EXTENDED TO JUNE 15, 2020

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

		f the Treasury nue Service		gov/Form990 for instruction		1/ /1 1	Open to Public
			ar year, or tax year beginning	AUG 1, 2018		JUL 31, 2019	
Вс	heck if pplicable	C Name of	forganization			D Employer identif	fication number
Г	Addres	BEMT.	DJI DEVELOPMENT	CORPORATION			
	Name change		usiness as			41-6	5027208
	Initial		and street (or P.O box if mail is no	ot delivered to street address)	Room/si	uite E Telephone numb	er
	Final return/	PO B	OX 1276			218-	-333-8665
	termin- ated	City or t	own, state or province, country,	and ZIP or foreign postal code	е	G Gross receipts \$	16,248.
	Amend	DUMI	<u>DJI, MN 56619</u>			H(a) Is this a group	
	Application pendin	r Ivame a	nd address of principal officer ${ t D}$		_	for subordinate	
	penon	⁹ 214 5	TH STREET, BEMID			H(b) Are all subordinates	
		empt status: L	501(c)(3) X 501(c)(6) 	(a)(1) or l		a list (see instructions)
		e: ► N/A	X Corporation Trust	Association Other	l v	H(c) Group exempti	M State of legal domicile: MN
	artil	Summary					
e		•	e the organization's mission or r	most significant activities II	NDUSTRI.	AL DEVELOPMEN	NT IN THE
Governance			BEMIDJI.			U 0504 - 4 to to	
/err		Check this bo	-	iscontinued its operations or o	disposed of m		
Ś	l		ting members of the governing b	•	. 1h\	3	10
مخ	l		lependent voting members of the of individuals employed in calen			5	0
ij	l		of volunteers (estimate if necess	-		6	0
Activities &			d business revenue from Part VI	- ·		7a	
ĕ			business taxable income from F	* **		7b	
				<u> </u>		Prior Year	Current Year
a)	8	Contributions	and grants (Part VIII, line 1h)			0 .	0.
ž.	9	Program servi	ce revenue (Part VIII, line 2g)			0.	
Revenue	10	Investment in	come (Part VIII, column (A), lines	61,399	 		
<u> </u>			e (Part VIII, column (A), lines 5, 6	·		0.	0.
			- add lines 8 through 11 (must e		12)	61,399	
	l		milar amounts paid (Part IX, colu			0.	
	l	•	to or for members (Part IX, colun		T 40)	0.	
Expenses	l		r compensation, employee bene		5-10)	0.	
Sen	l		undraising fees (Part IX, column ing expenses (Part IX, column (D		0.	<u> </u>	•
Ä	17	Other evenence	as (Part IX column (A) lines 11a	.11d 11f.24e)		11,752	8,711.
	18	Total expense	s Add lines 13-17 (must equal F	Part IX. column (A), line 25)		11,752	
	19	Revenue less	es Add lines 13-17 (must equal F expenses Subtract line 18 from	line 12 RECEIVE	-1)	49,647	
Ses		· · · · · · · · · · · · · · · · · · ·				Beginning of Current Year	
sets	20	Total assets (f	Part X, line 16)	APR 1 0 202	ES-OSC	1,886,052	1,893,589.
A As	21	Total liabilities	(Part X, line 26)	MIN AFR 10 202		0 .	
Net Assets or Fund Balances	22		fund balances Subtract line 21		<u></u>	1,886,052	1,893,589.
Pa	art II	Signature		<u>l UGDEN l</u>			
			I declare that I have examined this re				ny knowledge and belief, it is
true,	correc	t, and complete	Declaration of Preparer (other than	officer) is based on all information	n of which prep	arer has any knowledge.	1-2020
_		Signature	e of officer			Date	<u> </u>
Sigi		,		ייי איני איני איני איני איני איני איני		Outo	
Her	e		LANDGREBE , PRES	IDENT	·.	· · · · · · · · · · · · · · · · · · ·	
	-	, ,,		Preparer's signature		Date Check	PTIN
Paid	.	Print/Type pre TEREMTE	MIDBOE	r reparer s signature		ıt self-empio	
	arer		► MILLER MCDONAL	D, INC.		Firm's EIN >	41-1281737
	Only		513 BELTRAMI A			TOTAL SERVE	
	,		BEMIDJI, MN 56			Phone no (2	218)751-6300
Mav	the IF	RS discuss thi	s return with the preparer shown			12.03.03.03	X Yes No
		1114					Form 990 (2018)

