

**ELO Prof LLC
PO Box 249
Mitchell, SD 57301
605-996-7717**

December 2, 2016

CONFIDENTIAL

DAKOTA MILESTONES, INC
PO BOX 248
CHAMBERLAIN, SD 57325

Dear Dakota Milestones, Inc:

We have prepared the enclosed returns from information you provided; we suggest that you examine them carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

No payment is required. Your Form 990 for the year ended 6/30/16 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

ELO Prof LLC
PO Box 249
Mitchell, SD 57301

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If any of the returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities. Additional fees for services may be billed by ELO relating to IRS correspondence or inquiry.

If you have any questions, or if we can be of assistance in any way, please call.

Thank you for the opportunity to provide you with our services.

ELO Prof LLC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 2016▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

DAKOTA MILESTONES, INC

Employer identification number

46-0332891

Name and title of officer

**RONDA SCHELSKE
EXEC DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	2,943,866
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **ELO PROF LLC** to enter my PIN **32891** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **10/11/16****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

46034977179

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **10/11/16**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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

OMB No. 1545-0047
2015
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DAKOTA MILESTONES, INC		D Employer identification number 46-0332891
	Doing business as		E Telephone number 605-734-5542
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 248	Room/suite	G Gross receipts\$ 2,979,771
	City or town, state or province, country, and ZIP or foreign postal code CHAMBERLAIN SD 57325		
F Name and address of principal officer: RONDA SCHELSKE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.DAKOTAMILESTONES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1975
			M State of legal domicile: SD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REHABILITATION OF DEVELOPMENTALLY DISABLED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	136
	6 Total number of volunteers (estimate if necessary)	6	7
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,533	13,030
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,597,694	2,807,032
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,344	1,143
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,767	122,661
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,736,338	2,943,866
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,230,151	2,374,228
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,452		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	503,025	514,312
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,733,176	2,888,540
19 Revenue less expenses. Subtract line 18 from line 12	3,162	55,326	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,590,699	1,569,867
	22 Net assets or fund balances. Subtract line 21 from line 20	813,058	736,900
		777,641	832,967

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	RONDA SCHELSKE		EXEC DIRECTOR	
Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	JAMIE A ELDEEN, CPA		12/02/16	
	Firm's name ▶ ELO PROF LLC	Firm's EIN ▶		
Firm's address ▶ PO BOX 249 MITCHELL, SD 57301		Phone no. 605-996-7717		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

REHABILITATION OF DEVELOPMENTALLY DISABLED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,078,412** including grants of\$) (Revenue \$)

DAY PROGRAMS INCLUDES: SERVICE COORDINATOR, RESIDENTIAL SERVICE, SEGREGATED DAY, EDUCATION SERVICE AND SUPPORTED EMPLOYMENT. UNDER THESE PROGRAMS THE ORGANIZATION ASSISTED APPROXIMATELY 50 INDIVIDUALS WITH MENTAL DISABILITIES IN DAILY TASKS. THE SERVICES PROVIDED TO THESE INDIVIDUALS INCLUDE ASSISTING THEM IN GAINING ACCESS TO NEEDED MEDICAL, HABILITATIVE, SOCIAL, AND OTHER RELATED SERVICES; TRAINING THEM AND PROVIDING EXPERIENCES IN DAILY LIVING ACTIVITIES (EMPLOYMENT, SELF-CARE, ETC).

4b (Code:) (Expenses \$ **104,318** including grants of\$) (Revenue \$)

FOOD SERVICE - THE ORGANIZATION PROVIDES FOOD SERVICES FOR THE INDIVIDUALS RECEIVING SERVICES UNDER THEIR PROGRAMS IN ORDER TO MEET THE SPECIFIED NUTRITIONAL NEEDS OF THOSE INDIVIDUALS.

4c (Code:) (Expenses \$ **215,035** including grants of\$) (Revenue \$)

NURSING AND MEDICAL - THE ORGANIZATION EMPLOYS A REGISTERED NURSE OR LICENSED PRACTICAL NURCE TO PERFORM SCREENINGS AND ASSESSMENTS, NURSING DIAGNOSIS, TREATMENT, TRAINING OF STAFF, MONITORING OF THE INDIVIDUALS MEDICAL CARE AND RELATED SERVICES, AND RESPONDING TO MEDICAL EMERGENCIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **217,009** including grants of\$) (Revenue \$)

4e Total program service expenses **2,614,774**

Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	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		X
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 as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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 foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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 (see instructions)		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		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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
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 2? If "Yes," complete Schedule I, Parts I and III		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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		X
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		X
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		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
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		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.	X	

Part 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	1		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	136		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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: ►

THE ORGANIZATION
CHAMBERLAIN

PO BOX 248

SD 57325

605-734-5542

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE NORMILE VICE PRESIDENT	1.00 0.00	X					0	0	0	
(2) JUDY SWANSON MEMBER	1.00 0.00	X					0	0	0	
(3) MICHAEL BEARFACE MEMBER	1.00 0.00	X					0	0	0	
(4) RONDA SCHELSKE EXEC DIRECTOR	40.00 0.00			X			65,396	0	11,435	
(5) MOLLY ODENS BUSINESS MANAGER	40.00 0.00			X			38,023	0	5,099	
(6) LINDA JOHNSON PRESIDENT	1.00 0.00			X			0	0	0	
(7) MELISSA RINEHART TREASURER	1.00 0.00			X			0	0	0	
(8) ROBIN HELTON SECRETARY	1.00 0.00			X			0	0	0	
(9) HANNAH BAKER MEMBER	1.00 0.00			X			0	0	0	
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							103,419		16,534	
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							103,419		16,534	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,030			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		13,030			
Program Service Revenue	2a FEES	Busn. Code	2,670,351	2,670,351		
	b GOVERNMENT GRANTS		101,908	101,908		
	c PRODUCTION		17,982	17,982		
	d MISCELLANEOUS		16,791	16,791		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,807,032			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,143		1,143	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	158,566			
		(ii) Personal				
	b Less: rental exps.		35,905			
	c Rental inc. or (loss)		122,661			
	d Net rental income or (loss)		122,661	122,661		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2,943,866	2,929,693	0	1,143	

Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21				
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	65,396		65,396	
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	1,819,035	1,715,314	102,522	1,199
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,053	33,867	5,186	
9 Other employee benefits	286,420	255,685	30,735	
10 Payroll taxes	164,324	151,384	12,940	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,545		12,545	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	11,421	10,559	703	159
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	124,275	116,362	7,913	
17 Travel	59,137	57,981	1,156	
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	72,132	58,469	13,663	
23 Insurance	3,741		3,741	
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 O.)				
a FAMILY SUPPORT	99,729	99,729		
b SUPPLIES	55,027	48,384	6,549	94
c FOOD	50,837	50,837		
d DUES & REGISTRATIONS	14,707	5,852	8,855	
e All other expenses	10,761	10,351	410	
25 Total functional expenses. Add lines 1 through 24e	2,888,540	2,614,774	272,314	1,452
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	386,922	1	363,563
	2 Savings and temporary cash investments	217,664	2	215,534
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	222,076	4	226,968
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,970	8	1,978
	9 Prepaid expenses and deferred charges	8,089	9	14,400
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,304,848		
	b Less: accumulated depreciation	10b 1,557,424	752,978	10c 747,424
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,590,699	16	1,569,867
Liabilities	17 Accounts payable and accrued expenses	262,266	17	209,463
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties	550,792	23	527,437
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		813,058	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	777,641	27	832,967
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	777,641	33	832,967	
34 Total liabilities and net assets/fund balances	1,590,699	34	1,569,867	

Part 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	2,943,866
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,888,540
3	Revenue less expenses. Subtract line 2 from line 1	3	55,326
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	777,641
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	832,967

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

DAKOTA MILESTONES, INC

Employer identification number

46-0332891

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,366	10,502	16,980	9,533	13,030	65,411
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,637,482	2,699,959	2,712,531	2,753,883	2,965,598	13,769,453
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,652,848	2,710,461	2,729,511	2,763,416	2,978,628	13,834,864
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						13,834,864

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	2,652,848	2,710,461	2,729,511	2,763,416	2,978,628	13,834,864
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,765	1,657	1,413	1,344	1,143	7,322
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,765	1,657	1,413	1,344	1,143	7,322
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,654,613	2,712,118	2,730,924	2,764,760	2,979,771	13,842,186

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

DAKOTA MILESTONES, INC

Employer identification number

46-0332891

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III 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):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		88,337		88,337
b Buildings		1,649,137		1,649,137
c Leasehold improvements				
d Equipment		567,374		567,374
e Other			1,557,424	-1,557,424
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				747,424

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,979,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	35,905	
e	Add lines 2a through 2d		2e	35,905
3	Subtract line 2e from line 1		3	2,943,866
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,943,866

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,924,445
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	35,905	
e	Add lines 2a through 2d		2e	35,905
3	Subtract line 2e from line 1		3	2,888,540
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,888,540

Part XIII 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL INCOME - GROSS AMOUNT SHOWN ON F/S'S \$ **35,905**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RENTAL EXPENSES - SHOWN AS OPERATING EXPENSES ON F/S'S \$ **35,905**

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2015**Open to Public
Inspection**

Name of the organization

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

Employer identification number

DAKOTA MILESTONES, INC**46-0332891****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

THE ORGANIZATION RECEIVES FUNDING THROUGH THE SD DEPT OF
HUMAN SERVICES TO PROVIDE FAMILY SUPPORT TO INDIVIDUALS IN
A 5 COUNTY REGION OF CENTRAL SOUTH DAKOTA. APPROXIMATELY
40 INDIVIDUALS RECEIVE SERVICES THROUGH THE PROGRAM.
ADDITIONALLY THE ORGANIZATION HAS A PRODUCTION PROGRAM
UNDER WHICH INDIVIDUALS RECEIVING SERVICES THROUGH THE
ORGANIZATION PERFORM SERVICES FOR THE GENERAL PUBLIC
THROUGH THE ORGANIZATION (CLEANING SERVICES, MAILINGS,
ETC.)

