Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public 1500 Go to www.irs gov/Form990 for instructions and the latest information

OMB No 1545-0047
2017
Open to Public Inspection

	al Revenue Service			<u> </u>	Inspection
A I	For the 2017 o	calendar year, or tax year beginning $10/01/17$, and ending $09/30/19$			
B	Check if applicable	C Name of organization SOUTH DAKOTA ASSOCIATION OF		D Employer id	lentification number
	Address change	RURAL WATER SYSTEMS			
\equiv	-	Doing business as		46-03	40547
Щ	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone n	number
[] I	nitial return	203 WEST CENTER STREET		<u> 605-5</u>	<u>56-7219 </u>
	inal return/	City or town, state or province, country, and ZIP or foreign postal code			
	erminated	MADISON SD 57042		G Gross receipt	ts\$ 1,973,857
<u></u>	Amended return	F Name and address of principal officer			
	Application pending	KURT PFEIFLE	H(a) Is this a gro	oup return for subc	ordinates? Yes X No
		203 WEST CENTER STREET	H(b) Are all sub	ordinates include	ed? Yes No
		MADISON SD 57042		" attach a list (se	
			⊢,		···-··
	Tax-exempt status	501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	=		
<u>J</u> 1	Website V	WWW.SDARWS.COM		mption number	
	Form of organization	X Corporation Trust Association Other	Year of formation 1	<u>976 N</u>	State of legal domicile SD
Į.P.	artii S	ummary	· -		- · · · · · · · · · · · · · · · ·
	1 Briefly d	escribe the organization's mission or most significant activities			
a	RURI	AL WATER DEVELOPMENT IN SOUTH DAKOTA			
2	į				
Lua					
ķ	0.05.5-1.41	to a bour N T of the companyation disposationed the consistence of disposation of more than 2	EO/ of its not os	ooto	
Governance	1	his box I if the organization discontinued its operations or disposed of more than 2	5% of its net as:	1 1	20
∞ ŏ		of voting members of the governing body (Part VI, line 1a)		3	30
ies		of independent voting members of the governing body (Part VI, line 1b)		4	30
Ξ	5 Total nu	mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	13
Activities &	6 Total nu	mber of volunteers (estimate if necessary)		6	0
_	7a Total un	related business revenue from Part VIII, column (C), line 12		7a	108,837
	b Net unre	elated business taxable income from Form 990-T, line 34		7b	-12,696
			Prior Ye		Current Year
•	8 Contribu	utions and grants (Part VIII, line 1h)		9,310	491,345
# COI3 Revenue		n service revenue (Part VIII, line 2g)	1,42	5,168	1,362,874
Z E	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		849	5,421
- &		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18	1,720	108,837
- -		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,047	1,968,477
				-,	0
AUG	1	and similar amounts paid (Part IX, column (A), lines (1-3) RECEIVED	-		- 0
	1		0.2	1,758	985,033
NED		s, other compensation, employee benefits (Part IX, bolumn (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) MAY 3 1 2019	93	1,/38	965,033
当記		ional fundraising fees (Part IX, column (A), line 11e MAY 3 1 2019			0
SCAN	b Total fu	ndraising expenses (Part IX, column (D), line 25)	<u></u>	<u> </u>	
ξŵ	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) OGDEN. UT		9,035	956,938
ပ္က	18 Total ex	openses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,94	0,793	1,941,971
נט	19 Revenu	e less expenses Subtract line 18 from line 12	13	6,254	26,506
5 8	2	and the state of t	Beginning of Cu	irrent Year	End of Year
Net Assets or	20 Total as	ssets (Part X, line 16)	1,93	8,817	2,050,082
Ass	21 Total lia	abilities (Part X, line 26)	38	8,984	475,281
Set .	22 Net ass	etslor fund balances Subtract line 21 from line 20	1,54	9,833	1,574,801
		Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents and to the h	nest of my kno	wledge and helief it is
tr.	inger penaities of	complete Declaration of preparer (other than officer) is based on all information of which preparer	r has anv knowled	ae	wicoge and belief, it is
	de, correct, and	Complete pychalography (chick than onlock) to besset at all minimum property			5/200
	-	Jun A			7/2017
Sig	gn 🏲	Signature of officer		Date	/
He		CKURT PFEIFLE EXEC	. DIRECT	<u>or </u>	
_		Type or print name and title			
	Print/To	gpe preparer's name	Date	Check	if PTIN
Pai	Id MARY	PAT MULLEN	05/0	2/19 self-emp	ployed P00608028
Pre	naror	TARTE C ACCOCTANTE DC	 	Firm's EIN	46-0387944
	e Only	6009 S SHARON AVE STE 101			
	- 1	CTOIN PALIC CD 57100]	Ohaa	605-336-7213
		200.000		Phone no	X Yes No
		uss this return with the preparer shown above? (see instructions)			Form 990 (2017)