	990 (2018) BEMIDJI DEVELOPMENT CORPORATION	41-6027208	Page 2
Pa	t III Statement of Program Service Accomplishments		
	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		
	MN, THROUGH THE MANAGEMENT OF THE CITY'S INDUSTRIAL PARK	K, INCLUDING	
	HOLDING LOTS FOR SALE TO THE LOCAL BUSINESS COMMUNITY.		
			
2	Did the organization undertake any significant program services during the year which were not listed on the	 -1	
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O	 -	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟Yes	X No
	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 other	's, the total expenses, a	and
4-	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$	e \$	·'
	INDUSTRIAL DEVELOPMENT IN THE CITT OF BEMIDDIT, MN.		
			
			
	•		
4b	(Code) (Expenses \$	\$)
			
4c	(Code) (Expenses S		
40	(Code) (Expenses \$		
			
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses S including grants of S) (Revenue \$)	
1e	Total program service expenses ▶		
		Form 9 9	90 (2018)



Form 990 (2018) BEMIDJI DEVELOPMENT CORPORATION Part IV Checklist of Required Schedules

			1	l
	504(10) 4047(14)(4) 41 41 41 41 41 41 41 41 41 41 41 41 41	1	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_	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
_	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	<u> </u>		^
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
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		<u> </u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		Х
^	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- 0		- 11
9	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			- 21
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
' '	as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
a	Part VI	11a		Х
h	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
c	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	:		
	Schedule D, Parts XI and XII	12a		Х
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a_		X
	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	24		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

	990 (2018) BEMIDJI DEVELOPMENT CORPORATION 41-602	7208	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		1	-
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? 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			- v
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ	İ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	245		х
	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С		24c		1
	any tax-exempt bonds? 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	240		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
D	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	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
2.1	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			
20	instructions for applicable filing thresholds, conditions, and exceptions)	İ		
а	A Company of the Comp	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	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		X
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_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			ĺ
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		L.
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		
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 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	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	의		l
b		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			i

(gambling) winnings to prize winners?

	•		Yes	No
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		<u></u>	
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)	سنست		<u></u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 (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?	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u></u>		·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u></u>		-: -
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ı
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ı
	Initiation fees and capital contributions included on Part VIII, line 12			ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			:
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans [additional content of recognizer on head and the second of the second			
	Enter the amount of reserves on hand Did the amount of reserves on hand	4.6 =		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " here it filed a Farm 700 to recent these payments? If "No " provide an explanation in Schooling O	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15_		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	4.5		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes " complete Form 4720. Schedule O	1		

Form 990 (2018) BEMIDJI DEVELOPMENT CORPORATION 41
Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below. 41-6027208 Page 6