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE BOARD OF DIRECTORS CONSISTS OF NO LESS THAN 5 AND NO MORE THAN NINE
MEMBERS. BOARD MEMBERS ARE ELECTED FOR THREE YEAR TERMS WITH THEIR TERMS
STAGGERED IN SUCH A WAY THAT A MAJORITY OF THE DIRECTORS TERMS WILL NOT
EXPIRE IN THE SAME YEAR. NO DIRECTOR SHALL SERVE FOR MORE THAN TWO
CONSECUTIVE TERMS. DIRECTORS SHALL BE RESIDENTS OF THE COMMUNITY WHERE THE
HOUSING IS OR WILL BE LOCATED. DIRECTORS MAY BE CONSUMERES OR FAMILY
MEMBERS OF CONSUMERS. DIRECTORES SHALL SERVE WITHOUT PAY, AND NO FINANCIAL
BENEFIT MAY ACCRUE TO A DIRECTOR AS A RESULT OF MEMBERSHIP ON THE BOARD.
NO EMPLOYEE OF THE CORPORATION MAY SERVE AS A DIRECTOR.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD REVIEWS THE FORM 990 AT THE FIRST MONTHLY BOARD MEETING FOLLOWING
ITS COMPLETION.

Name of the organization

DAKOTA MILESTONES, INC

Employer identification number

46-0332891

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION COMMUNICATES ITS CONFLICTS OF INTEREST POLICY TO EMPLOYEES AND MEMBERS OF ITS BOARD BY MAKING ITS POLICIES & PROCEDURES MANUAL AVAILABLE TO ALL BOARD MEMBERS AND STAFF.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD USES STATEWIDE INFORMATION FOR SIMILAR ORGANIZATIONS AND THEIR DIRECTORS WAGES TO ARRIVE AT THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

WAGES FOR OTHER EMPLOYEES OF THE ORGANIZATION ARE ALSO REVIEWED ANNUALLY, UTILIZING STATEWIDE COMPARATIVE INFORMATION FOR SIMILAR ORGANIZATIONS. FINAL WAGE SCALE IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

RENTAL INCOME - GROSS AMOUNT SHOWN ON F/S'S	\$	35,905
RENTAL EXPENSES - SHOWN AS OPERATING EXPENSES ON F/S'S	\$	-35,905

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

DAKOTA MILESTONES, INC

Identifying number
46-0332891

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	59,840

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	13,895
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year		12 yrs.			S/L
c	40-year		40 yrs.	MM		S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	73,735
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16100 - OFFICE EQUIP-ATC												
30	FIREPROOF FILE CABINET	8/01/88		S/L-HY	7.00	1,070	0	0	1,070	0	1,070	0
45	SOFTWARE	1/01/91		S/L-HY	5.0	621	0	0	621	0	621	0
52	PRINTER	10/23/92		S/L-MQ	5.0	309	0	0	309	0	309	0
53	FAX	6/10/93		S/L-MQ	5.0	800	0	0	800	0	800	0
54	FILE CABINET	6/17/93		S/L-MQ	7.0	750	0	0	750	0	750	0
55	OPEN SYSTEMS	6/24/93		S/L-MQ	5.0	600	0	0	600	0	600	0
56	486 DX2-GATEWAY	4/01/94		S/L-HY	5.0	9,125	0	0	9,125	0	9,125	0
58	WORK PERFECT-VISA	5/10/94		S/L-HY	5.0	917	0	0	917	0	917	0
60	COMPATIBLE-MIDWEST	5/10/94		S/L-HY	5.0	750	0	0	750	0	750	0
61	OPEN SYSTEMS-MIDWEST	5/10/94		S/L-HY	5.0	600	0	0	600	0	600	0
63	UPS-INSTALL	5/10/94		S/L-HY	5.0	350	0	0	350	0	350	0
64	PANEL DIVIDERS	5/26/94		S/L-HY	7.0	4,990	0	0	4,990	0	4,990	0
65	NOTEBOOK COMPUTER	6/28/94		S/L-HY	5.0	2,555	0	0	2,555	0	2,555	0
66	LASER PRINTER	11/17/94		S/L-HY	5.0	2,089	0	0	2,089	0	2,089	0
68	COPY MACHINE	3/03/95		S/L-HY	5.0	6,000	0	0	6,000	0	6,000	0
70	PRINTER & STAND	6/28/96		S/L-MQ	5.0	549	0	0	549	0	549	0
71	2 COMPUTERS	4/24/97		S/L-MQ	5.0	3,498	0	0	3,498	0	3,498	0
72	COPIER	6/08/98		S/L-MQ	5.0	995	0	0	995	0	995	0
121	FILE CABINET	1/01/82		S/L-HY	5.0000	188	0	0	188	0	188	0
122	PROJECTOR	1/01/82		S/L-HY	5.0000	512	0	0	512	0	512	0
123	.5 SHARP COPIER	12/01/82		S/L-HY	5.0000	1,460	0	0	1,460	0	1,460	0
124	FILE CABINET	9/01/83		S/L-HY	5.0000	254	0	0	254	0	254	0
125	FILE CABINET	12/01/83		S/L-HY	5.0000	245	0	0	245	0	245	0
126	CHAIR	12/01/83		S/L-HY	5.0000	145	0	0	145	0	145	0
127	FILE	3/01/84		S/L-HY	5.0000	840	0	0	840	0	840	0
128	TYPEWRITER	3/01/84		S/L-HY	5.0000	415	0	0	415	0	415	0
129	CALCULATOR	5/01/84		S/L-HY	5.0000	150	0	0	150	0	150	0
130	FILE CABINETS	10/01/84		S/L-HY	7.0000	320	0	0	320	0	320	0
131	COMPUTER	3/01/87		S/L-HY	5.0	2,195	0	0	2,195	0	2,195	0
132	ADD MACHINE	9/01/76		S/L-HY	5.00	109	0	0	109	0	109	0
133	DESK & CHAIR	9/01/76		S/L-HY	5.00	275	0	0	275	0	275	0
134	FILE CABINET	10/01/76		S/L-HY	5.00	202	0	0	202	0	202	0
137	FILE CABINET	11/01/78		S/L-HY	7.00	97	0	0	97	0	97	0
138	FILE CABINET	4/01/79		S/L-HY	7.00	214	0	0	214	0	214	0
139	FILE CABINET	5/01/79		S/L-HY	7.00	48	0	0	48	0	48	0
140	TYPEWRITER	6/01/79		S/L-HY	7.00	269	0	0	269	0	269	0
141	ALARM	9/01/79		S/L-HY	3.00	58	0	0	58	0	58	0
142	CALCULATOR	2/01/80		S/L-HY	5.00	70	0	0	70	0	70	0
143	SEC CHAIR	3/01/80		S/L-HY	5.00	110	0	0	110	0	110	0
144	SEC CHAIR	5/01/80		S/L-HY	5.00	70	0	0	70	0	70	0
145	2 SEC CHAIR	6/01/80		S/L-HY	5.00	140	0	0	140	0	140	0
146	SHELVING	12/01/80		S/L-HY	7.00	325	0	0	325	0	325	0
147	BROWERS	2/01/79		S/L-HY	7.00	487	0	0	487	0	487	0
148	OFFICE EQUIPMENT	7/01/87		S/L-HY	5.0	1,138	0	0	1,138	0	1,138	0
156	CONFERENCE TABLE	1/01/91		S/L-HY	7.0	553	0	0	553	0	553	0
158	BASE CONNECTOR & PANEL	1/01/91		S/L-HY	7.0	911	0	0	911	0	911	0
159	PRINTER	5/01/91		S/L-HY	5.0	510	0	0	510	0	510	0
160	KEYBOARD & CONNECTOR	2/01/91		S/L-HY	5.0	455	0	0	455	0	455	0
161	COMMUNICATION DEVICE	10/01/90		S/L-HY	5.0	3,345	0	0	3,345	0	3,345	0
162	OFFICE FURNITURE	1/01/91		S/L-HY	7.0	9,988	0	0	9,988	0	9,988	0
163	OKI LASER	10/18/91		S/L-HY	5.0	825	0	0	825	0	825	0
164	COMPUTER	11/06/91		S/L-HY	5.0	1,099	0	0	1,099	0	1,099	0
165	COMPUTER	12/23/91		S/L-HY	5.0	1,599	0	0	1,599	0	1,599	0
166	COPIER	3/12/92		S/L-HY	5.0	6,520	0	0	6,520	0	6,520	0
167	5 FILE CABINETS	6/05/92		S/L-HY	7.0	255	0	0	255	0	255	0

Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16100 - OFFICE EQUIP-ATC (continued)												
269	FURNISHINGS	4/30/97		S/L-MQ	7.0	1,480	0	0	1,480	0	1,480	0
292	COPIER	7/17/00		S/L-HY	5.00	6,550	0	0	6,550	0	6,550	0
299	TRAVERSE SOFTWARE	10/15/01		S/L-HY	3.00	950	0	0	950	0	950	0
303	PROJECTOR	6/24/02		S/L-HY	5.00	2,100	0	0	2,100	0	2,100	0
304	COMPUTER - LAPTOP	6/10/02		S/L-HY	5.00	1,000	0	0	1,000	0	1,000	0
305	COMPUTER	6/03/02		S/L-HY	5.00	1,000	0	0	1,000	0	1,000	0
360	OFFICE EQUIPMENT	6/29/07		S/L-HY	7.00	2,299	0	0	2,299	0	2,299	0
374	COPY MACHINE	11/30/09		S/L-HY	5.00	5,377	0	0	5,377	0	5,377	0
16100 - OFFICE EQUIP-ATC						93,720	0	0	93,720	0	93,720	0
Group: 16101 - REC/ED EQUIP-ATC												
173	2 TRAINING PROGRAM	6/01/82		S/L-HY	5.0000	242	0	0	242	0	242	0
174	EXERCYCLE	1/01/84		S/L-HY	5.0000	147	0	0	147	0	147	0
175	TV FOR RF 3	3/01/87		S/L-HY	7.0	560	0	0	560	0	560	0
176	VCR FOR CENTER	5/01/87		S/L-HY	7.0	357	0	0	357	0	357	0
177	BLACKBOARD	9/01/76		S/L-HY	5.00	50	0	0	50	0	50	0
179	RECORD PLAYER	12/01/76		S/L-HY	5.00	101	0	0	101	0	101	0
180	COLOR TV	10/01/76		S/L-HY	5.00	497	0	0	497	0	497	0
181	DESKS	8/01/78		S/L-HY	5.00	192	0	0	192	0	192	0
182	PROGRAM AIDS	12/01/78		S/L-HY	5.00	218	0	0	218	0	218	0
183	I CAN PROGRAM	12/01/78		S/L-HY	5.00	438	0	0	438	0	438	0
184	MUSIC SYSTEM	1/01/79		S/L-HY	5.00	595	0	0	595	0	595	0
185	SORT ASSEMBLE KIT	1/01/79		S/L-HY	5.00	419	0	0	419	0	419	0
186	ED EQUIPMENT	6/01/79		S/L-HY	5.00	309	0	0	309	0	309	0
187	FIRST AID EQUIPMENT	5/01/79		S/L-HY	5.00	53	0	0	53	0	53	0
188	VIDEO EQUIPMENT	4/01/79		S/L-HY	5.00	2,295	0	0	2,295	0	2,295	0
191	EXERCISE BIKE	5/31/92		S/L-HY	7.0	700	0	0	700	0	700	0
192	TV & VCR	9/11/92		S/L-MQ	5.0	1,781	0	0	1,781	0	1,781	0
193	CAMCORDER	11/04/93		S/L-HY	5.0	650	0	0	650	0	650	0
194	MONITOR EQUIPMENT	10/27/94		S/L-HY	5.0	5,110	0	0	5,110	0	5,110	0
16101 - REC/ED EQUIP-ATC						14,714	0	0	14,714	0	14,714	0
Group: 16102-16-PRD EQ-COFF SHOP												
266	3 HOLE SINK	4/30/97		S/L-MQ	7.0	700	0	0	700	0	700	0
268	COUNTER	4/30/97		S/L-MQ	7.0	1,000	0	0	1,000	0	1,000	0
270	REFRIGERATOR	6/18/97		S/L-MQ	7.0	871	0	0	871	0	871	0
271	ICE CREAM FREEZER	6/30/97		S/L-MQ	7.0	1,833	0	0	1,833	0	1,833	0
16102-16-PRD EQ-COFF SHOP						4,404	0	0	4,404	0	4,404	0
Group: 16102-PROD. EQUIPMENT-ATC												
168	VACUUM	9/01/76		S/L-HY	7.00	109	0	0	109	0	109	0
169	TIME CLOCKS	9/01/76		S/L-HY	7.00	172	0	0	172	0	172	0
170	SMALL TOOLS	11/01/76		S/L-HY	7.00	94	0	0	94	0	94	0
171	STORAGE SYSTEM	10/01/87		S/L-HY	7.0	354	0	0	354	0	354	0
172	DIGITAL COUNTING SCALE	10/18/91		S/L-HY	7.0	1,024	0	0	1,024	0	1,024	0
16102-PROD. EQUIPMENT-ATC						1,753	0	0	1,753	0	1,753	0

Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16103- FOOD SER EQUIP.-ATC												
19	HOBART DISHWASHER	6/10/93		S/L-MQ	7.0	2,612	0	0	2,612	0	2,612	0
21	OVEN/PROOFER	4/24/97		S/L-MQ	7.0	8,480	0	0	8,480	0	8,480	0
83	DISHWASHER	2/01/84		S/L-HY	5.0000	775	0	0	775	0	775	0
84	DISHWASHER	7/01/85		S/L-HY	5.0000	632	0	0	632	0	632	0
85	REFRGERATOR	10/31/86		S/L-HY	5.0000	484	0	0	484	0	484	0
86	DISHWASHER	5/01/87		S/L-HY	7.0	705	0	0	705	0	705	0
87	RANGE	5/01/87		S/L-HY	7.0	490	0	0	490	0	490	0
88	RANGE HOOD	5/01/87		S/L-HY	7.0	68	0	0	68	0	68	0
89	LAWLER RANGE	5/01/87		S/L-HY	7.0	558	0	0	558	0	558	0
90	REFRIGERATOR	10/01/76		S/L-HY	7.0	350	0	0	350	0	350	0
91	STOVE	10/01/76		S/L-HY	7.00	240	0	0	240	0	240	0
92	DISHWASHER	4/01/77		S/L-HY	7.00	475	0	0	475	0	475	0
93	DISHWASHER	2/01/88		S/L-HY	7.0	785	0	0	785	0	785	0
94	ELECTRIC RANGE	5/01/88		S/L-HY	7.0	521	0	0	521	0	521	0
95	SHARP MICROWAVE	1/01/89		S/L-HY	7.00	426	0	0	426	0	426	0
96	MAYTAG DISHWASHER	2/01/90		S/L-HY	7.0	605	0	0	605	0	605	0
97	REFRIGERATOR	5/10/94		S/L-HY	7.0	639	0	0	639	0	639	0
323	DISHWASHER	6/09/04		S/L-HY	7.00	4,035	0	0	4,035	0	4,035	0
16103- FOOD SER EQUIP.-ATC						<u>22,880</u>	<u>0</u>	<u>0</u>	<u>22,880</u>	<u>0</u>	<u>22,880</u>	<u>0</u>
Group: 16202-FOOD SERV-SANBORN												
249	MICROWAVE	5/14/92		S/L-HY	7.0	199	0	0	199	0	199	0
250	RANGE	2/23/95		S/L-HY	7.0	554	0	0	554	0	554	0
251	DISHWASHER	2/17/97		S/L-MQ	7.0	550	0	0	550	0	550	0
274	REFRIGERATOR	10/13/98		S/L-HY	7.00	629	0	0	629	0	629	0
16202-FOOD SERV-SANBORN						<u>1,932</u>	<u>0</u>	<u>0</u>	<u>1,932</u>	<u>0</u>	<u>1,932</u>	<u>0</u>
Group: 16300-FURNISHINGS-ATC												
22	FURNITURE	11/01/78		S/L-HY	5.00	53	0	0	53	0	53	0
26	STACK CHAIRS	8/01/82		S/L-HY	5.0000	682	0	0	682	0	682	0
32	CENTRAL AIR & FIRE ALARM	4/01/91		S/L-HY	7.0	4,070	0	0	4,070	0	4,070	0
38	SINK	6/24/93		S/L-MQ	7.0	690	0	0	690	0	690	0
40	FLOOR SCRUBBER	6/18/97		S/L-MQ	7.0	795	0	0	795	0	795	0
41	BURNISHER	5/13/98		S/L-MQ	7.0	1,367	0	0	1,367	0	1,367	0
42	FILE CABINET	6/08/98		S/L-MQ	7.0	659	0	0	659	0	659	0
98	CHAIRS	2/01/81		S/L-HY	7.0000	203	0	0	203	0	203	0
99	EXEC CHAIR	2/01/81		S/L-HY	7.0000	251	0	0	251	0	251	0
100	DESK	3/01/81		S/L-HY	7.0000	189	0	0	189	0	189	0
103	STORAGE CABINET	4/01/87		S/L-HY	7.0	208	0	0	208	0	208	0
104	STAGE CAB 2	10/01/75		S/L-HY	5.00	157	0	0	157	0	157	0
105	ENERG LIGHTS	9/01/76		S/L-HY	5.00	135	0	0	135	0	135	0
106	FIRE EXT	3/01/77		S/L-HY	5.00	116	0	0	116	0	116	0
107	FOUNTAIN	3/01/77		S/L-HY	5.00	80	0	0	80	0	80	0
108	TABLE	10/01/76		S/L-HY	5.00	50	0	0	50	0	50	0
109	TABLES & CHAIRS	10/01/76		S/L-HY	5.00	444	0	0	444	0	444	0
110	TABLES & CHAIRS	11/01/76		S/L-HY	5.00	340	0	0	340	0	340	0
115	TABLES	12/01/78		S/L-HY	5.00	345	0	0	345	0	345	0
116	FANS-2	6/01/79		S/L-HY	5.00	52	0	0	52	0	52	0
118	FURNISHINGS	7/01/87		S/L-HY	7.0	383	0	0	383	0	383	0
120	FLOOR POLISHER	6/18/97		S/L-MQ	7.0	950	0	0	950	0	950	0
275	REFRIGERATION	1/11/99		S/L-HY	7.00	558	0	0	558	0	558	0
276	COMPUTER	6/24/99		S/L-HY	5.00	1,298	0	0	1,298	0	1,298	0

Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16300-FURNISHINGS-ATC (continued)												
300	SHREDDER	1/31/02		S/L-HY	5.00	1,599	0	0	1,599	0	1,599	0
326	CARPETING	6/01/04		S/L-HY	7.00	1,200	0	0	1,200	0	1,200	0
337	HYDROTHERAPY TABLE	5/31/05		S/L-HY	7.00	2,674	0	0	2,674	0	2,674	0
339	COPIER	9/30/04		S/L-HY	5.00	1,550	0	0	1,550	0	1,550	0
346	SHREDDER	11/30/05		S/L-HY	7.00	1,599	0	0	1,599	0	1,599	0
389	LIFT	9/20/12		S/L-HY	5.00	9,620	0	0	4,810	1,924	6,734	2,886
16300-FURNISHINGS-ATC						32,317	0	0	27,507	1,924	29,431	2,886
Group: 16300.00-FURNISH - LEGION												
277	PHONE LINES	1/29/99		S/L-HY	10.00	1,794	0	0	1,794	0	1,794	0
278	PHONE SYSTEM	5/21/99		S/L-HY	7.00	7,973	0	0	7,973	0	7,973	0
388	OFFICE FURNITURE	12/20/12		S/L-HY	7.00	12,699	0	0	4,535	1,814	6,349	6,350
16300.00-FURNISH - LEGION						22,466	0	0	14,302	1,814	16,116	6,350
Group: 16302-FURNISH-SANBORN												
233	MAYTAG 512	12/01/89		S/L-HY	7.0	500	0	0	500	0	500	0
234	FURNITURE	1/01/91		S/L-HY	7.0	1,084	0	0	1,084	0	1,084	0
235	TABLE AND CHAIRS	12/31/91		S/L-HY	7.0	1,390	0	0	1,390	0	1,390	0
236	CARPETING SANB	12/31/91		S/L-HY	7.0	3,730	0	0	3,730	0	3,730	0
237	FURNITURE	12/31/91		S/L-HY	7.0	200	0	0	200	0	200	0
238	CARPET-SANBORN	6/03/93		S/L-MQ	7.0	2,765	0	0	2,765	0	2,765	0
239	FURNITURE	7/01/85		S/L-HY	5.0000	2,448	0	0	2,448	0	2,448	0
240	FURNITURE	8/01/85		S/L-HY	5.0000	4,541	0	0	4,541	0	4,541	0
242	LAWNMOWER	7/01/86		S/L-HY	5.0000	385	0	0	385	0	385	0
243	COUCH 2LVST-SANB	6/11/93		S/L-MQ	7.0	2,738	0	0	2,738	0	2,738	0
244	PHONE	5/01/86		S/L-HY	5.0000	1,097	0	0	1,097	0	1,097	0
279	LIFT	3/09/99		S/L-HY	7.00	3,996	0	0	3,996	0	3,996	0
314	ALARM - WONDERGUARD	11/27/02		S/L-HY	5.00	1,171	0	0	1,171	0	1,171	0
318	CARPETING	1/20/04		S/L-HY	5.00	3,270	0	0	3,270	0	3,270	0
394	WANDER GUARD	3/12/14		S/L-HY	5.00	8,520	0	0	2,556	1,704	4,260	4,260
396	3.5 TON HEAT PUMP	6/20/15		S/L-HY	15.00	3,265	0	0	109	218	327	2,938
400	WANDERGAARD	9/25/15		S/L-HY	5.00	6,579	0	0	0	658	658	5,921
16302-FURNISH-SANBORN						47,679	0	0	31,980	2,580	34,560	13,119
Group: 16303 -FURN & EQUIP-HRABE												
75	WASH MACHINE	1/08/93		S/L-MQ	7.0	640	0	0	640	0	640	0
76	2 WASH 2 DRYER	9/08/97		S/L-MQ	7.0	3,082	0	0	3,082	0	3,082	0
280	LIFT	3/09/99		S/L-HY	7.00	3,996	0	0	3,996	0	3,996	0
336	COUCH	2/15/05		S/L-HY	7.00	1,095	0	0	1,095	0	1,095	0
358	MOWER	6/30/06		S/L-HY	7.00	1,350	0	0	1,350	0	1,350	0
16303 -FURN & EQUIP-HRABE						10,163	0	0	10,163	0	10,163	0
Group: 16304-FURNISH-MAIN STREET												
258	SECTIONAL	4/24/97		S/L-MQ	7.0	1,090	0	0	1,090	0	1,090	0
259	BLINDS	1/31/97		S/L-MQ	7.0	1,512	0	0	1,512	0	1,512	0
260	REFRIGERATOR	2/28/97		S/L-MQ	7.0	660	0	0	660	0	660	0
261	STOVE	2/28/97		S/L-MQ	7.0	450	0	0	450	0	450	0

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Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16304-FURNISH-MAIN STREET (continued)												
	16304-FURNISH-MAIN STREET					3,712	0	0	3,712	0	3,712	0
Group: 16305 - EQUIP-BEEBE												
331	LIFT	6/30/04		S/L-HY	7.00	3,967	0	0	3,967	0	3,967	0
	16305 - EQUIP-BEEBE					3,967	0	0	3,967	0	3,967	0
Group: 16400 -BLDG & IMPROVE-ATC												
11	CARPET HOME 1-GH	1/01/77		S/L-HY	10.00	843	0	0	843	0	843	0
12	DOOR ENC-HOME	1/01/77		S/L-HY	10.00	140	0	0	140	0	140	0
13	WATER HOME 1-G	1/01/77		S/L-HY	10.00	731	0	0	731	0	731	0
14	IMPROVE GEN HOME	12/01/77		S/L-HY	20.00	2,962	0	0	2,962	0	2,962	0
15	IMPROVE STATE HOME	12/01/77		S/L-HY	20.00	2,000	0	0	2,000	0	2,000	0
18	ROOF REPAIR	10/01/86		S/L-HY	10.0000	4,627	0	0	4,627	0	4,627	0
20	BUILDING	1/01/77		S/L-HY	20.00	69,000	0	0	69,000	0	69,000	0
23	CUPBOARDS	1/01/77		S/L-HY	10.00	295	0	0	295	0	295	0
24	AUTO CLOSER	2/01/77		S/L-HY	10.00	105	0	0	105	0	105	0
25	FIRE EQUIPMENT	4/01/77		S/L-HY	10.00	70	0	0	70	0	70	0
27	ADDITION	6/01/78		S/L-HY	20.00	19,485	0	0	19,485	0	19,485	0
28	FIRE ALARM	8/01/78		S/L-HY	10.00	303	0	0	303	0	303	0
29	CARPET (GHI)	9/01/87		S/L-HY	10.0	2,330	0	0	2,330	0	2,330	0
34	ROOF REPAIRS	6/01/88		S/L-HY	10.0	11,978	0	0	11,978	0	11,978	0
35	REMODEL ATC-PAINT	4/01/89		S/L-HY	10.00	5,828	0	0	5,828	0	5,828	0
36	REMODEL ATC	4/01/89		S/L-HY	10.00	1,293	0	0	1,293	0	1,293	0
37	ZEKE ROGERS-PAINT	6/30/89		S/L-HY	10.00	3,700	0	0	3,700	0	3,700	0
39	PAVING-ATC	8/01/90		S/L-HY	15.0	1,950	0	0	1,950	0	1,950	0
43	CARPET-ATC	12/01/90		S/L-HY	7.0	4,882	0	0	4,882	0	4,882	0
44	REMODEL-ATC	1/01/91		S/L-MM	31.5	4,982	0	0	3,868	158	4,026	956
46	LANDSCAPING ATC	8/15/91		S/L-HY	15.0	8,424	0	0	8,424	0	8,424	0
47	TILE	4/24/97		S/L-MQ	7.0	3,500	0	0	3,500	0	3,500	0
48	TILE	9/30/97		S/L-MQ	7.0	1,000	0	0	1,000	0	1,000	0
49	AIR CONDITIONER	8/08/97		S/L-MQ	7.0	876	0	0	876	0	876	0
50	FIRE ALARM	2/10/98		S/L-MQ	7.0	1,043	0	0	1,043	0	1,043	0
51	TILE	8/07/97		S/L-MQ	7.0	956	0	0	956	0	956	0
281	GUEST BATHROOM	6/10/99		S/L-HY	39.00	3,400	0	0	1,438	87	1,525	1,875
306	BUILDING	12/13/01		S/L-HY	39.00	9,175	0	0	3,176	235	3,411	5,764
309	AIR VENTILATION SYSTEM	9/05/02		S/L-HY	20.00	3,714	0	0	2,321	186	2,507	1,207
310	METAL ROOF	4/15/03		S/L-HY	10.00	5,661	0	0	5,661	0	5,661	0
311	ROOF MATERIAL	1/10/03		S/L-HY	10.00	3,369	0	0	3,369	0	3,369	0
367	Bathroom, Center	5/22/09		S/L-HY	15.00	6,078	0	0	2,634	405	3,039	3,039
375	PAVED PARKING LOT	4/30/10		S/L-HY	15.00	35,762	0	0	13,113	2,384	15,497	20,265
	16400 -BLDG & IMPROVE-ATC					220,462	0	0	183,901	3,455	187,356	33,106
Group: 16400.01 - ATC OFFICES												
273	LEGION	6/30/98		S/L-HY	39.00	403,766	0	0	176,001	10,353	186,354	217,412
289	LANDSCAPING	8/19/99		S/L-HY	10.00	9,625	0	0	9,625	0	9,625	0
290	CHANGE ORDERS	12/10/99		S/L-HY	38.00	21,698	0	0	8,850	571	9,421	12,277
308	PARKING LOT	10/09/02		S/L-HY	15.00	23,062	0	0	19,219	1,537	20,756	2,306
380	CARPET	6/30/12		S/L-HY	7.00	18,397	0	0	9,198	2,628	11,826	6,571
390	HAIL DAMAGE ROOF REPAIRS	4/30/13		S/L-HY	39.00	19,649	0	0	1,260	503	1,763	17,886