orm 990 (2017)	SOUTH DAKOTA ASS	OCIATION OF	46-0340547		Page 2
	atement of Program Ser				
	neck if Schedule O contail to the organization's mission	ns a response or note to a	ny line in this Part III		
-	-	IN SOUTH DAKOTA	A		
-	nization undertake any significal 90 or 990-EZ?	nt program services during the ye	ear which were not listed on the		Yes X No
	gu of 990-E27 cribe these new services on Sch	nedule O			res _A NO
·		ake significant changes/in/how it	conducts, any program		
services?					Yes X No
	cribe these changes on Schedu				
			three largest program services, a ort the amount of grants and alloc		
•	enses, and revenue, if any, for ϵ	-	in the amount of grants and alloc	ations to others,	
An (Codo	\/\(\(\tau\)	573,475 including grants	of C) (Bayanya ¢	1,362,874)
4a (Code THIS IS	, , ,	OF MEMBER WATER) (Revenue \$	1,302,874)
		ERVICES TO PROMO			
			IMARILY BY STUDY		
			VIDING TRAINING	<u>&</u>	
ASSISTA	NCE TO ITS MEMBE	IRS.			
4b (Code) (Expenses \$	including grants) (Revenue \$	
4b (Code) (Expenses \$	molecumg grants	ς οι φ	, (,
4c (Code) (Expenses \$	including grants	s of \$) (Revenue \$	
			•		
· -	ram services (Describe in Sched		\ /Daaaa		,
(Expenses	\$ am service expenses ▶	ncluding grants of \$ 1,573,475) (Revenue \$	 	
DAA	ani service expenses				Form 990 (2017

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

- 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
- 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
- 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 98-197 If "Yes," complete Schedule C,
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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
- Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

٦		Yes	No
	1		x
Į	2		X
	3		x
	4		
	5	х	
	6		x
	7		X
	8		x
	9		х
	10		х
	11a	X	
	11b		х
	11c		х
	11d 11e		X
	11f		х
	12a	х	
	12b		X
	13 14a		X
	14b		x
	15		x
	16		х
	17		x
	18	_	x
	19 Fo	orm 99	X

Pe	Checklist of Required Schedules (continued)		<u>·</u>	-
	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ <u>.</u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	i		37
••	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
24-	employees? If "Yes," complete Schedule J	23	-	<u> </u>
244	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	24a		X
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		 	ļ
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	↓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٦,
	complete Schedule N, Part II	32	+	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	+	┼≏
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1 24	1	x
	or IV, and Part V, line 1	34 35a	+	$\frac{\mathbf{x}}{\mathbf{x}}$
35a	· · · · · · · · · · · · · · · · · · ·	35a	+	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335	+	+
36		36		
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50	1	+
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			\top
50	19? Note All Form 990 filers are required to complete Schedule O	38	X	\perp

19? Note All Form 990 filers are required to complete Schedule O

<u> </u> Pa	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 1a 16	, .		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	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 13			
þ	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		l
	account)?	4a	<u> </u>	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)		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	 	X
b		6-		
_	gifts were not tax deductible?	6b	┼─-	│
7	Organizations that may receive deductible contributions under section 170(c).	· ·		1 1
а		72		ا ـــــا
L	and services provided to the payor?	7a 7b	\vdash	
b		10	 	
С		7c		1
_	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d	- 1C	-	
d	Colored to the second s	7e		السنا،
e •	=	7f	+	
f	the second section of the section	7g	 	
g h	the state of the second the second to the se		+	
ρ''	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			\Box
Ü	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		\top	
a	The state of the s	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter		T	
a	100 J			1
b	406			1 1
11	Section 501(c)(12) organizations Enter			
а	Ada l			1. 1
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	1
	against amounts due or received from them)			_
12a	Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	10h			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			\perp
а	·	13a	4_	↓
	Note See the instructions for additional information the organization must report on Schedule O		1	
b	many and the second of the sec			.[]
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		+	
14a	•	14a	+	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		F	orm 98	(2017)

Yes No

X

2

3 4

5

6

7a

7b

8a

30

30

1b

Section A. Governing Body and Management

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

12	Enter the number of voting members of the governing body at the end of the tax year
10	If there are material differences in voting rights among members of the governing body, or
	if the governing body delegated broad authority to an executive committee or similar
	committee, explain in Schedule O

