ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -			DLN:	93492096005218
				Short	Form			OMB No 1545-1150
	a	90-EZ	Return of O	rganization E		m Income	Тах	2015
For	m 🕽 (	90-LZ		•	•			2016
<b>%</b> J			Under section 501(c), 527	, or 4947(a)(1) of the In	ternal Revenue Co	de (except private f	oundations)	2010
			▶ Do not enter se	ocial security numbers	on this form as i	t may be made pub	lic.	Onen te Bublic
Dep	artment	of the Treasury	► Information abo	ut Form 990-EZ and	its instructions	is at <u>www.irs.gov</u>	<u>/form990</u> .	Open to Public Inspection
Inte	rnal Rev	enue Service						Inspection
			ar year, or tax year begin	ning 10-01-2016	, and endi	ng 09-30-2017		
		f applicable s change	C Name of organization MINNEHAHA COUNTY ECONON	ИIC			D Employe	r identification number
_	Name c	-	DEVELOPMENT ASSOCIATION  Number and street (or P O b			I t	46-04162	
	Initial r	eturn	PO BOX 907	ox, ir maii is not delivered t	o street address) Ro	oom/suite	<b>E</b> Telephone	: number
_		turn/terminated	City or town, state or provinc	e. country, and ZIP or fore	an postal code		(6	505) 339-0103
_		ed return tion pending	SIOUX FALLS, SD 57101	o, country, and Lin or force	gii postai code		F Group Exe	emption
	Аррпса	don pending					Number	•
			l Cash ☑ Accrual Other (s			H Check ▶	▶ Ø ıfthe	organization is <b>not</b>
G A	ccoun	ting Method 🛚	i Cash Mi Accrual Other (s	specify) ►		— required	d to attach S	Schedule B
T VA	/ohcit	a: Deloliveal I en	EVELOPMENT COM/MCEDA CFM			(Form 9	990, 990-EZ,	or 990-PF)
			only one) - $\square$ 501(c)(3) $\square$ 501	(c)( 6) <b>◄</b> (insert no ) □ 49	47(a)(1) or			
		-	Corporation    Trust				l + - /D	
L A are	aa iine ,\$500	es 50, 6c, and 70 ,000 or more, file	Form 990 instead of Form	s receipts it gross rece 990-EZ	ipts are \$200,000	or more, or it total	i assets (Par	t II, column (B) below) ▶ \$ 116,718
	art I		Expenses, and Change					
		Check If the	organization used Schedule	O to respond to any qu	iestion in this Part	: I`		·
	1	Contributions, g	lifts, grants, and similar am	ounts received			. 1	2,500
	2	Program service	e revenue including governm	nent fees and contracts			2	
	3	Membership due	es and assessments				3	113,850
	4	Investment inco	ome				4	368
	5a	Gross amount fi	rom sale of assets other tha	n inventory	5a			
	b	Less cost or ot	her basis and sales expense	s	5b			
	С	Gain or (loss) fr	om sale of assets other tha	n inventory (Subtract li	ne 5b from line 5a	1)	5c	
	6	Gaming and fur	draising events					
9	а	Gross income fr	om gaming (attach Schedul	e G if greater than \$15	,000) <b>6a</b>			
Revenue	ь	Gross income fr	om fundraising events (not	including \$	of contri	butions from		
á			nts reported on line 1) (atta					
		sum of such gro	ss income and contributions	s exceeds \$15,000)	6ь			
	С	Less direct exp	enses from gaming and fun	draising events .	6с			
	d	Net income or (	loss) from gaming and fund	raising events (add line	s 6a and 6b and s	subtract line 6c)	6d	
	7a	Gross sales of in	nventory, less returns and a	llowances	7а			
	b	Less cost of go					$\neg$	
	С	_	(loss) from sales of inventor	y (Subtract line 7b fron	n line 7a)		7c	
	8	·	(describe in Schedule O)	•			8	
	9		. Add lines 1, 2, 3, 4, 5c, 6d	, 7c, and 8			▶ 9	116,718
$\dashv$	10		lar amounts paid (list in Sch				10	, 12
	11		or for members				11	
ای	12	•	compensation, and employe	e benefits			12	
Expenses	13	•	s and other payments to inc				13	
per	14		t, utilities, and maintenance	•			14	
Ä	15	• • •	ations, postage, and shipping				15	
	16		(describe in Schedule O)				16	100,174
	17	•	s. Add lines 10 through 16				<b>▶</b> 17	100,174
-	18		it) for the year (Subtract lin	e 17 from line 9)			18	16,544
2	19	-	ind balances at beginning of	•				
NetAssets			are reported on prior year's			g. 20til	19	183,526
t A	20	_	n net assets or fund balance	•	0)		20	
ž	21	=	ind balances at end of year	• •	•		21	200,070
For			on Act Notice, see the ser		.9.120	Cat No 10642I	2.1	Form <b>990-EZ</b> (2016)