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Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16400.01 - ATC OFFICES (continued)												
16400.01 - ATC OFFICES						496,197	0	0	224,153	15,592	239,745	256,452
Group: 16402- BLDG & IMP-SANBORN												
17	NEW GH-SANBORN FAC	9/01/85		S/L-MM	35.0000	152,935	0	0	144,087	4,282	148,369	4,566
226	IMPROVEMENTS	12/01/89		S/L-HY	10.0	2,664	0	0	2,664	0	2,664	0
227	PAVING-SANBORN	8/01/90		S/L-HY	15.0	1,983	0	0	1,983	0	1,983	0
228	REMODEL-SANBORN	6/01/91		S/L-MM	31.5	2,675	0	0	2,043	84	2,127	548
229	SPRINKLER SYSTEM-SANBORN	6/01/91		S/L-HY	15.0	2,830	0	0	2,830	0	2,830	0
230	IMPROVEMENTS	11/19/93		S/L-HY	15.0	2,595	0	0	2,595	0	2,595	0
231	UBC-DECK	9/27/94		S/L-HY	15.0	318	0	0	318	0	318	0
232	ALARM	1/13/98		S/L-MQ	7.0	969	0	0	969	0	969	0
282	BATHROOM -LARRY	3/09/99		S/L-HY	39.00	3,335	0	0	1,411	85	1,496	1,839
283	BATHROOM DYKES	4/14/99		S/L-HY	39.00	1,335	0	0	564	34	598	737
297	SPRINKLER SYSTEM	10/15/01		S/L-HY	25.00	11,694	0	0	6,315	468	6,783	4,911
320	BATHROOM REMODEL	11/03/03		S/L-HY	39.00	2,123	0	0	626	55	681	1,442
343	BATHROOM REMODEL	7/01/04		S/L-HY	39.00	2,000	0	0	538	52	590	1,410
353	SOFT	2/09/07		S/L-HY	15.00	1,551	0	0	879	103	982	569
354	SPRINKLER	1/24/07		S/L-HY	15.00	1,946	0	0	1,103	129	1,232	714
365	Heat Pump	8/10/07		S/L-HY	15.00	3,703	0	0	1,852	246	2,098	1,605
378	KITCHEN REMODEL	6/30/11		S/L-HY	39.00	14,611	0	0	1,686	375	2,061	12,550
383	BATHROOM REMODEL - SANBORN	6/30/12		S/L-HY	39.00	8,177	0	0	734	209	943	7,234
391	BATHROOM REMODEL	5/10/13		S/L-HY	39.00	8,122	0	0	521	208	729	7,393
392	HAIL DAMAGE ROOF REPAIR	4/30/13		S/L-HY	10.00	7,301	0	0	1,825	730	2,555	4,746
395	1/2 WINDOW REPLACEMENT	6/02/15		S/L-HY	39.00	6,500	0	0	83	167	250	6,250
399	2ND 1/2 WINDOWS	7/09/15		S/L-HY	39.00	6,556	0	0	0	84	84	6,472
16402- BLDG & IMP-SANBORN						245,923	0	0	175,626	7,311	182,937	62,986
Group: 16403 - BLDG - HRABE												
209	8 UNIT APT BUILDING	6/01/90		S/L-MM	31.0000	337,562	0	0	272,674	10,889	283,563	53,999
322	BATHROOM REMODEL	11/26/03		S/L-HY	39.00	2,050	0	0	604	53	657	1,393
333	RECREATION ROOM	3/14/05		S/L-HY	39.00	87,423	0	0	23,537	2,242	25,779	61,644
334	FIRE ALARM	3/31/05		S/L-HY	7.00	3,788	0	0	3,788	0	3,788	0
335	LANDSCAPING	4/27/05		S/L-HY	15.0	2,265	0	0	1,208	151	1,359	906
355	SOFT	2/09/07		S/L-HY	15.00	5,903	0	0	3,345	394	3,739	2,164
356	SPRINKLER	1/24/07		S/L-HY	15.00	1,946	0	0	1,103	129	1,232	714
377	SHINGLING	6/30/10		S/L-HY	39.00	10,288	0	0	1,451	264	1,715	8,573
379	WINDOWS	2/23/11		S/L-HY	39.00	24,163	0	0	2,788	620	3,408	20,755
16403 - BLDG - HRABE						475,388	0	0	310,498	14,742	325,240	150,148
Group: 16403-FURNISHINGS - HRABE												
210	SPRINKLER-HRABE	6/01/91		S/L-HY	15.0	4,144	0	0	4,144	0	4,144	0
211	LANDSCAPING-HRABE	6/01/91		S/L-HY	15.0	6,663	0	0	6,663	0	6,663	0
212	LIGHTING-HRABE	12/01/90		S/L-MM	31.5	1,050	0	0	817	33	850	200
213	PAVING-HRABE	8/01/90		S/L-HY	15.0	1,455	0	0	1,455	0	1,455	0
214	BARN-HRABE	7/01/90		S/L-HY	15.0	996	0	0	996	0	996	0
215	BUILDING IMP-HRABE	11/01/90		S/L-MM	31.5	6,434	0	0	5,030	204	5,234	1,200
216	LANDSCAPING	10/07/91		S/L-HY	15.0	574	0	0	574	0	574	0
217	VENS & FANS-HRABE	9/25/92		S/L-MQ	7.0	586	0	0	586	0	586	0
218	LAWNMOWER	7/01/87		S/L-HY	7.0	380	0	0	380	0	380	0
219	MAYTAG WASHER	1/01/88		S/L-HY	7.0	527	0	0	527	0	527	0

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Group: 16403-FURNISHINGS - HRABE (continued)													
220	FURNITURE	10/01/87			S/L-HY	7.0	4,802	0	0	4,802	0	4,802	0
221	FURNITURE	10/01/87			S/L-HY	7.0	834	0	0	834	0	834	0
222	DRAPES	10/01/87			S/L-HY	7.0	230	0	0	230	0	230	0
223	SOFA	4/01/91			S/L-HY	7.0	600	0	0	600	0	600	0
224	ALARM	1/14/98			S/L-MQ	7.0	898	0	0	898	0	898	0
284	BATHROOM - SPECKELS	8/11/98			S/L-HY	39.00	900	0	0	380	23	403	497
285	BATHROOM SCOTTS	9/10/98			S/L-HY	39.00	448	0	0	189	11	200	248
286	BATHROOM SPECKLES	9/10/98			S/L-HY	39.00	500	0	0	212	12	224	276
291	CARPET	4/05/00			S/L-HY	5.00	21,676	0	0	21,676	0	21,676	0
293	HANDICAPPED BATHROOM	10/12/00			S/L-HY	25.00	2,625	0	0	1,523	105	1,628	997
295	SPRINKLER SYSTEM	7/01/01			S/L-HY	25.00	15,129	0	0	8,170	605	8,775	6,354
316	SHED	10/24/03			S/L-HY	10.00	1,499	0	0	1,499	0	1,499	0
325	PAINTING	7/10/03			S/L-HY	7.00	1,050	0	0	1,050	0	1,050	0
344	LANDSCAPING	7/06/05			S/L-HY	15.00	1,815	0	0	1,150	121	1,271	544
345	PADIO	12/09/05			S/L-HY	15.00	1,939	0	0	1,228	129	1,357	582
16403-FURNISHINGS - HRABE							77,754	0	0	65,613	1,243	66,856	10,898
Group: 16404 - BLDG-MAIN STREET													
252	BUILDING	4/12/96			S/L-MM	39.0	35,947	0	0	17,269	899	18,168	17,779
253	PLUMBING, ETC	5/01/96			S/L-MQ	7.0	4,749	0	0	4,749	0	4,749	0
254	BUILDING IMPROVEMENTS	12/01/96			S/L-MM	39.0	33,699	0	0	15,597	842	16,439	17,260
255	BUILDING IMPROVEMENTS	6/30/97			S/L-MM	39.0	22,107	0	0	10,679	553	11,232	10,875
256	GUTTER	9/19/97			S/L-MQ	10.0	627	0	0	627	0	627	0
257	GARAGE	10/31/97			S/L-MM	39.0	3,282	0	0	1,453	82	1,535	1,747
321	SHINGLING	6/24/04			S/L-HY	10.00	8,075	0	0	8,075	0	8,075	0
357	SPRINKLER	12/20/06			S/L-HY	15.00	7,743	0	0	4,388	516	4,904	2,839
363	Deck - 307 S Main	6/30/08			S/L-HY	10.00	6,143	0	0	4,607	614	5,221	922
373	ROOF - SHINGLES	6/30/09			S/L-HY	10.00	5,712	0	0	3,713	571	4,284	1,428
376	PATIO DOOR	12/21/09			S/L-HY	15.00	5,330	0	0	1,954	356	2,310	3,020
16404 - BLDG-MAIN STREET							133,414	0	0	73,111	4,433	77,544	55,870
Group: 16500 - VEHICLES-ATC													
296	DODGE CARAVAN	6/21/01			S/L-HY	5.0	17,850	0	0	17,850	0	17,850	0
302	VAN	5/03/02			S/L-HY	5.00	20,000	0	0	20,000	0	20,000	0
315	VAN	6/30/03	d		S/L-HY	5.00	17,025	0	0	17,025	0	17,025	0
319	1995 FORD BUS	10/06/03			S/L-HY	5.00	2,400	0	0	2,400	0	2,400	0
329	04 BUICK CENTURY	6/04/04			S/L-HY	5.00	13,625	0	0	13,625	0	13,625	0
330	03 MERCURY SABLE	6/04/04	d		S/L-HY	5.00	9,925	0	0	9,925	0	9,925	0
341	02 RED TAURUS WAGON	6/01/05			S/L-HY	5.00	9,100	0	0	9,100	0	9,100	0
347	'05 IMPALA	3/01/06			S/L-HY	5.00	11,695	0	0	11,695	0	11,695	0
348	FORD FREESTAR VAN	2/28/06			S/L-HY	5.00	14,000	0	0	14,000	0	14,000	0
349	'05 MALIBU	6/30/06			S/L-HY	5.0	11,900	0	0	11,900	0	11,900	0
362	2001 Ford Ranger	10/02/07			S/L-HY	5.00	10,800	0	0	10,800	0	10,800	0
364	2006 Dodge Caravan	6/30/08			S/L-HY	5.00	15,575	0	0	15,575	0	15,575	0
366	Trailer	10/31/07			S/L-HY	10.00	1,100	0	0	825	110	935	165
371	2006 Dodge Caravan	8/29/08			S/L-HY	5.00	12,750	0	0	12,750	0	12,750	0
372	2007 Dodge Eclipse	6/19/09			S/L-HY	5.00	33,045	0	0	33,045	0	33,045	0
381	2011 FORD VAN	8/25/11			S/L-HY	5.00	38,354	0	0	26,848	7,671	34,519	3,835
387	2012 CHRYSLER 200 TOURING - BLACK	12/15/11			S/L-HY	5.00	14,628	0	0	10,240	2,925	13,165	1,463
393	2012 CHRYSLER 200 TOURING - RED	1/31/13			S/L-HY	5.00	16,300	0	0	8,150	3,260	11,410	4,890
397	2009 CROWN VICTORIA	3/12/15			S/L-HY	5.00	9,500	0	0	950	1,900	2,850	6,650
398	2014 Dodge Grand Caravan - Lift Van	5/10/16			S/L-HY	5.00	38,895	0	0	0	3,160	3,160	35,735