1 41	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	140 1	espoi	36
	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 1a 15			١. ا
	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 cimilar committee, explain in Schedule O	100 tm	1 100 1000	· =
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	1		,
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		X
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_		X
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	i		
	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:			գուտագույից
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	_		177
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ı	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			·
	D. I.I	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
ь		106		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
		11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
ь	District the second of the sec	120		
С	in Schedule O how this was done	12c	Х	1
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		 -
10	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		15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	133		
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
ь	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		İ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	ıble
	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	d finan	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 5TH STREET, BEMIDJI, 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			(C Pos	ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVE LANDGREBE	3.00									•
PRESIDENT		X		Х		<u> </u>	ļ	0.	0.	0.
(2) JIM NAYLOR	1.00					•				•
VICE PRES	1 22	X		X		<u> </u>		0.	0.	0 .
(3) JIM SMYTHE	1.00									•
SECRETARY		X	_	Х		<u> </u>		0.	0.	0.
(4) BILL HOWE	1.00									•
TREASURER	1 00	X	<u> </u>	X		-		0.	0.	0.
(5) BRIAN FREEBURG	1.00									0
BOARD MEMBER	1 00	X	_		ļ	 		0.	0.	0.
(6) BILL BATCHELDER	1.00	,,							0	0
BOARD MEMBER	1 00	X				\vdash		0.	0.	0.
(7) TOM WELLE	1.00	,,							0	0
BOARD MEMBER	1 00	X			<u> </u>	-		0.	0.	0.
(8) KEITH JOHANNESON	1.00	.,						0.	0.	0 .
BOARD MEMBER	1.00	X		_				U •	<u> </u>	U ,
(9) RYAN BAER	1.00	Х				ŀ		0.	0.	0.
BOARD MEMBER	1.00	^				 		0.		<u> </u>
(10) STEVE HOLLEY	1.00	X						0.	0.	0 .
BOARD MEMBER	1.00	A	\vdash			\vdash		0.	0.	0 .
(11) TOM SCHWARTZ	1.00	X						0.	0.	0.
BOARD MEMBER (12) JOE DUNN	1.00	**		\vdash		\vdash	<u> </u>		0.	
	1.00	X						0.	0.	0.
BOARD MEMBER		Λ				 			<u> </u>	
		1					ľ			
										······
	-	1								
					<u> </u>		<u> </u>			
		1								
						T				
		1								
1									-	
		1								

	I DEVELO								41-60	272	208	Pa	age 8
Part VII Section A. Officers, Directors,	Trustees, Key	Employ	<u>vees</u>	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	- ,			
` (A) Name and title	Name and title Average hours pe week			Position check more than one ess person is both an ind a director/trustee)			h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list an hours fo related organizati below line)	ous Itrustee or direc	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from organ and organ	m the nizati relate	e on ed
				_									
<u> </u>			<u> </u>										
•			<u> </u>										
			-		!								
			-										
1b Sub-total							<u> </u>	0.		0.			0.
c Total from continuation sheets to P. d Total (add lines 1b and 1c)	art VII, Section	Α			١		► ►	0.		0.			0.
Total number of individuals (including compensation from the organization		to those	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable			. 1	0
3 Did the organization list any former of			e, ke	ey en	nplo	yee	, or l	highest compensated e	mployee on		~ ·-	es -	No X
 line 1a? If "Yes," complete Schedule 5 For any individual listed on line 1a, is tand related organizations greater than 	he sum of repo	rtable c							the organization		4	*	X
5 Did any person listed on line 1a receiv rendered to the organization? If "Yes,"	e or accrue cor	npensa	tion f	from	any	unr			idual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five higher										pensat	tion fro	m	
the organization Report compensatio (A Name and bus)		endi ONI		vith (<u>or w</u>	ithin	the organization's tax (B) Description of s		Co	(C)	ation	
			<u> </u>	_									
									-				
2 Total number of independent contract	•	ut not l	mite	d to		_	sted	above) who received m	nore than				
\$100,000 of compensation from the o	rganization 🕨				(<u>) </u>				F	orm 9 9	90 (2	(018)

01111 000 120	
Part VIII	Statement of Revenue
	Check of Schedule O contains a respe
THE RESIDENCE AND THE PARTY AND	Ch. C. C. Count / L Can tra