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?
- 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?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- Did the organization become aware during the year of a significant diversion of the organization's assets? 5
- 6 Did the organization have members or stockholders?
- 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?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 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

	8b	X	
	9		X
Co	de)		

X

Yes

X

X

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

10a	Did the organization have local chapters, branches, or affiliates?	10a
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a
b	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	12a
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
	describe in Schedule O how this was done	12c
13	Did the organization have a written whistleblower policy?	13
14	Did the organization have a written document retention and destruction policy?	14
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?	ļ
а	The organization's CEO, Executive Director, or top management official	15a
b	Other officers or key employees of the organization	15b
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	
40-	Did the agreement as reverting appearing a contribute accepts to an analyzing an alignet various or similar arrangement	

sec	tion C. Disclosure	_
	organization's exempt status with respect to such arrangements?	_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	
	with a taxable entity during the year?	
Ųα	Did the organization invest in, contribute assets to, or participate in a joint venture or similar an angularity	

12a	X	
12b	X	
12c	x	
13	X	
14	X	
15a	x	
15b		X
16a		X
16b		

Section C. Discle	osi	ure
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- 17 List the states with which a copy of this Form 990 is required to be filed ▶ SD
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website X Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 20

KURT PFEIFLE

203 WEST CENTER STREET

SD 57042

605-556-7219

Form 000 (2017)	HTIIOS	DXKOMY	ASSOCIATION	OF
orm 990 (2017)	SOUID	DAKOIA	MODUCIATION	UE

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	s, 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 orga	•	y rela	ited	orga	nıza	tion c	omp	ensated any current office	, director, or trustee	
(A) Name and Tille	(B) Average hours per week (list any hours for	off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both :	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
,	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(1) TORRE RAAP							í			
DIRECTOR	0.00 0.00	x						0	0	0
(2) DAN CARLSON							,			
	0.00	,,	1					ا		•
OIRECTOR (3) GARY JOHNSON	0.00	X	├		├	\vdash	<u>!</u>	0	0	0
(3) GARI JOHNSON	0.00	1								
DIRECTOR	0.00	$ \mathbf{x} $				1		o	0	0
(4) LARRY WASLAND	<u> </u>	† <u></u>	\vdash	 	!		•			
(,, <u> </u>	0.00			İ						
DIRECTOR	0.00	X				<u> </u>	·	0	0	0
(5) RONALD NEEMAN										
	0.00						,		•	
DIRECTOR	0.00	X		-	-	1	1	0	0	0
(6) ROBERT GLENN	0.00									
DIRECTOR	0.00	x			,			0	0	o
(7) DAN OSTRANDER	0.00	╁	1	,		+-				
(i) Drug Obligation	0.00				1	1	'			
DIRECTOR	0.00	X						0	0	0
(8) GLEN GILBERTSON										
•	0.00		1	ì				,	_	
DIRECTOR	0.00	X	1_	↓_	╄	-		. 0	0	0
(9) BOB WEISZ						-				
	0.00	٠,			4				o	0
DIRECTOR CINCERCH	0.00	X	 	╁	-	+	_	0		
(10) JIM GINSBACH	0.00		1		1	1 '				
DIRECTOR	0.00	x						0	o	0
(11) DOUG DEGEN	1	† 	T	†	\top	\top				
, ,= 3	0.00	,			1			1		
DIRECTOR	0.00	X			1_			: 0	0	
DAA										Form 990 (2017)