Tax Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	dt	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: 16500 - VEHICLES-ATC (continued)												
401	2003 DODGE VAN	10/13/15		S/L-HY	5.00	16,150	0	0	0	1,615	1,615	14,535
						16500 - VEHICLES-ATC	334,617	0	246,703	20,641	267,344	67,273
						*Less: Dispositions and Transfers	26,950	0	26,950	0	26,950	0
						Net 16500 - VEHICLES-ATC	<u>307,667</u>	<u>0</u>	<u>219,753</u>	<u>20,641</u>	<u>240,394</u>	<u>67,273</u>
Group: LAND												
206	LAND	1/01/81	--		0.00	30,011	0	0	0	0	0	30,011
207	ED MILLER LAND	1/01/89	--		0.00	14,631	0	0	0	0	0	14,631
208	AW AUSPERGER LAND	1/01/89	--		0.00	12,640	0	0	0	0	0	12,640
307	ATC PARKING LOT	5/21/99	--		0.00	15,800	0	0	0	0	0	15,800
342	PARKING LOT-WORK AREA	12/30/04	--		0.00	15,256	0	0	0	0	0	15,256
						LAND	<u>88,338</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>88,338</u>
						Grand Total	2,331,800	0	1,510,639	73,735	1,584,374	747,426
						Less: Dispositions and Transfers	26,950	0	26,950	0	26,950	0
						Net Grand Total	<u>2,304,850</u>	<u>0</u>	<u>1,483,689</u>	<u>73,735</u>	<u>1,557,424</u>	<u>747,426</u>

Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: 16100 - OFFICE EQUIP-ATC										
30	FIREPROOF FILE CABINET	8/01/88			0.0	0	0	0	0	0
45	SOFTWARE	1/01/91			0.0	0	0	0	0	0
52	PRINTER	10/23/92			0.0	0	0	0	0	0
53	FAX	6/10/93			0.0	0	0	0	0	0
54	FILE CABINET	6/17/93			0.0	0	0	0	0	0
55	OPEN SYSTEMS	6/24/93			0.0	0	0	0	0	0
56	486 DX2-GATEWAY	4/01/94			0.0	0	0	0	0	0
58	WORK PERFECT-VISA	5/10/94			0.0	0	0	0	0	0
60	COMPATIBLE-MIDWEST	5/10/94			0.0	0	0	0	0	0
61	OPEN SYSTEMS-MIDWEST	5/10/94			0.0	0	0	0	0	0
63	UPS-INSTALL	5/10/94			0.0	0	0	0	0	0
64	PANEL DIVIDERS	5/26/94			0.0	0	0	0	0	0
65	NOTEBOOK COMPUTER	6/28/94			0.0	0	0	0	0	0
66	LASER PRINTER	11/17/94			0.0	0	0	0	0	0
68	COPY MACHINE	3/03/95			0.0	0	0	0	0	0
70	PRINTER & STAND	6/28/96			0.0	0	0	0	0	0
71	2 COMPUTERS	4/24/97			0.0	0	0	0	0	0
72	COPIER	6/08/98			0.0	0	0	0	0	0
121	FILE CABINET	1/01/82			0.0	0	0	0	0	0
122	PROJECTOR	1/01/82			0.0	0	0	0	0	0
123	.5 SHARP COPIER	12/01/82			0.0	0	0	0	0	0
124	FILE CABINET	9/01/83			0.0	0	0	0	0	0
125	FILE CABINET	12/01/83			0.0	0	0	0	0	0
126	CHAIR	12/01/83			0.0	0	0	0	0	0
127	FILE	3/01/84			0.0	0	0	0	0	0
128	TYPEWRITER	3/01/84			0.0	0	0	0	0	0
129	CALCULATOR	5/01/84			0.0	0	0	0	0	0
130	FILE CABINETS	10/01/84			0.0	0	0	0	0	0
131	COMPUTER	3/01/87			0.0	0	0	0	0	0
132	ADD MACHINE	9/01/76			0.0	0	0	0	0	0
133	DESK & CHAIR	9/01/76			0.0	0	0	0	0	0
134	FILE CABINET	10/01/76			0.0	0	0	0	0	0
137	FILE CABINET	11/01/78			0.0	0	0	0	0	0
138	FILE CABINET	4/01/79			0.0	0	0	0	0	0
139	FILE CABINET	5/01/79			0.0	0	0	0	0	0
140	TYPEWRITER	6/01/79			0.0	0	0	0	0	0
141	ALARM	9/01/79			0.0	0	0	0	0	0
142	CALCULATOR	2/01/80			0.0	0	0	0	0	0
143	SEC CHAIR	3/01/80			0.0	0	0	0	0	0
144	SEC CHAIR	5/01/80			0.0	0	0	0	0	0
145	2 SEC CHAIR	6/01/80			0.0	0	0	0	0	0
146	SHELVING	12/01/80			0.0	0	0	0	0	0
147	BROWERS	2/01/79			0.0	0	0	0	0	0
148	OFFICE EQUIPMENT	7/01/87			0.0	0	0	0	0	0
156	CONFERENCE TABLE	1/01/91			0.0	0	0	0	0	0
158	BASE CONNECTOR & PANEL	1/01/91			0.0	0	0	0	0	0
159	PRINTER	5/01/91			0.0	0	0	0	0	0
160	KEYBOARD & CONNECTOR	2/01/91			0.0	0	0	0	0	0
161	COMMUNICATION DEVICE	10/01/90			0.0	0	0	0	0	0
162	OFFICE FURNITURE	1/01/91			0.0	0	0	0	0	0
163	OKI LASER	10/18/91			0.0	0	0	0	0	0
164	COMPUTER	11/06/91			0.0	0	0	0	0	0
165	COMPUTER	12/23/91			0.0	0	0	0	0	0
166	COPIER	3/12/92			0.0	0	0	0	0	0
167	5 FILE CABINETS	6/05/92			0.0	0	0	0	0	0
269	FURNISHINGS	4/30/97			0.0	0	0	0	0	0
292	COPIER	7/17/00			0.0	0	0	0	0	0
299	TRAVERSE SOFTWARE	10/15/01			0.0	0	0	0	0	0
303	PROJECTOR	6/24/02			0.0	0	0	0	0	0
304	COMPUTER - LAPTOP	6/10/02			0.0	0	0	0	0	0
305	COMPUTER	6/03/02			0.0	0	0	0	0	0
360	OFFICE EQUIPMENT	6/29/07			0.0	0	0	0	0	0
374	COPY MACHINE	11/30/09			0.0	0	0	0	0	0
						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
16100 - OFFICE EQUIP-ATC						0	0	0	0	0
Group: 16101 - REC/ED EQUIP-ATC										
173	2 TRAINING PROGRAM	6/01/82			0.0	0	0	0	0	0
174	EXERCYCLE	1/01/84			0.0	0	0	0	0	0
175	TV FOR RF 3	3/01/87			0.0	0	0	0	0	0
176	VCR FOR CENTER	5/01/87			0.0	0	0	0	0	0
177	BLACKBOARD	9/01/76			0.0	0	0	0	0	0
179	RECORD PLAYER	12/01/76			0.0	0	0	0	0	0
180	COLOR TV	10/01/76			0.0	0	0	0	0	0
181	DESKS	8/01/78			0.0	0	0	0	0	0
182	PROGRAM AIDS	12/01/78			0.0	0	0	0	0	0
183	I CAN PROGRAM	12/01/78			0.0	0	0	0	0	0

