

Form **990-EZ**
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.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

C Name of organization
MINNEHAHA COUNTY ECONOMIC DEVELOPMENT ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 907

City or town, state or province, country, and ZIP or foreign postal code
SIOUX FALLS, SD 57101

D Employer identification number
46-0416280

E Telephone number
(605) 339-0103

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ SIOUXFALLSDEVELOPMENT.COM/MCEDA.CFM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

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

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 ▶ \$ 116,718

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

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	2,500
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	113,850
4	Investment income	4	368
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
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	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	116,718
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	100,174
17	Total expenses. Add lines 10 through 16 ▶	17	100,174
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,544
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	183,526
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	200,070

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	196,242	22	220,403
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	755	24	574
25 Total assets	196,997	25	220,977
26 Total liabilities (describe in Schedule O)	13,471	26	20,907
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	183,526	27	200,070

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

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

What is the organization's primary exempt purpose?
ECONOMIC DEVELOPMENT

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

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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	100,174

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
See Additional Data Table				

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 No

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 2018-03-02 Date
NICK FOSHEIM EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name SHAWN Q BLOM Preparer's signature Date 2018-03-02 Check if self-employed PTIN P01234488
Firm's name WOLTMAN GROUP PC Firm's EIN 46-0398923
Firm's address 7001 S LYNCREST PLACE SIOUX FALLS, SD 571082599 Phone no (605) 361-1200

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

Additional Data

Software ID:

Software Version:

EIN: 46-0416280

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 FURTHERANCE OF ECONOMIC DEVELOPMENT OF MINNEHAHA COUNTY, SD THE PROMOTION AND ASSISTANCE OF GROWTH AND DEVELOPMENT OF MINNEHAHA COUNTY, SD (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	100,174

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
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		

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JOE ANDERSON BOARD MEMBER	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
MINNEHAHA COUNTY ECONOMIC
DEVELOPMENT ASSOCIATION**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

46-0416280

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES PROMOTE FUTURE DEVELOPMENT 1,000 CONTRACT FEES 98,832 MISCELLANEOUS 161 NON-INVESTMENT DEPRECIATION 181 TOTAL 100,174

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 1,502 1,502 LESS ACCUMULATED DEPRECIATION 747 928 TOTAL 755 574

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 13,471 20,907