EXTENDED TO JUNE 17, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

	AF	or the	2017 calendar year, or tax year beginning $AUG = 1$, $2UI / 1$ and G	enaing J	OP 31, Z018	
	B Cr	heck if	C Name of organization		D Employer identificati	on number
		Addres				
	\vdash]chang∈]Name	David humana and		41-602	7208
		Jchange]Initial		Room/suite	E Telephone number	7200
	-	return Final	PO BOX 1276	riooni/suite		3-8665
		return/ terminated			G Gross receipts \$	116,796.
		Amend		H(a) Is this a group return	•	
		Jreturn Applic			for subordinates?	Yes X No
		Jtion pendir	9 214 5TH STREET, BEMIDJI, MN 56601	Δ	H(b) Are all subordinates includ	
		2Y-6Y6	empt status 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) c	or 1 527	If "No," attach a list	
			e: ► N/A	, Ur	H(c) Group exemption nu	-
			organization: X Corporation	L Year	of formation: 1962 M Sta	· · · · · · · · · · · · · · · · · · ·
		rt I	Summary			
		1	Briefly describe the organization's mission or most significant activities INDUS	STRIAL	DEVELOPMENT	IN THE
	Activities & Governance		CITY OF BEMIDJI.			
	rua	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	S
	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
	ق ا	4	Number of independent voting members of the governing body (Part VI, line 1b)		11-12-10\ 4	10
	Sa	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	RECE	\0\5	0
	ž	6	Total number of volunteers (estimate if necessary)	The state of the s	3013 /2016	0
	5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 $\int_{a_0}^{a_0}$	HAI 1	14 Jal	0.
		b	Net unrelated business taxable income from Form 990-T, line 34			0.
			\cappa_c		PriorYear	Current Year
	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0.
	- Eu	9	Program service revenue (Part VIII, line 2g)		0.	0.
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,670.	61,399.
	"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	\perp	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,670.	61,399.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
	ă		Total fundraising expenses (Part IX, column (D), line 25)	0.	11 272	<u></u>
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	11,878.	11,752.
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	11,878.	11,752.
	. (0	19	Revenue less expenses Subtract line 18 from line 12		-3,208.	49,647.
	s or			Be	ginning of Current Year	End of Year
	Assets or Balances		Total assets (Part X, line 16)	_	1,837,405.	1,886,052.
			Total liabilities (Part X, line 26)	<u> </u>	1,000.	0.
5			Net assets or fund balances Subtract line 21 from line 20		1,836,405.	1,886,052.
등 등		rt II	Signature Block	4 - • •		
12			Ities of perjury, I declare that I have examined this return, including accompanying schedules			owleage and belief, it is
~	true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.	3 2019
	_		Signature of office:		Date Oate	
	Sign				5410	
	Here	6	DAVE LANDGREBE, PRESIDENT Type or print name and title			
귑			Print/Type preparer's name Preparer's signature		Date Check	PTIN
Z	Paid		JEREMIE MIDBOE			P00954121
SCANNED	Prep		Firm's name MILLER MCDONALD, INC.	<u> </u>	2 1 3011 0111 0110 0	1-1281737
ζ	Use		Firm's address 513 BELTRAMI AVE NW		THIII S LIN 4	<u> </u>
D	U36 1	Jilly	BEMIDJI, MN 56601		Phone on (218)751-6300
	May	the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110 \ 2.10	X Yes No
	iviay	uie II	to discuss this return with the preparer shown above / (see instructions)		010	Form 990 (2017)

	990 (2017) BEMIDJI DEVELOPMENT CORPORATION	41-6027208	Page 2
	t III Statement of Program Service Accomplishments		
2	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	MISSION IS TO PROVIDE SUPPORT FOR INDUSTRIAL DEVELOPMENT	TN BEMIDJI	_
	MN, THROUGH THE MANAGEMENT OF THE CITY'S INDUSTRIAL PARK		
	HOLDING LOTS FOR SALE TO THE LOCAL BUSINESS COMMUNITY.	t, inchobino	
	HOLDING BOID FOR BABE TO THE BOCAL BUBINESS COMMONTH:		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	•	□v _{oo}	X No
	prior Form 990 or 990-EZ?	res	الككيا الان
	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	tes	NO LAJ
	If "Yes," describe these changes on Schedule O	• •	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	and
	revenue, if any, for each program service reported		
4a		re \$	···················)
	INDUSTRIAL DEVELOPMENT IN THE CITY OF BEMIDJI, MN.		
			
