	Firm	n's EIN 🕨	46-043496	4	
USE	Only	Firm's address PO BOX 399, 201 E 4TH AVE , MITCHELL, SD 57301-0399	Pho	ne no (605) 996-	3850	

Form	990-T	(2017)

MITCHELL AREA DEVELOPMENT CORPORATION

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Page :

Schedule A—Cost of Goo	ds Sold. Enter r	nethod o	f inven	tory valua	tior	n▶					
1 Inventory at beginning of				6		ventory at en	d of year .	6			
2 Purchases	2			7	C	ost of goods	sold. Subtract	鐵器			
3 Cost of labor .	. 3				lın	e 6 from line	5 Enter here			ļ	
4 a Additional section 263A	costs				an	nd in Part I, lir	ne 2	7		_ 0	
(attach schedule) .	. 4a	<u> </u>		8	Do	o the rules of	section 263A (with	h respe	ct to	Yes	No
b Other costs (attach sche	dule) . 4b				pr	operty produc	ced or acquired fo	r resale) [£17:	
5 Total. Add lines 1 throug	h 4b . 5		0		ар	ply to the org	ganization?		· [
Schedule C-Rent Income	e (From Real Pr	operty a	nd Pe	rsonal Pr	ope	erty Leased	With Real Pro	perty)	1		
(see instructions)						•					
Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent received	or accrued									
(a) From personal property (if the pe for personal property is more than more than 50%)		percentag	e of rent f	d personal pro or personal pro s based on pro	opert	y exceeds	3(a) Deductions dir in columns 2(a				ne
(1)											
(2)											
(3)											
(4)											
Total	0 To	otal				0					
(c) Total income. Add totals of colhere and on page 1, Part I, line 6,	column (A)	. ▶				0	(b) Total deduct Enter here and or Part I, line 6, colu	n page 1			0
Schedule E-Unrelated De	ebt-Financed In	come (se	e instru	uctions)		,					
1. Description of debt-	financed property			s income from e to debt-finan			Deductions directly coni to debt-finance	ed propert	у		
			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)				
(1) Office Building - Mitchell, SD) 		ļ	130,4	439	ļ	59,161			80,	698
(2)			 								
(3)			ļ <u>. </u>			ļ					
(4)			ļ								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjuste of or allocable debt-financed pro (attach schedu 	to operty		i. Column 4 divided y column 5			come reportable 2 × column 6)	(colum	locable deduc n 6 × total of c 3(a) and 3(b))	olumn	s
(1) 529,805	2	2,026,208		2	6%		33,914			36,	363
(2)					%		0				0
(3)					%		0				0
(4)					%		0				0
						Enter here	and on page 1,	Enter h	ere and on	page	1,
					j		7, column (A)		line 7, colur	_	
Totals					▶ [33,914			36,	363
Total dividends-received deduct	ions included in colu	ımn 8					>				
									Form 990) -T (2	017)

(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of penodical 2. Gross advertising Income advertising locome advertising costs 2. Gross advertising locome advertising costs 2. Gross advertising costs advertising costs advertising costs 2. Gross advertising costs advertis	Schedule F-Interest, Annuit	ies, Royalties,	and Rer	its From	Со	ntrolled Org	ani	zations (se	e ınstrı	uctions)	
Content of the cont	^		Exempt	Controlled	Or	ganizations					
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(4) Add column 8 and 10 Add column 8 and 10 Enter here and on page 1, Part I, line 8, column (8) Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income descriptions of explored activity income, organization organization (see instructions) 3. Deductions descriptions (esticats schedule) (attach schedule) 4. Set-asades (esticats schedule) (attach schedule) (attach schedule) (b) 5. Totals Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of explorted activity income, organization organization (see instructions) 2. Gross unrelated business income from trade or business income from trad	(1)										
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Totals Totals	(4)										
1. Description of exploited activity 2. Gross activity income, one of page of part income of pa							<u> </u>	Enter here and Part I, line 8, o	on page column (A	1, Enter	here and on page 1,
1. Description of exploited activity 2. Gross activation of the production of the producti	Schedule G—Investment Inco	me of a Section	on 501(c)(7), (9),	or (17) Organiza	tio	n (śee instru	ctions)		
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from trade or business income from trade or business income from trade or business income 1. Description of exploited activity 1. Description of exploited activity 2. Gross unrelated face business income from trade or business income 1. Description of exploited activity 3. Expenses directly connected with production of business income 1. Description of exploited activity (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) (b) (c) (c) (d) Enter here and on page 1, Part I, line 10, col (B) (d) (e) Totals 1. Name of penodical (s) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g	1. Description of income	2. Amount of I	ncome	dire	ectly	connected				and s	et-asides (col 3
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(3) (4) (5) (6) (7) (8) (8) (8) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2)										0
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Days Da		2. Gross unrelated business incom from trade or	3. E di conno prod un	xpenses irectly ected with luction of related	4. fro or 2	Net income (loss) m unrelated trade business (column minus column 3) a gain, compute	5. fro	Gross income om activity that not unrelated	6. Ex	utable to	expenses (column 6 minus column 5, but not more than
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals	(1)					0	_				0
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	Totals (carry to Part II, line (5))	<u> </u>	О	0		0		0			0 orm 990-T (2017)

`		THE PROPERTY OF THE PROPERTY O	0 000-1000
Part II	Income	From Periodicals Reported on a Separate Basis (For each periodical listed	ın Part II, fill ir
	columns	s 2 through 7 on a line-by-line basis)	

Columns 2 through 7 of	Ta inte-by-line	Jasis /				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I	0	0	2 30 THE 2 19 F			0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			72 17-25 C 1 "SHIT N-310C 12-42 S.D.	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0	0			证法证法	0
Schedule K—Compensation of C	Officers, Direct	ors, and Trus	tees (see instruction	ons)		

Schedule K—Compensation of Officers, Directors	s, and Irustees (see instructions)		
1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
-(4)		%	
Total. Enter here and on page 1, Part II, line 14		. ▶	0

Form 990-T (2017)