Part II	Balance Sheets (see the instructions	for Part II)					<b></b>
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part II			🗹
				(A) B	eginning of year		(B) End of year
	vings, and investments				196,242		220,403
	d buildings				755	23	
	sets (describe in Schedule O)				755	24	574
	sets				196,997	25	220,977
	abilities (describe in Schedule O)				13,471	_	20,907
	ets or fund balances (line 27 of column	· ,			183,526	27	200,070
Part III	Statement of Program Service A Check if the organization used Schedule				t III) • • □	(Re	<b>Expenses</b> equired for section 501(c)
What is the	organization's primary exempt purpose?	O to respond to any c	question in tills	rait III		(3)	and 501(c)(4)
	DEVELOPMENT						anizations, optional for ers )
measured by penefited, a	e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service				Oth	e s <i>y</i>
<b>28</b> See Addition	nal Data Table						
(Grants \$ )	If this amoun	t includes foreign gran	its check here		▶ □	28a	
29	II this amoun	t includes foreign gran	its, thete here	• •	<u>. ,                                   </u>	29a	
29						234	
(Cuanta # \	TE 410.00 0 000000000000000000000000000000	+			. ▶ □		
(Grants \$ )	If this amoun	t includes foreign gran	its, check here	• •	. <b>,</b> ,		
30						30a	
					_		
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □		
<b>31</b> Other pr	ogram services (describe in Schedule O)						
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28a	through 31a)			•	32	100,174
Part IV	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule	O to respond to any q	juestion in this	Part IV.			
	(a) Name and title	(b) Average	(c) Repor	table	(d) Health bene	fite	(e) Estimated amount
	(a) Name and tide	hours per week	compensa				ee of other compensation
		devoted to position	(Forms W-2	/1099-	benefit plans,	and	·
			MISC) (if no enter -		deferred compen	sation	1
			Circo	,			
See Addıtıor	nal Data Table						
							+
		·	I .				- 000 (004.5)

Pa	Tt 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		🗆				
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25-		NI-			
L	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No			
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$	350					
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a						
	Did the organization file Form 1120-POL for this year?	37b		No			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were						
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9						
b	Gross receipts, included on line 9, for public use of club facilities						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						
_	section 4911 , section 4912 , section 4955						
b	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b					
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No			
41	transaction? If "Yes," complete Form 8886-T						
42a	The organization's books are in care of ▶ DENNIS OLSON Telephone no ▶	<b>►</b> (605) 582-6515					
	Located at ▶ PO BOX 95 BRANDON, SD ZIP + 4 ▶	_5700	)5				
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	V	N			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No			
	If "Yes," enter the name of the foreign country	420		110			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No			
	If "Yes," enter the name of the foreign country						
	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						
			Yes	No			
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No			
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No			
	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	44d					
45a	explanation in Schedule O	45a		No			
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning						
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)						