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	e \$)
			
			
			
4 -	1. 1/2		·····
4c	(Code) (Expenses \$) (Revenue)	.e \$	
			
			
		ş	
٠			· · · · · · · · · · · · · · · · · · ·
	Other and the Color of the Colo		
4d	Other program services (Describe in Schedule O)	•	
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$		

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Form 990 (2017) BEMIDJI DEVELOPMENT CORPORATION [PartilV] 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
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	L	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,	İ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		Х
0	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,) ye ale enge	
-	Part VI	11a		Х
b	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	11b		Х
С	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	11c		Х
d	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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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	14b	<u> </u>	X
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			ŀ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
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		X
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	17		X
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	<u> </u>	X
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		X
		Form	990	(2017)

Form 990 (2017) BEMIDJI DEVELOPMENT CORPORATION

[PartilV] Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	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 member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	5		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b				
c	The state of the s	table gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	onty over, a		}	
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ınts (FBAR)		 	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	13	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit		1	
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	,	or gifts	1		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	•	provided to the payor?	7a	-	-
b		au urod	7b		
С		quired	7c		
_	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	, [76		
d			7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
q	to the second se		7g		
h			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t				
•	sponsoring organization have excess business holdings at any time during the year?		8	mm n	-
9	Sponsoring organizations maintaining donor advised funds.				_
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	The state of the s		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	,			
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders 11a	3			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year)			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	<u> </u>
а	· · · · · · · · · · · · · · · · · · ·		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				f
b		_			
	organization is licensed to issue qualified health plans [13]	_			}
C		<i>i</i> 1	14-	<u> </u>	Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14a 14b		
	in 163, has kined a form 720 to report these payments. In 190, provide an explanation in ochedule O		<u> </u>		

Par	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	"No" n	espon	se
	Check'if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	—
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х	
12	In Schedule O how this was done Did the organization have a written whistleblower policy?	12c		Х
13	Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	'-		1
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
~	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 similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finani	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVE LANDGREBE, PRES 218-751-5120			
	214 STH STREET REMIDIT MN 56601			

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, and 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) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVE LANDGREBE	3.00									
PRESIDENT		X		X				0.	0.	0 .
(2) JIM NAYLOR	1.00			ŀ						
VICE PRES		X		Х				0.	0.	0
(3) JIM SMYITHE	1.00	ļ		l						
SECRETARY		X		X		<u> </u>	<u> </u>	0.	0.	0 .
(4) BILL HOWE	1.00	ļ							_	
TREASURER	1.00	X		X			_	0.	0.	0
(5) BRIAN FREEBURG	1.00	∤				ŀ				
BOARD MEMBER	1 00	X		_		_	<u> </u>	0.	0.	0
(6) BILL BATCHELDER	1.00	\		ŀ						•
BOARD MEMBER	1 00	X				┢	_	0.	0.	0
(7) TOM WELLE	1.00	x						0	0	0
BOARD MEMBER	1.00	^						0.	0.	0
(8) KEITH JOHANNESON	1.00	X		ŀ				0.	0.	0
BOARD MEMBER	1.00	┢						0.	<u> </u>	
(9) RYAN BAER BOARD MEMBER	1.00	x						0.	0.	0
(10) STEVE HOLLEY	1.00	**				 	_		<u> </u>	
BOARD MEMBER	1.00	x					l	0.	0.	0
(11) TOM SCHWARTZ	1.00					<u> </u>				
BOARD MEMBER		X						0.	0.	0
(12) JOE DUNN	1.00								,	
BOARD MEMBER		Х						0.	0.	0
									· · - ·	
		1								
		<u> </u>								
]								
		<u> </u>	ļ	<u> </u>			<u> </u>			
						-				
		<u> </u>								
]								
		1	ĺ	ŀ		1	1]		

Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	ompensated Employe	es (continued)			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than or				one	Reportable	Reportable	Estima		
	hours per				s person is both and a director/trustee)			compensation	compensation	amount of		
•	week (list any	\vdash				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	from	from related	othe		
	hours for	Jirect				_		the organization	organizations (W-2/1099-MISC)	compens		
	related	0.0	tee			sated		(W-2/1099-MISC)	(***2/1033-141100)	organiz	-	
	organizations	truste	al tru:		e Xe	mpe		(** 2. **555 ****************************		and rel		
	below	Individual trustee or director	Institutional trustee	EL	욡	est co loyee	ıer			organiza	ations	
	line)	l g	Instil	отісег	Key e	Highest compensated employee	Form					
		J				,						
		1			Ī							
		1										
									•			
		1										
		1										
		1		ļ								
						<u> </u>						
	<u>-</u> .	1										
1b Sub-total	.1	1	٠	L		<u> </u>		0.	0		0.	
c Total from continuation sheets to Part V	II Section A							0.	0		0.	
d Total (add lines 1b and 1c)	ii, deciioii A							0.	0		0.	
2 Total number of individuals (including but r	not limited to th	nose	liste	nd al	hove	e) wh	10 r	ــــــــــــــــــــــــــــــــــــــ				
compensation from the organization	iot iiii iiited to ti	.000		, u u.		٠,			,,000 01,10001144510		0	
Compensation from the organization										Ye		
3 Did the organization list any former officer,	director or tri	iste	e ke	v er	nolc	vee	or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s			٠, ،	,,		,,,,		mgmoot componentes s		3	X	
4 For any individual listed on line 1a, is the si			nmn	ensa	ation	n and	t oti	her compensation from	the organization			
and related organizations greater than \$15	· ·		-						ino organization	4	X	
5 Did any person listed on line 1a receive or									idual for services	-	+	
rendered to the organization? If "Yes," con							Ciac	ted organization of mark	100011000	5	X	
Section B. Independent Contractors	ipiete conecai		0, 0,		porc	3011						
Complete this table for your five highest co	mpensated in	den	ende	ent o	ont	racto	ors t	that received more than	\$100,000 of compe	nsation from		
the organization Report compensation for										=:: =		
(A)	tilo caloridar y	-	<u> </u>	·· <u>·g</u> ·	****	<u> </u>	1	(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)		
Name and business	address	N	INC	Ξ			Į	Description of s	ervices	Compensat	ion	
	-				-				-			
						-						
							\neg					
				•		•						
							\dashv					
2 Total number of independent contractors (including but s	not l	mito	d to	the	ee le	etec	d above) who received a	ore than			
		iot II	mie	u 10		0	316(above, who received it	iore man			
\$100,000 of compensation from the organ	izativi1					<u> </u>			I	Form 990	(2017)	
										I OHIII GOL	· (CUII)	