	•	Checkaf Schedule O cont	tains a response	or note to any lii	ne in`this Part VIII			
	Minhings, min	okamiyyiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	erina (1800) na minina	againtean protografia de la 1970 A de la 1970 A de la 1970	(A) Total revenue	(D) Related or exempt function revenue	(C) Unrelated business revenue .	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a		100		40.00	
Grants	b		1b					
O E	c	Fundraising events	1c		100			
ar A	4	Related organizations	1d					
9,E		Government grants (contribut						
ËŠ	f	All other contributions, gifts, gran						
her	'	similar amounts not included abo						
풀	١ ,	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	, ia ii		CONTRACTOR STATEMENT AND AND AND AND AND AND AND AND AND AND			
	· · ·	Totali vida ivida i		Business Code	TETALON STANSON	612890389937		
o	2 a			<u> </u>	SPECIAL AND ADDRESS PROTICES AND ARREST	Bay and 1273 Wallet and Cale Cale Conference	THE RESERVE AND THE PARTY OF TH	TOTAL CHILARATE PRICERALS TOTALISM
ž (b							
Program Service Revenue	, c							
E S	d							
ğč	e				, , , , , , , , , , , , , , , , , , ,			
Ŗ.	f	All other program service reve	enue					- ···-· - · · · · · · · · · · · · · · ·
	q					9 SPS #5 25 (Wilder)		
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	16,248.	16,248.		
	4	Income from investment of ta	x-exempt bond p	roceeds			,	
	5	Royalties		•			,	
		•	(ı) Real	(II) Personal	1/19/3/25/3/25/3/			
	6 a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other	7882 Y 1781 Y 1	3495340325		
		assets other than inventory		•				
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	Gross income from fundraising	g events (not			1 - 2/2 - 1 3/400	1	
		including \$	of	•			, ,	
Şev.		contributions reported on line	1c) See					
er F		Part IV, line 18	а					
Other Reven	b	Less direct expenses	b			,		
•		Net income or (loss) from fund	_			, , ,		
	9 a	Gross income from gaming ac	tivities See			. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		Part IV, line 19	а				(32)	
		Less direct expenses	b	L	· · · · · · · · · · · · · · · · · · ·	1 11/1	. , ' '	
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less	returns		•	,		,
		and allowances	а			,		
		Less cost of goods sold	b				, ,	
	c	Net income or (loss) from sale		>				
		Miscellaneous Revenu	e ,	Business Code				
,	11 a						,	•
	b							<u> </u>
	C							
	đ				•			
		Total. Add lines 11a-11d			16 040	1.0 0.40		
	12_	Total revenue See instructions		▶_	16,248.	16,248.	0.	0.

Section 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 respor	se or note to any line in	n this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations	•			AM CARACTER
	and domestic governments. See Part IV, line 21			张明教教教	
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				
5	Compensation of current officers, directors,	•			
	trustees, and key employees	_			<u> </u>
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			<u>-</u> .	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		<u> </u>		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				·
b	Legal	251. 750.			
5	Accounting	750.			
d	Lobbying Professional fundraising services. See Part IV, line 17			1,23,340,141 FE 600	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		10, 23, 73 × 42, 23, 22, 21, 3	Nerge or 1	
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion		-		····
13	Office expenses	1,541.			
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	· · · · · · · · · · · · · · · · · · ·			
23	Insurance	2,080.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	,]	
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0')	0.000			
а	CONTRIBUTION	2,200.			
b	CLERICAL	1,200.			
C	REAL ESTATE TAXES	689.		<u> </u>	
d	All sales and a sal	-			
e or	All other expenses	0 711			
25	Total functional expenses Add lines 1 through 24e	8,711.		 ;	
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 from it following SOP 98-2 (ASC 958-720)				
	11 (0110WING 301 80-5 (A3C 836-720)	****	t	L	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 110,718. 105,902. 1 Cash - non-interest-bearing 1 1,341,451. 338,730. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c **b** Less accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 441,420. 441,420. 15 15 Other assets See Part IV, line 11 886,052. 893,589 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 315. 19,315. 31 Paid-in or capital surplus, or land, building, or equipment fund 1,866,737. 1,874,274. Retained earnings, endowment, accumulated income, or other funds 32 32 1,893,589. 1,886,052. 33 Total net assets or fund balances 1,893,589. 886,052. Total liabilities and net assets/fund balances

orm	1 990 (2018) BEMIDJI DEVELOPMENT CORPORATION	41-60	27208	Page 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		<u>,248.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,711.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,537.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>1,886</u>	<u>,052.</u>
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	<u>1,893</u>	<u>,589.</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				res No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		-	1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O	بر شست	ليندات
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 reviews	ed on a		1 . 4
	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 separa	ite basis,		:
	consolidated basis, or both			- 1
	Separate basis Consolidated basis Both consolidated and separate basis		الم المشكر	السالسا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci			الــــــ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		
	Act and OMB Circular A-133?		3a	<u> X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit		
	and the contract of the Calcabilla O and describe any stance tolera to undergo quob guidita		26	ı