candidates for  Part VI Section All section Figure 1  The All section All sect	ization engage, directly or indirect public office? If "Yes," complete son 501(c)(3) organizations of the organization used Schedule ization engage in lobbying activities olete Schedule C, Part II ation a school as described in sectionation make any transfers to an extended and the related organization a section table for the organization's five heaved more than \$100,000 of compand title of each employee	sonly must answer quest O to respond to any quest es or have a section 50	ions 47-49b and 52 juestion in this Part VI  01(h) election in effection.  If "Yes," complete Scherelated organization?  mployees (other than	t during the during th	omplete the table	47 48 49a 49b and key	Yes  employ	No No ees)
candidates for  Part VI Section All section Figure 1  The All section All sect	on 501(c)(3) organizations ction 501(c)(3) organizations ction 501(c)(3) organizations if the organization used Schedule ization engage in lobbying activities blete Schedule C, Part II ation a school as described in section the related organization a section table for the organization's five heaved more than \$100,000 of comp	sonly must answer quest O to respond to any quest or have a section 50 con 170(b)(1)(A)(II)? exempt non-charitable 527 organization? ighest compensated expensation from the organization from the organization of the organizatio	ions 47-49b and 52 puestion in this Part VI  01(h) election in effect  if "Yes," complete Sch related organization?  mployees (other than ganization If there is  (c) Reportable compensation (Forms W-2/1099-	t during the during th	the tax year?  directors, trustees a ter "None "  Health benefits, butions to employee nefit plans, and	47 48 49a 49b and key	Yes  employ	and 51 No ees)
All set Check  47 Did the organ If "Yes," comp  48 Is the organiz  49a Did the organ  b If "Yes," was to the complete this who each received.	ction 501(c)(3) organizations if the organization used Schedule ization engage in lobbying activities olete Schedule C, Part II ation a school as described in sectionation make any transfers to an extensionation as the related organization a section table for the organization's five heaved more than \$100,000 of comparison is the served more than \$100,000 of comparisons.	must answer quest O to respond to any q es or have a section 50 cion 170(b)(1)(A)(ii)? exempt non-charitable 527 organization? . ighest compensated e pensation from the org (b) Average hours per week	O1(h) election in effection in effection.  If "Yes," complete Schrelated organization?  If "C) Reportable compensation (Forms W-2/1099-	t during to the during	the tax year?  directors, trustees ater "None " Health benefits, butions to employee nefit plans, and	47 48 49a 49b and key	Yes  employ	and 51 No ees)
Check  47 Did the organ If "Yes," comp  48 Is the organiz  49a Did the organ  b If "Yes," was to the complete this who each received.	if the organization used Schedule ization engage in lobbying activities olete Schedule C, Part II ation a school as described in sectionation make any transfers to an exthe related organization a section table for the organization's five heaved more than \$100,000 of comparison is section.	o to respond to any question for the section 50 of the section 50 of the section 50 of the section 170(b)(1)(A)(II)?  Exampt non-charitable for the section from the organization from the organizatio	O1(h) election in effection in effection.  If "Yes," complete Schrelated organization?  If "C) Reportable compensation (Forms W-2/1099-	t during to the during	the tax year?  directors, trustees ater "None " Health benefits, butions to employee nefit plans, and	47 48 49a 49b and key	Yes  employ	No No ees)
47 Did the organ If "Yes," comp  48 Is the organiz  49a Did the organ  b If "Yes," was a  50 Complete this who each rece	ization engage in lobbying activities olete Schedule C, Part II ation a school as described in section make any transfers to an exthe related organization a section table for the organization's five heaved more than \$100,000 of comp	es or have a section 50	01(h) election in effection in effection.  If "Yes," complete Schrelated organization?  mployees (other than ganization If there is  (c) Reportable compensation (Forms W-2/1099-	t during to the during	the tax year?  directors, trustees ater "None " Health benefits, butions to employee nefit plans, and	47 48 49a 49b and key	<b>Yes</b> employ	No ees)
If "Yes," comp  48 Is the organiz  49a Did the organ  b If "Yes," was to the complete this who each received.	ation a school as described in section as chool as described in section make any transfers to an each of the related organization as ection table for the organization's five heaved more than \$100,000 of comp	ion 170(b)(1)(A)(II)? exempt non-charitable 527 organization?  Ighest compensated epensation from the organization from the organiza	If "Yes," complete Schrelated organization?  mployees (other than ganization If there is  (c) Reportable compensation (Forms W-2/1099-	officers, none, en (d) contrib	directors, trustees a ter "None " Health benefits, outions to employee nefit plans, and	48 49a 49b and key	tımated	amoun
If "Yes," comp  48 Is the organiz  49a Did the organ  b If "Yes," was to the complete this who each received.	ation a school as described in section as chool as described in section make any transfers to an each of the related organization as ection table for the organization's five heaved more than \$100,000 of comp	ion 170(b)(1)(A)(II)? exempt non-charitable 527 organization?  Ighest compensated epensation from the organization from the organiza	If "Yes," complete Schrelated organization?  mployees (other than ganization If there is  (c) Reportable compensation (Forms W-2/1099-	officers, none, en (d) contrib	directors, trustees a ter "None " Health benefits, outions to employee nefit plans, and	48 49a 49b and key	tımated	amoun
<ul><li>49a Did the organ</li><li>b If "Yes," was in the complete this who each received.</li></ul>	ization make any transfers to an e the related organization a section table for the organization's five h erved more than \$100,000 of com	exempt non-charitable  527 organization?  Ighest compensated e bensation from the org  (b) Average hours per week	related organization?  mployees (other than ganization If there is  (c) Reportable compensation (Forms W-2/1099-	officers, none, en (d) contrib	ter "None" Health benefits, outions to employee nefit plans, and	49a 49b and key	tımated	amoun
<ul><li>b If "Yes," was to</li><li>Complete this who each received</li></ul>	the related organization a section table for the organization's five helped more than \$100,000 of com	527 organization?  Ighest compensated epensation from the organization from the organiza	mployees (other than ganization If there is (c) Reportable compensation (Forms W-2/1099-	officers, none, en (d) contrib	ter "None" Health benefits, outions to employee nefit plans, and	49b and key	tımated	amoun
50 Complete this who each rece	table for the organization's five helped more than \$100,000 of com	ighest compensated e pensation from the org (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-	none, en (d) contrib	ter "None" Health benefits, outions to employee nefit plans, and	and key	tımated	amoun
who each rece	erved more than \$100,000 of comp	oensation from the org (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-	none, en (d) contrib	ter "None" Health benefits, outions to employee nefit plans, and	( <b>e</b> ) Es	tımated	amoun
	' '	<b>(b)</b> Average hours per week	(c) Reportable compensation (Forms W-2/1099-	(d) contrib	Health benefits, outions to employee nefit plans, and			
			(Forms W-2/1099-	be	nefit plans, and	or otne	er compe	ensatio
			MISC)	defei	red compensation			
			<u> </u>					
f Total numbe	er of other employees paid over \$1				<b>-</b>			
	table for the organization's five h from the organization If there is		ndependent contractor	s who ea	ich received more th	nan \$10	0,000 of	Ē
·	Name and business address of ea	·	actor	(b) Tv	pe of service (c	) Compe	ensation	
,,				(-, -,	(-			_
<b>d</b> Total numbe	er of other independent contractors	s each receiving over	\$100,000		• _			
<b>52</b> Did the ora	anızatıon complete Schedule A? <b>N</b>	OTE. All Section 501(	c)(3) organizations m	ust attac	h a			
completed	Schedule A				<b>.</b>	Ye	s 🗆 N	lo
	erjury, I declare that I have exam							
nowledge and belie ias any knowledge	f, it is true, correct, and complete	Declaration of prepa	rer (other than officer	) is base	d on all information	of whic	n prepar	er
*****	*			].	2018-03-02			
Sign	ure of officer				Date			
	OSHEIM EXECUTIVE DIRECTOR							
	rint/Type preparer's name	Preparer's signature	Date		☐ PTIN			
	SHAWN Q BLOM	Preparer's signature    Date				4488		
Preparer F	parer Firm's name ► WOLTMAN GROUP PC				Firm's EIN ► 46-0398923			
Jse Only	irm's address ▶ 7001 S LYNCREST PLA	CE			Phone no (605) 361-1	200		
	SIOUX FALLS, SD 571	082599						