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Form 990 (2017) BEMIDJI DEVELOPMENT CORPORATION
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
g ä	b	Membership dues	1b					
اغ ق		: Fundraising events	1c					
# #		Related organizations	1d					
ا الله		Government grants (contribut	 					
is is		All other contributions, gifts, gran						
돌	•	similar amounts not included abo	1 1					
Q	_							
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	: 1a-1r \$					
OB	<u>n</u>	Total. Add lines 1a-1f						
			,	Business Code				And the second of the second
içe	2 a							
e e	b					, •		-
n S	С	·						
Şa	d	· · · · · · · · · · · · · · · · · · ·					ı	
Program Service Revenue	´ e							
۵		All other program service reve	enue	L		and hardwaress in the particle over the		१ स्टब्स्ट्रेस के के किया है। इ.स.स.च्या के किया के स्टब्स्ट्रेस के स्टब्स्ट्रेस के स्टब्स्ट्रेस के स्टब्स्ट्रेस के स्टब्स्ट्रेस के स्टब्स्ट
_	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	10,346.	10,346.		
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties		<u> </u>	LONGER CONTROL 1 C as a Printer discon-	National Property and American Committee	September of the Section 1995	an introduction of the second of the
			(ı) Real	(II) Personal				
	6 a	Gross rents		1				
	b	Less rental expenses	,					
	' c	: Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		106,450.				
	b	Less cost or other basis		}				
		and sales expenses		55,397.				
	С	: Gain or (loss)		51,053.				
	d	l Net gain or (loss)			51,053.	51,053.		
ne	8 a	Gross income from fundraisin	g events (not				翻取出資商	图 是 经 不
		including \$	of		赵 马孟的 张			
eve		contributions reported on line	1c) See					
æ		Part IV, line 18	a					
Other Reven	b	Less direct expenses	b				建筑地位于	
0		Net income or (loss) from fund	draising events	>				
		Gross income from gaming ac	-					
		Part IV, line 19	· a					
	b	Less direct expenses	, b	·				
		Net income or (loss) from gam	ning activities		The Art of the State of the Sta	Communication of the second se		, , ,,
		Gross sales of inventory, less			AND ALCOHOLOGY 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[22] 41 4. [] . [] [] . []	27, 37, 30, 34	Car Santani
		and allowances	а			المراكب وسطان المراكبة المراكبة	海道:	
	ь	Less cost of goods sold	b					
		Net income or (loss) from sale			المساعة المساور المساد	المسترية	, , ,	3
		Miscellaneous Revenu		Business Code				
	11 a				1			, ,
	b				-			
			·					
	d	All other revenue						
		Total Add lines 11a-11d			· · · · ·			
	12	Total revenue See instructions	1	•	61,399.	61,399.	0.	0.

Form 990 (2017) BEMIDJI DEVELOPMENT CORPORATION Part X Statement of Functional Expenses

Secti	ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a respon		Y	(C)			
	not include amounts reported on lines 6b, 8b, 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				不会体现现实 公子		
	and domestic governments. See Part IV, line 21	. <u>.</u>					
2	Grants and other assistance to domestic						
	individuals See Part IV, line 22	 					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members			THE SERVE			
5	Compensation of current officers, directors,						
	trustees, and key employees	_					
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						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non employees)						
а	Management						
b	Legal	4,276.	_				
С	Accounting	735.					
d	Lobbying		town has no way to some standard and the	Charles and a supply and the control of the control			
е	Professional fundraising services. See Part IV, line 17		WELFTHING WAS				
f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)						
12	Advertising and promotion						
13	Office expenses	791.					
14	Information technology						
15	Royalties						
16	Occupancy	·					
17	Travel	····					
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	0 000					
23	Insurance	2,080.					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line		1.00	The same of			
	24e amount exceeds 10% of line 25, column (A)	Service of the servic	1				
	amount, list line 24e expenses on Schedule 0)	0.000	<u>''</u>	,	ا عن استوسور		
а	CONTRIBUTION	2,000.			···		
b	CLERICAL	1,200.	 				
C	REAL ESTATE TAXES	670.					
d							
е	All other expenses	11 750					
25	Total functional expenses Add lines 1 through 24e	11,752.					
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)	 					

1,886,052. Form 990 (2017)

1,866,737.

1,886,052.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,817,090.

1,836,405.

1,837,405.

32

33

Form	990 (2017) BEMIDJI DEVELOPMENT CORPORATION	41-	6027208	Pa	ge 12
Pa	rt XI Reconciliation 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, column (A), line 12)	1		1,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,7	52.
3	Revenue less expenses Subtract line 2 from line 1	3	4	9,6	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,83	6,4	05.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,88	6,0	<u>52.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O		-	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	lit		<u> </u>
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35	1	1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BEMIDJI DEVELOPMENT CORPORATION