PartiVII Section A. Officers	, Directors, Tru	stee	s, K	еу Е	mple	oyee	s, a	and Highest Compensated	l Employees (continued)	<u></u>
(A) . 'Name and title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson i	than o s both r/truste	an	. (D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) SIDNEY MUNSON	0.00									
DIRECTOR	0.00	x						0	О	0
(13) MERLYN SMEEN										
DIRECTOR	0.00	x							o	0
(14) JAMES MCGILLY	/REY	<u> </u>								
DIRECTOR	0.00	x		;				0	o	o
(15) LLOYD RAVE	0.00	┢			-	 	\vdash	<u> </u>		
;	0.00					ł		1		_
DIRECTOR (16) CHUCK JACOBS	0.00	X	_				-	0	0	0
(10) Chock DACOBS	0.00			'	1					
DIRECTOR	0.00	x	_	ļ.,		<u> </u>		. 0	0	0
(17) LYNN FREY	0.00									
DIRECTOR	0.00	x						0	0	0
(18) DAVID MEYERI										
DIRECTOR	0.00	x							o	0
(19) JACK TOMAC										
DIRECTOR	0.00	x				İ			o	0
1b Sub-total	1 0.00	<u> A</u>	<u> </u>	<u> </u>	<u> </u>	1	┢			
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	A			▶	58,500 58,500		-1,357 -1,357
Total number of individuals (in reportable compensation from	ncluding but not	limite n ▶	ed to	thos	se lis	sted a	abo			
Did the organization list any feemployee on line 1a? If "Yes,	ormer officer, di	recto dule	or, or J fo	r suc	ch in	dıvidi	ual			Yes No
4 For any individual listed on lin organization and related orga individual	nizations greate	r tha	n \$1	50,0	00?	If "Υε	es,"	complete Schedule J for su	uch	4 X
5 Did any person listed on line for services rendered to the o									or individual	5 X
Section B Independent Contract 1 Complete this table for your f			atad	.ndo		dont		stractors that recovered more	than \$100,000 of	
compensation from the organ	iization Report o	comp	ens	ation	for	the c	ale	ndar year ending with or wit	hin the organization's tax y	ear
Name an	(A) d business address			_			4	Descri	(B) plion of services	(C) Compensation
							+			
							+			
2 Total number of independent received more than \$100,000	contractors (inc	ludir on fro	ig bu om th	it not ne or	l limi gani	ted to	o th n ▶	iose listed above) who	0	
DAA	. J. Companionic		(1	. .	ا ا ا م					Form 990 (2017)

Form **990** (2017)

Part VIII Section A. Officers,	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) 'Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a d	more rson ı	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(Trade inice)	organization and related organizations
(20) LLOYD POPPENS								1		
DIRECTOR	0.00	x		;				· o	o	o
(21) JAY JORGENSEN			 		-		_			
DIDECTOR	0.00	v						;		o
DIRECTOR (22) JR HOLLOWAY	0.00	X		 				1 0	0	
(==, 011 110 22 0 11112	0.00	1						1		
DIRECTOR	0.00	X		<u> </u>				0	0	0
(23) LOUIS KEHN	0.00							·		
DIRECTOR	0.00	X	1			i		0	o	0
(24) LES HINDS			 	 				1		
	0.00		1							
DIRECTOR (25) RICK DOUD	0.00	X	+-	\vdash		-	-	1 0	0	0
(25) RICK DOOD	0.00									
DIRECTOR	0.00	x						0	0	0
(26) BOB LEWIS	0.00							1		
DIRECTOR	0.00	x						0	0	0
(27) KURT PFEIFLE	0.00	1	\dagger	T		+	\vdash			1
•	40.00	1						1		
EXEC. DIRECTOR	0.00	<u>l</u>		X	<u>L</u>	<u> </u>	Ļ	58,500	0	-1,357 -1,357
1b Sub-total c Total from continuation she	ate to Part VII	Sec	tion	Δ				58,500	<u> </u>	-1,357
 c Total from continuation she d Total (add lines 1b and 1c) 	ets to Fait Vii,	560					•			
2 Total number of individuals (in	cluding but not	lımıt	ed to	thos	se lis	ted a	abo	ve) who received more than	\$100,000 of	
reportable compensation from	the organization	n ►			-				* · **	Yes No
3 Did the organization list any fo								oloyee, or highest compens	ated	
employee on line 1a? If "Yes, 4 For any individual listed on lin	" complete Sche e 1a. is the sum	<i>dule</i> of r	J fo epor	<i>r suc</i> table	ch in cor	divid. npen	u <i>al</i> satı	on and other compensation	from the	3
organization and related organ	nizations greate	r tha	n \$1	50,0	00?	If "Ye	es,"	complete Schedule J for su	ıch	4
individual5 Did any person listed on line	1a receive or ac	crue	com	pens	satio	n fro	m a	inv unrelated organization of	or individual	
for services rendered to the o	rganization? If "									5
Section B. Independent Contractor 1 Complete this table for your fi				ındo		dont		tractors that received more	than \$100,000 of	
compensation from the organ	ization Report	com	pens	ation	for	the c	aler	ndar year ending with or wit	hin the organization's tax y	ear
Name and	(A) d business address				_			Descri	(B) ption of services	(C) Compensation
							+-			
	•		•							
							+			
		-					\top			
						1				
2 Total number of independent received more than \$100,000										

Form **990** (2017)