## **Additional Data**

(Grants \$ )

Software ID:

**Software Version:** 

Name: MINNEHAHA COUNTY ECONOMIC

DEVELOPMENT ASSOCIATION

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.	` (c	Expense quired for se )(3) and 50 janizations; for other
28 FURTHERANCE OF ECONOMIC DEVELOPMENT OF MINNEHAHA COUNTY, SD THE PROMOTION AND ASSISTANCE OF GROWTH AND DEVELOPMENT OF MINNEHAHA COUNTY, SD	28a	

ection 501 01(c)(4) ; optional

ers.)

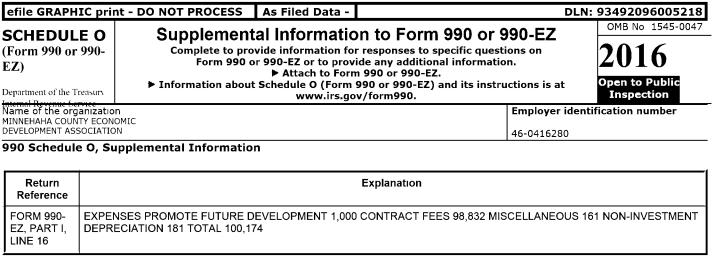
100,174

If this amount includes foreign grants, check here  $\cdot$  .  $\cdot$   $\blacktriangleright$   $\Box$ 

**EIN:** 46-0416280

(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
NICK FOSHEIM EXECUTIVE DI	5 00	0		
MIKE WENDLAND PRESIDENT	1 00	0		
DENNIS OLSON SECR /TREAS	1 00	0		
TERRY EBRIGHT VICE-PRESIDE	1 00	0		
RYAN FODS BOARD MEMBER	1 00	0		
MARV WIEMAN BOARD MEMBER	1 00	0		
JESSE FONKERT BOARD MEMBER	1 00	0		
DEAN KARSKY BOARD MEMBER	1 00	0		
DON JOHNSON BOARD MEMBER	1 00	0		
ERIC KROUSE BOARD MEMBER	1 00	0		
MIKE GERAETS BOARD MEMBER	1 00	0		
JASON PITTMAN BOARD MEMBER	1 00	0		
ADAM LUND BOARD MEMBER	1 00	0		
RICHELLE HOFER BOARD MEMBER	1 00	0		
GERRY KARPEN BOARD MEMBER	1 00	0		

Form 990EZ, 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				
JOE ANDERSON BOARD MEMBER	1 00	0						



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 24

FORM 990-EZ, PART II,

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 26

FORM 990-EZ, PART II,