832012 12-31-18

Form **990** (2018)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

BEMIDJI DEVELOPMENT CORPORATION

Employer identification number 41-6027208

Schedule D (Form 990) 2018

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 advise	d funds
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	*	
•	for charitable purposes and not for the benefit of the donor of	* *	•
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati		·
•	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	rically important land area
	Protection of natural habitat	Preservation of a certifi	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of	f a conservation easement on the last
	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
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e 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 conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes th	e organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	ic service, 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 treating	asures, or other similar assets for financial g	
	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		> \$
h	Assets included in Form 990, Part Y		L C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

$\overline{}$		DEVELOPME							<u> 27208</u>		<u>2</u>
Par	t·III. Organizations Maintaining C										_
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that are	a sign	ıfıcant	use of its	collection	items	
	(check all that apply)										
а	Public exhibition	c	ı 🗀	Loan or exc	hange programs						
b	Scholarly research	e	, 🔲	Other							_
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organization's i	exemp	t purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or other sin	nılar as	sets		_		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?				Yes	N	lo_
Pár	t ¹ IV _* Escrow and Custodial Arran reported an amount on Form 990, Par	Ŧ	ete if the	e organizatio	n answered "Yes"	on Fo	rm 990	D, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		diany for	contribution	s or other assets	not inc	duded				_
ıa	on Form 990, Part X?	ian or other intermet	3141 y 101	CONTINUENT			,,,,,,,,		Yes		lo
h	of If "Yes," explain the arrangement in Part XIII and complete the following table							•			
U	Tes, explain the arrangement in rare xiii	and complete the re	,owig	(abic					Amount		_
С	Beginning balance						1c		7 0110 0111		_
ď	Additions during the year						1d				_
e											_
í	Ending balance						1f				_
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21. for	escrow or cu	ustodial account li	ability'			Yes	□ N	lo
b	If "Yes," explain the arrangement in Part XIII					-					
	t V Endowment Funds. Complete										_
		(a) Current year	Ι .	Prior year	(c) Two years bac		Three	ears back	(e) Four y	ears bac	<u></u>
1a	Beginning of year balance	1									_
b	Contributions										
c	Net investment earnings, gains, and losses										_
d	Grants or scholarships										_
е	Other expenditures for facilities			-							_
	and programs										
f	Administrative expenses										
q	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	ı)) held as						_
а	D. I. I. and the same and the same by										
b	Permanent endowment > %										
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c should equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administered fo	or the	organiz	zation	_		_
	by								Y	es N	<u>o_</u>
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ıi)		_
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b		_
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a S	ee Form 990, Par	X, line	e 10				_
	Description of property	(a) Cost or o	ther	(b) Cost	') Accu	mulate	ed	(d) Book	/alue	
		basis (investr	ment)	basis	(other)	depre	ciation				
1a	Land										_
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										_
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	0c)					0	

832052 10-29-18

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

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

T XI > Reconciliation of Revenue per Audited Financial S	Statements With Reven	
Complete Ather averages and an annual Name of Court (OCC Deat N		de per neturn.
 Complete if the organization answered "Yes" on Form 990, Part IV 	/, line 12a	
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
Net unrealized gains (losses) on investments	2a	` _, ` _, `
Donated services and use of facilities	2b	;
Recoveries of prior year grants	2c	
Other (Describe in Part XIII)	2d	
Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1		l l
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b		4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5
rt XII Reconciliation of Expenses per Audited Financial		ses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV		
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities	2a	
Prior year adjustments	2b	" · .
Other losses	2c	
Other (Describe in Part XIII)	2d	•]
Add lines 2a through 2d	20	
Subtract line 2e from line 1		3
		3
Amounts included on Form 990, Part IX, line 25, but not on line 1	45	
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b	40.1	4c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	e 18)	5
		art V, line 4, Part X, line 2, Part
2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part
		art V, line 4, Part X, line 2, Part

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Schedule D (Form 990) 2018

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SCHEDULE 0 (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

BEMIDJI DEVELOPMENT CORPORATION

Employer identification number 41-6027208

DEMIDOT DEVELOTHENT CONTORUTION 11 0027200
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 FILING.
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.