Amt Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: 16101 - REC/ED EQUIP-ATC (continued)									
184	MUSIC SYSTEM	1/01/79		0.0	0	0	0	0	0
185	SORT ASSEMBLE KIT	1/01/79		0.0	0	0	0	0	0
186	ED EQUIPMENT	6/01/79		0.0	0	0	0	0	0
187	FIRST AID EQUIPMENT	5/01/79		0.0	0	0	0	0	0
188	VIDEO EQUIPMENT	4/01/79		0.0	0	0	0	0	0
191	EXERCISE BIKE	5/31/92		0.0	0	0	0	0	0
192	TV & VCR	9/11/92		0.0	0	0	0	0	0
193	CAMCORDER	11/04/93		0.0	0	0	0	0	0
194	MONITOR EQUIPMENT	10/27/94		0.0	0	0	0	0	0
16101 - REC/ED EQUIP-ATC					0	0	0	0	0
Group: 16102-16-PRD EQ-COFF SHOP									
266	3 HOLE SINK	4/30/97		0.0	0	0	0	0	0
268	COUNTER	4/30/97		0.0	0	0	0	0	0
270	REFRIGERATOR	6/18/97		0.0	0	0	0	0	0
271	ICE CREAM FREEZER	6/30/97		0.0	0	0	0	0	0
16102-16-PRD EQ-COFF SHOP					0	0	0	0	0
Group: 16102-PROD. EQUIPMENT-ATC									
168	VACUUM	9/01/76		0.0	0	0	0	0	0
169	TIME CLOCKS	9/01/76		0.0	0	0	0	0	0
170	SMALL TOOLS	11/01/76		0.0	0	0	0	0	0
171	STORAGE SYSTEM	10/01/87		0.0	0	0	0	0	0
172	DIGITAL COUNTING SCALE	10/18/91		0.0	0	0	0	0	0
16102-PROD. EQUIPMENT-ATC					0	0	0	0	0
Group: 16103- FOOD SER EQUIP.-ATC									
19	HOBART DISHWASHER	6/10/93		0.0	0	0	0	0	0
21	OVEN/PROOFER	4/24/97		0.0	0	0	0	0	0
83	DISHWASHER	2/01/84		0.0	0	0	0	0	0
84	DISHWASHER	7/01/85		0.0	0	0	0	0	0
85	REFRGERATOR	10/31/86		0.0	0	0	0	0	0
86	DISHWASHER	5/01/87		0.0	0	0	0	0	0
87	RANGE	5/01/87		0.0	0	0	0	0	0
88	RANGE HOOD	5/01/87		0.0	0	0	0	0	0
89	LAWLER RANGE	5/01/87		0.0	0	0	0	0	0
90	REFRIGERATOR	10/01/76		0.0	0	0	0	0	0
91	STOVE	10/01/76		0.0	0	0	0	0	0
92	DISHWASHER	4/01/77		0.0	0	0	0	0	0
93	DISHWASHER	2/01/88		0.0	0	0	0	0	0
94	ELECTRIC RANGE	5/01/88		0.0	0	0	0	0	0
95	SHARP MICROWAVE	1/01/89		0.0	0	0	0	0	0
96	MAYTAG DISHWASHER	2/01/90		0.0	0	0	0	0	0
97	REFRIGERATOR	5/10/94		0.0	0	0	0	0	0
323	DISHWASHER	6/09/04		0.0	0	0	0	0	0
16103- FOOD SER EQUIP.-ATC					0	0	0	0	0
Group: 16202-FOOD SERV-SANBORN									
249	MICROWAVE	5/14/92		0.0	0	0	0	0	0
250	RANGE	2/23/95		0.0	0	0	0	0	0
251	DISHWASHER	2/17/97		0.0	0	0	0	0	0
274	REFRIGERATOR	10/13/98		0.0	0	0	0	0	0
16202-FOOD SERV-SANBORN					0	0	0	0	0
Group: 16300-FURNISHINGS-ATC									
22	FURNITURE	11/01/78		0.0	0	0	0	0	0
26	STACK CHAIRS	8/01/82		0.0	0	0	0	0	0
32	CENTRAL AIR & FIRE ALARM	4/01/91		0.0	0	0	0	0	0
38	SINK	6/24/93		0.0	0	0	0	0	0
40	FLOOR SCRUBBER	6/18/97		0.0	0	0	0	0	0
41	BURNISHER	5/13/98		0.0	0	0	0	0	0
42	FILE CABINET	6/08/98		0.0	0	0	0	0	0
98	CHAIRS	2/01/81		0.0	0	0	0	0	0
99	EXEC CHAIR	2/01/81		0.0	0	0	0	0	0
100	DESK	3/01/81		0.0	0	0	0	0	0
103	STORAGE CABINET	4/01/87		0.0	0	0	0	0	0
104	STAGE CAB 2	10/01/75		0.0	0	0	0	0	0
105	ENERG LIGHTS	9/01/76		0.0	0	0	0	0	0
106	FIRE EXT	3/01/77		0.0	0	0	0	0	0

Amt Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: 16300-FURNISHINGS-ATC (continued)										
107	FOUNTAIN	3/01/77				0.0	0	0	0	0
108	TABLE	10/01/76				0.0	0	0	0	0
109	TABLES & CHAIRS	10/01/76				0.0	0	0	0	0
110	TABLES & CHAIRS	11/01/76				0.0	0	0	0	0
115	TABLES	12/01/78				0.0	0	0	0	0
116	FANS-2	6/01/79				0.0	0	0	0	0
118	FURNISHINGS	7/01/87				0.0	0	0	0	0
120	FLOOR POLISHER	6/18/97				0.0	0	0	0	0
275	REFRIGERATION	1/11/99				0.0	0	0	0	0
276	COMPUTER	6/24/99				0.0	0	0	0	0
300	SHREDDER	1/31/02				0.0	0	0	0	0
326	CARPETING	6/01/04				0.0	0	0	0	0
337	HYDROTHERAPY TABLE	5/31/05				0.0	0	0	0	0
339	COPIER	9/30/04				0.0	0	0	0	0
346	SHREDDER	11/30/05				0.0	0	0	0	0
389	LIFT	9/20/12				0.0	0	0	0	0
16300-FURNISHINGS-ATC						0	0	0	0	0
Group: 16300.00-FURNISH - LEGION										
277	PHONE LINES	1/29/99				0.0	0	0	0	0
278	PHONE SYSTEM	5/21/99				0.0	0	0	0	0
388	OFFICE FURNITURE	12/20/12				0.0	0	0	0	0
16300.00-FURNISH - LEGION						0	0	0	0	0
Group: 16302-FURNISH-SANBORN										
233	MAYTAG 512	12/01/89				0.0	0	0	0	0
234	FURNITURE	1/01/91				0.0	0	0	0	0
235	TABLE AND CHAIRS	12/31/91				0.0	0	0	0	0
236	CARPETING SANB	12/31/91				0.0	0	0	0	0
237	FURNITURE	12/31/91				0.0	0	0	0	0
238	CARPET-SANBORN	6/03/93				0.0	0	0	0	0
239	FURNITURE	7/01/85				0.0	0	0	0	0
240	FURNITURE	8/01/85				0.0	0	0	0	0
242	LAWNMOWER	7/01/86				0.0	0	0	0	0
243	COUCH 2LVST-SANB	6/11/93				0.0	0	0	0	0
244	PHONE	5/01/86				0.0	0	0	0	0
279	LIFT	3/09/99				0.0	0	0	0	0
314	ALARM - WONDERGUARD	11/27/02				0.0	0	0	0	0
318	CARPETING	1/20/04				0.0	0	0	0	0
394	WANDER GUARD	3/12/14				0.0	0	0	0	0
396	3.5 TON HEAT PUMP	6/20/15				0.0	0	0	0	0
400	WANDERGAARD	9/25/15				0.0	0	0	0	0
16302-FURNISH-SANBORN						0	0	0	0	0
Group: 16303 -FURN & EQUIP-HRABE										
75	WASH MACHINE	1/08/93				0.0	0	0	0	0
76	2 WASH 2 DRYER	9/08/97				0.0	0	0	0	0
280	LIFT	3/09/99				0.0	0	0	0	0
336	COUCH	2/15/05				0.0	0	0	0	0
358	MOWER	6/30/06				0.0	0	0	0	0
16303 -FURN & EQUIP-HRABE						0	0	0	0	0
Group: 16304-FURNISH-MAIN STREET										
258	SECTIONAL	4/24/97				0.0	0	0	0	0
259	BLINDS	1/31/97				0.0	0	0	0	0
260	REFRIGERATOR	2/28/97				0.0	0	0	0	0
261	STOVE	2/28/97				0.0	0	0	0	0
16304-FURNISH-MAIN STREET						0	0	0	0	0
Group: 16305 - EQUIP-BEEBE										
331	LIFT	6/30/04				0.0	0	0	0	0
16305 - EQUIP-BEEBE						0	0	0	0	0
Group: 16400 -BLDG & IMPROVE-ATC										
11	CARPET HOME 1-GH	1/01/77				0.0	0	0	0	0
12	DOOR ENC-HOME	1/01/77				0.0	0	0	0	0
13	WATER HOME 1-G	1/01/77				0.0	0	0	0	0

Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: 16400 -BLDG & IMPROVE-ATC (continued)										
14	IMPROVE GEN HOME	12/01/77				0.0	0	0	0	0
15	IMPROVE STATE HOME	12/01/77				0.0	0	0	0	0
18	ROOF REPAIR	10/01/86				0.0	0	0	0	0
20	BUILDING	1/01/77				0.0	0	0	0	0
23	CUPBOARDS	1/01/77				0.0	0	0	0	0
24	AUTO CLOSER	2/01/77				0.0	0	0	0	0
25	FIRE EQUIPMENT	4/01/77				0.0	0	0	0	0
27	ADDITION	6/01/78				0.0	0	0	0	0
28	FIRE ALARM	8/01/78				0.0	0	0	0	0
29	CARPET (GHI)	9/01/87				0.0	0	0	0	0
34	ROOF REPAIRS	6/01/88				0.0	0	0	0	0
35	REMODEL ATC-PAINT	4/01/89				0.0	0	0	0	0
36	REMODEL ATC	4/01/89				0.0	0	0	0	0
37	ZEKE ROGERS-PAINT	6/30/89				0.0	0	0	0	0
39	PAVING-ATC	8/01/90				0.0	0	0	0	0
43	CARPET-ATC	12/01/90				0.0	0	0	0	0
44	REMODEL-ATC	1/01/91				0.0	0	0	0	0
46	LANDSCAPING ATC	8/15/91				0.0	0	0	0	0
47	TILE	4/24/97				0.0	0	0	0	0
48	TILE	9/30/97				0.0	0	0	0	0
49	AIR CONDITIONER	8/08/97				0.0	0	0	0	0
50	FIRE ALARM	2/10/98				0.0	0	0	0	0
51	TILE	8/07/97				0.0	0	0	0	0
281	GUEST BATHROOM	6/10/99				0.0	0	0	0	0
306	BUILDING	12/13/01				0.0	0	0	0	0
309	AIR VENTILATION SYSTEM	9/05/02				0.0	0	0	0	0
310	METAL ROOF	4/15/03				0.0	0	0	0	0
311	ROOF MATERIAL	1/10/03				0.0	0	0	0	0
367	Bathroom, Center	5/22/09				0.0	0	0	0	0
375	PAVED PARKING LOT	4/30/10				0.0	0	0	0	0
16400 -BLDG & IMPROVE-ATC						0	0	0	0	0
Group: 16400.01 - ATC OFFICES										
273	LEGION	6/30/98				0.0	0	0	0	0
289	LANDSCAPING	8/19/99				0.0	0	0	0	0
290	CHANGE ORDERS	12/10/99				0.0	0	0	0	0
308	PARKING LOT	10/09/02				0.0	0	0	0	0
380	CARPET	6/30/12				0.0	0	0	0	0
390	HAIL DAMAGE ROOF REPAIRS	4/30/13				0.0	0	0	0	0
16400.01 - ATC OFFICES						0	0	0	0	0
Group: 16402- BLDG & IMP-SANBORN										
17	NEW GH-SANBORN FAC	9/01/85				0.0	0	0	0	0
226	IMPROVEMENTS	12/01/89				0.0	0	0	0	0
227	PAVING-SANBORN	8/01/90				0.0	0	0	0	0
228	REMODEL-SANBORN	6/01/91				0.0	0	0	0	0
229	SPRINKLER SYSTEM-SANBORN	6/01/91				0.0	0	0	0	0
230	IMPROVEMENTS	11/19/93				0.0	0	0	0	0
231	UBC-DECK	9/27/94				0.0	0	0	0	0
232	ALARM	1/13/98				0.0	0	0	0	0
282	BATHROOM -LARRY	3/09/99				0.0	0	0	0	0
283	BATHROOM DYKES	4/14/99				0.0	0	0	0	0
297	SPRINKLER SYSTEM	10/15/01				0.0	0	0	0	0
320	BATHROOM REMODEL	11/03/03				0.0	0	0	0	0
343	BATHROOM REMODEL	7/01/04				0.0	0	0	0	0
353	SOFIT	2/09/07				0.0	0	0	0	0
354	SPRINKLER	1/24/07				0.0	0	0	0	0
365	Heat Pump	8/10/07				0.0	0	0	0	0
378	KITCHEN REMODEL	6/30/11				0.0	0	0	0	0
383	BATHROOM REMODEL - SANBORN	6/30/12				0.0	0	0	0	0
391	BATHROOM REMODEL	5/10/13				0.0	0	0	0	0
392	HAIL DAMAGE ROOF REPAIR	4/30/13				0.0	0	0	0	0
395	1/2 WINDOW REPLACEMENT	6/02/15				0.0	0	0	0	0
399	2ND 1/2 WINDOWS	7/09/15				0.0	0	0	0	0
16402- BLDG & IMP-SANBORN						0	0	0	0	0
Group: 16403 - BLDG - HRABE										
209	8 UNIT APT BUILDING	6/01/90				0.0	0	0	0	0
322	BATHROOM REMODEL	11/26/03				0.0	0	0	0	0
333	RECREATION ROOM	3/14/05				0.0	0	0	0	0
334	FIRE ALARM	3/31/05				0.0	0	0	0	0
335	LANDSCAPING	4/27/05				0.0	0	0	0	0
355	SOFIT	2/09/07				0.0	0	0	0	0

Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: 16403 - BLDG - HRABE (continued)										
356	SPRINKLER	1/24/07				0.0	0	0	0	0
377	SHINGLING	6/30/10				0.0	0	0	0	0
379	WINDOWS	2/23/11				0.0	0	0	0	0
16403 - BLDG - HRABE						0	0	0	0	0
Group: 16403-FURNISHINGS - HRABE										
210	SPRINKLER-HRABE	6/01/91				0.0	0	0	0	0
211	LANDSCAPING-HRABE	6/01/91				0.0	0	0	0	0
212	LIGHTING-HRABE	12/01/90				0.0	0	0	0	0
213	PAVING-HRABE	8/01/90				0.0	0	0	0	0
214	BARN-HRABE	7/01/90				0.0	0	0	0	0
215	BUILDING IMP-HRABE	11/01/90				0.0	0	0	0	0
216	LANDSCAPING	10/07/91				0.0	0	0	0	0
217	VENS & FANS-HRABE	9/25/92				0.0	0	0	0	0
218	LAWN MOWER	7/01/87				0.0	0	0	0	0
219	MAYTAG WASHER	1/01/88				0.0	0	0	0	0
220	FURNITURE	10/01/87				0.0	0	0	0	0
221	FURNITURE	10/01/87				0.0	0	0	0	0
222	DRAPES	10/01/87				0.0	0	0	0	0
223	SOFA	4/01/91				0.0	0	0	0	0
224	ALARM	1/14/98				0.0	0	0	0	0
284	BATHROOM - SPECKELS	8/11/98				0.0	0	0	0	0
285	BATHROOM SCOTTS	9/10/98				0.0	0	0	0	0
286	BATHROOM SPECKLES	9/10/98				0.0	0	0	0	0
291	CARPET	4/05/00				0.0	0	0	0	0
293	HANDICAPPED BATHROOM	10/12/00				0.0	0	0	0	0
295	SPRINKLER SYSTEM	7/01/01				0.0	0	0	0	0
316	SHED	10/24/03				0.0	0	0	0	0
325	PAINTING	7/10/03				0.0	0	0	0	0
344	LANDSCAPING	7/06/05				0.0	0	0	0	0
345	PADIO	12/09/05				0.0	0	0	0	0
16403-FURNISHINGS - HRABE						0	0	0	0	0
Group: 16404 - BLDG-MAIN STREET										
252	BUILDING	4/12/96				0.0	0	0	0	0
253	PLUMBING, ETC	5/01/96				0.0	0	0	0	0
254	BUILDING IMPROVEMENTS	12/01/96				0.0	0	0	0	0
255	BUILDING IMPROVEMENTS	6/30/97				0.0	0	0	0	0
256	GUTTER	9/19/97				0.0	0	0	0	0
257	GARAGE	10/31/97				0.0	0	0	0	0
321	SHINGLING	6/24/04				0.0	0	0	0	0
357	SPRINKLER	12/20/06				0.0	0	0	0	0
363	Deck - 307 S Main	6/30/08				0.0	0	0	0	0
373	ROOF - SHINGLES	6/30/09				0.0	0	0	0	0
376	PATIO DOOR	12/21/09				0.0	0	0	0	0
16404 - BLDG-MAIN STREET						0	0	0	0	0
Group: 16500 - VEHICLES-ATC										
296	DODGE CARAVAN	6/21/01				0.0	0	0	0	0
302	VAN	5/03/02				0.0	0	0	0	0
315	VAN	6/30/03	d			0.0	0	0	0	0
319	1995 FORD BUS	10/06/03				0.0	0	0	0	0
329	04 BUICK CENTURY	6/04/04				0.0	0	0	0	0
330	03 MERCURY SABLE	6/04/04	d			0.0	0	0	0	0
341	02 RED TAURUS WAGON	6/01/05				0.0	0	0	0	0
347	'05 IMPALA	3/01/06				0.0	0	0	0	0
348	FORD FREESTAR VAN	2/28/06				0.0	0	0	0	0
349	'05 MALIBU	6/30/06				0.0	0	0	0	0
362	2001 Ford Ranger	10/02/07				0.0	0	0	0	0
364	2006 Dodge Caravan	6/30/08				0.0	0	0	0	0
366	Trailer	10/31/07				0.0	0	0	0	0
371	2006 Dodge Caravan	8/29/08				0.0	0	0	0	0
372	2007 Dodge Eclipse	6/19/09				0.0	0	0	0	0
381	2011 FORD VAN	8/25/11				0.0	0	0	0	0
387	2012 CHRYSLER 200 TOURING - BLACK	12/15/11				0.0	0	0	0	0
393	2012 CHRYSLER 200 TOURING - RED	1/31/13				0.0	0	0	0	0
397	2009 CROWN VICTORIA	3/12/15				0.0	0	0	0	0
398	2014 Dodge Grand Caravan - Lift Van	5/10/16				0.0	0	0	0	0
401	2003 DODGE VAN	10/13/15				0.0	0	0	0	0
16500 - VEHICLES-ATC						0	0	0	0	0

Amt Depreciation

FYE: 6/30/2016

Asset	Property Description	Date Acquired	d t	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: LAND										
206	LAND	1/01/81			0.0	0	0	0	0	0
207	ED MILLER LAND	1/01/89			0.0	0	0	0	0	0
208	AW AUSPERGER LAND	1/01/89			0.0	0	0	0	0	0
307	ATC PARKING LOT	5/21/99			0.0	0	0	0	0	0
342	PARKING LOT-WORK AREA	12/30/04			0.0	0	0	0	0	0
	LAND					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Total					<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>