7, 200 T		Syammt Organ	i-ation Buo	ina	na Inaam	` `T	ov Do	turn	<u> </u>	OMB No 1545	-0687
Form 990-T		xempt Organ	ilzation bus id proxy tax unde	me	ss income	9 17	ax ne	aol	, ├	OMB 140 1343	-0007
R 7	For cal	endar year 2018 or other tax year	•				$\sqrt{30}l$	2019	4	201	R
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	l rorcal		irs.gov/Form990T for ins					201.	-		
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number	•					1(c)(3).	5	pen to Public In: 01(c)(3) Organiza	spection for tions Only
Check box if address changed		Name of organization (Check box if name ch	nanged	and see instruction	s.)				yer identification yees' trust, see tions)	number
B Exempt under section	Print	DAKOTABILITI	ES, INC.						46	5-0 <u>3062</u>	16
X 501(c <u>§3</u>)	or	Number, street, and room	or suite no. If a P.O. box	, see in	structions.					ted business acti structions)	vity code
408(e) 220(e)	Туре	1116 S. 4TH	AVENUE								
408A 530(a) 529(a)		City or town, state or prov		foreigr	n postal code						
C Book value of all assets at end of year		F Group exemption numb		<u> </u>				1		——————————————————————————————————————	
11 5 11 16 11 16 11 16 11		G Check organization type		oration			<u> </u>	401(a)		Oth	er trust
H Enter the number of the	•	tion's unrelated trades or b	usinesses.				the only (or complete Pa	•		than one	
trade or business here		ce at the end of the previou	s sentence, complete Par	rte I and							
business, then complete			s sentence, complete i at	is ram	u ii, complete a och	icabic	WI TOT CACIT	additiona	, ,,,,,,,,	oi.	
		oration a subsidiary in an a	ffiliated group or a paren	t-subsi	diary controlled gro	up?		▶ [Yes	No	
		ifying number of the parent									
J The books are in care of						elepho	ne number		<u>605)</u>	367-62	
Part I Unrelated		le or Business Inc	ome		(A) Income		(B) E	xpenses		(C) N	<u> </u>
1 a Gross receipts or sale			Dalama .				to just so			~ · ·	
b Less returns and allow		A line 7)	c Balance	1c 2				. 22 -	- 	45. 7.4	
2 Cost of goods sold (S3 Gross profit Subtract				3	· · · · · · · · · · · · · · · · · · ·		, ,	**	- ,		
4a Capital gain net incom				4a			• • •			1	
	•	art II, line 17) (attach Form	4797)	4b	-		DECE	ΪVFΓ) '		
c Capital loss deduction			•	4c		ľ	イレンド		: 19	2	
5 Income (loss) from a	partners	hip or an S corporation (at	tach statement)	5	0		<u></u>	<u>@* :40</u>	1	<u> </u>	
6 Rent income (Schedu	le C)			6	. 7 3		DEC :	e 1/15	<u> </u>	21	
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7						=	
		nd rents from a controlled o	_	8			OGD	N.L)		
		on 501(c)(7), (9), or (17) or	ganization (Schedule G)		<u> </u>						
10 Exploited exempt acti				10							
11 Advertising income (\$12 Other income (See in:				12			3.4	,	· ·		
13 Total. Combine lines				13		0.		i			
Part II Deductio	ns No	t Taken Elsewher	(See instructions fo	r limita	ations on deduction	ons)					
(Except for	contribi	utions, deductions must	be directly connected	with t	he unrelated bus	iness	income.)				
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)						14		
15 Salaries and wages									15		
16 Repairs and mainter	ance								16		
17 Bad debts	م/ (ماریام	on instructions)							17		
18 Interest (attach sche19 Taxes and licenses	aule) (s	ee instructions)							19		
<u> </u>	ons (Se	e instructions for limitation	rules)						20		
21 Depreciation (attach			1 4100)		21	l			1372		
-		n Schedule A and elsewhere	e on return		22a				22b		
23 Depletion									23		
24 Contributions to def	erred co	mpensation plans							24		
25 Émployee benefit pr	ograms								25		
26 Excess exempt expe									26		
27 Excess readership c									27		
28 Other deductions (at									28		
29 Total deductions A 30 Unrelated business			Jose deduction Cultimate	t line Of	0 from less 12			•	29		$\frac{0.}{0.}$
C		ncome before net operating loss arising in tax years bej				e)			30 31	· # (** - ***	
		ncome. Subtract line 31 fro	·	۱ ۲ ۱, ۵۱	rio (see mstruction	٠,			32		0.
823701 01-09-19 LHA F										Form 990	-T (2018)

58	Ente	er the amount of tax-exempt interest received or accrued during the tax year 🕨 🕏								
Sign [°] Here		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 taxpayer) is based on all information of which preparer has any knowledge								
	Signature of officer	Date DIRECTIFIE	TOR OF F	INANCE th	lay the IRS discuss the preparer shown below tructions)?	low (see	with No			
		Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN				
Paid Preparer Use Only				self- employed						
	LAURIE HANSON				P00853	L848				
	Firm's name ► EIDE BAILLY	Firm's EIN ▶	45-025	5095	8					
	200 E. 10T									

823711 01-09-19

Form 990-T (2018)

Phone no. 605-339-1999

Firm's address ► SIOUX FALLS, SD 57104-6375



FOOTNOTES

STATEMENT 1

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	INTEREST	AND PENALT	IES		STA	TEMENT 2
TAX FROM FORM 990-T, UNDERPAYMENT PENAI LATE PAYMENT INTER LATE PAYMENT PENAI LATE FILING PENAL	JTY REST JTY					924 38 4 5 42
TOTAL AMOUNT DUE						1,013
FORM 990-T	LATE	PAYMENT IN	TEREST		STA	TEMENT 3
DESCRIPTION	DATE A	TNUOMA	BALANCE	RATE	DAYS	INTEREST
TAX DUE LATE FILING PENALTY DATE FILED	11/15/19 11/15/19 12/15/19	924. 42.	924. 966. 970.	9660500		4
TOTAL LATE PAYMENT II	NTEREST					4
FORM 990-T	LATE I	PAYMENT PEN	ALTY		STA	TEMENT 4
DESCRIPTION	DATE	AMOUNT	BALANCE	MO	NTHS	PENALTY
TAX DUE DATE FILED	11/15/19 12/15/19	92		24.	1	5
TOTAL LATE PAYMENT PI	ENALTY				•	5