Employer identification number 41-6027208

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
r	impermissible private benefit?	. 	Yes No
Pai			V, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e g , recreation or e		• •
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register	land of the same to the same t	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year >	somestic leasted	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe- violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	b	Thanding of Violations, and emoreing conserva	mon casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation of	easements during the year
•	▶ \$	aming or relations, and omeroming conservations	and your
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
_	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	•
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(II) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		S
	Assets included in Form 990, Part X		<u>▶ \$</u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Sche	chedule D (Form 990) 2017 BEMIDJI DEVELOPMENT CORPORATION				41-6027208 P			Page 2		
[Part] Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply)									
а	Public exhibition	b	· 🔲 י	Loan or exc	hange program	ıs				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further tl	he organization	's exemp	t purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical trea	sures, or other	sımılar as	ssets		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Part IVI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par									
1a	is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		-	
	Did the organization include an amount on F					•	?		」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Rar	t,V Endowment Funds. Complete						~.			
		(a) Current year	(b) P	rior year	(c) Two years t	back (d)	Inree	years back	(e) Four y	ears back
1a	Beginning of year balance									·
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	-						.		
T	Administrative expenses									
g	End of year balance	root waar and balans	L	a column /c)) bold oo]	
2	Provide the estimated percentage of the cur		e (iirie T) %	g, column (a	a)) rielu as					
a	Board designated or quasi-endowment	%	_70							
D	Permanent endowment ► Temporarily restricted endowment ►	%								
С	The percentages on lines 2a, 2b, and 2c sho									
20	· · · · · · · · · · · · · · · · · · ·		ation tha	it are held a	nd administere	d for the	organi.	zation		
Sa	Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No									
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							<u> </u>	
Par	Part VI Land, Buildings, and Equipment.									
	Complete if the organization answere		D, Part IV	/, line 11a S	See Form 990, F	art X, lin	e 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accı	umulate	ed	(d) Book	value
	, , , ,	basis (investr	ment)	basis	(other)	depre	ciation		, ,	
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c)			>		0.

Schedule D (Form 990) 2017

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedul	D (Form 990) 2017 BEMIDJI DEVELOPMENT COL			Page 4
Part)X	Reconciliation of Revenue per Audited Financial St		iue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a		
	tal revenue, gains, and other support per audited financial statements		1	
	nounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	t unrealized gains (losses) on investments	2a		
b Do	nated services and use of facilities	2b	·	
c Re	coveries of prior year grants	2c		
d Ot	ner (Describe in Part XIII)	2d		
e Ad	d lines 2a through 2d		2e	
3 Su	btract line 2e from line 1		3	
	nounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a		
b Ot	ner (Describe in Part XIII)	4b	<u> </u>	
c Ad	d lines 4a and 4b		4c	
5 To	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?)	5	
(Part	Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a		
1 To	tal expenses and losses per audited financial statements		1	
2 An	nounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Do	nated services and use of facilities	2a		
b Pr	or year adjustments	2b		
c Ot	ner losses	2c		
d Ot	her (Describe in Part XIII)	2d		
e Ac	d lines 2a through 2d			
3 Su	btract line 2e from line 1		3	
4 An	nounts included on Form 990, Part IX, line 25, but not on line 1	t t		
a Inv	restment expenses not included on Form 990, Part VIII, line 7b	4a		
b Ot	her (Describe in Part XIII)	4b	JF,1	
c Ac	d lines 4a and 4b		4c	
	tal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
(Part)	(III Supplemental Information.			
Provide	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	Part V, line 4, Part X, line 2, Part X	l,
lines 2d	and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information		
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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 Inspection 🚄 🗽

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 41-6027208

BEMIDJI DEVELOPMENT CORPORATION	41-6027208
FORM 990, PART VI, SECTION A, LINE 6:	
THE COMPANY HAS AN TWELVE MEMBER BOARD OF DIRECTORS, THE	BOARD IS ELECTED
BY THE STOCKHOLDERS OF THE COMPANY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE COMPANY HAS AN TWELVE MEMBER BOARD OF DIRECTORS, THE	BOARD IS ELECTED
BY THE STOCKHOLDERS OF THE COMPANY.	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 11B:	
990 IS REVIEWED BY PRESIDENT AND BOARD MEMBERS BEFORE FIL	ING.
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD OF	DIRECTORS.
	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	