PartiVIII Section A. Officers,	Directors, Tru	stee	s, K	ey Er	nplo	oyee	s, aı	nd Highest Compensated	Employees (continued)	
(A) . 'Name and title	(B) Average hours per week (list any	bo	x, unle	Posi check r ess per nd a di	tion more t son is	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(28) RON GILLEN PRESIDENT	0.00			x				0	0	0
(29) DALE THOMPSON	0.00						,			
(30) JIM THYEN	0.00			X			ì	0	0	0
SECRETARY (31) TOM FROGNER	0.00			X				0	0	0
TREASURER 0.00 X 0										0
								1		
1b Sub-total c Total from continuation she d Total (add lines 1b and 1c) 2 Total number of individuals (in	ncluding but not	lımıt			se lis	sted a	► ► abov	ve) who received more than	n \$100,000 of	
reportable compensation from 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization from	ormer officer, di "complete Sche e 1a, is the sum nizations greate	rectoredule of rof rof that	J for epor n \$1 com	r suc table 50,00	con con con	divid npen If "Ye n fro	ual satio es," m ai	on and other compensation complete Schedule J for si	n from the uch	Yes No
Section B. Independent Contractor Complete this table for your from the organism from the organism.	ve highest comi	pens	ated	ınde	pen	dent	con	ndar year ending with or wit	thin the organization's tax y	rear
	(A) d business address							Descr	(B) option of services	(C) Compensation
							+			
Total number of independent received more than \$100,000	contractors (inc	ludir	ng bu	ut not	lımı ganı	ted t	o the	ose listed above) who		

46-0340547 Form 990 (2017) SOUTH DAKOTA ASSOCIATION OF Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) (A) Unrelated Total revenue ٠, exempt function business excluded from tax revenue revenue 512-514 Gifts, Grants lar Amounts 1a Federated campaigns 1a 445,920 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, (35) 45,425 and similar amounts not included above 38,225 q Noncash contributions included in lines 1a-1f 491.345 h Total Add lines 1a-1f Program Service Revenue Busn Code 988,825 988,825 GOVERNMENT CONTRACTS 136,744 136,744 ь MEMBERSHIP SERVICES 132,200 132,200 MEMBER MEETINGS & EVENTS 93,128 93,128 QUALITY ON TAP REIMBURSEMENT 11,977 11,977 RENTAL INCOME f All other program service revenue 1,362,874 • g Total Add lines 2a-2f Investment income (including dividends, interest, 2,389 2,389 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (ii) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 8,412 other than inventor b Less cost or other 5,380 basis & sales exps 3,032 c Gain or (loss) 3,032 3,032 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 68,635 68,635 541800 11a SERVICE LINE 40,202 40,202 524113 b GROUP INSURANCE C All other revenue 108,837 Total Add lines 11a-11d \triangleright

1,968,477

1,365,906

108,837

2,389

Total revenue. See instructions

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Secti	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			elete column (A)	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		Схрепаса	general expenses	expenses
•	and domestic governments See Part IV, line 21				j
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	j			
	individuals See Part IV. lines 15 and 16				j
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		*
5	Compensation of current officers, directors,				
•	trustees, and key employees	58,500	46,800	11,700	
6	Compensation not included above, to disqualified	- 50/5			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	90,484	72 387	18,097	
7	Other salaries and wages	564,073	72,387 451,258	112,815	
8	Pension plan accruals and contributions (include	30-2,013		112,010	
J	section 401(k) and 403(b) employer contributions)	108,075	86,460	21,615	
9	Other employee benefits	102,688	82,150	20,538	····
10	Payroll taxes	61,213	48,970	12,243	
11	Fees for services (non-employees)	01,213	40,310	12,243	
	· · ·	·			
a	Management	15,949	15,949		··
b	Legal	8,999	15,949	8,999	
	Accounting Lobbying	19,257	19,257		
d		19,231	15,251		
e f	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O)	78,981	59,236	19,745	
12 13	Advertising and promotion	22,307	17,845	4,462	
	Office expenses	22,307	17,045	4,402	
14	Information technology Royalties			 -	
15 16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17	Travel	231,813	185,450	46,363	
18		231,013	103,430	40,303	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	124,262	74,557	49,705	
20	Interest	12-1,202		-10,700	
21		'			····
22	Payments to affiliates Depreciation, depletion, and amortization	115,654	115,654		
23	Insurance	110,004	113,034		
23 24	Other expenses Itemize expenses not covered		1		
24	above (List miscellaneous expenses in line 24e If		1-1-1-]	
	line 24e amount exceeds 10% of line 25, column	•			
		´ .	,		
_	(A) amount, list line 24e expenses on Schedule O) MATERIALS	85,873	85,873		
a h	CONTRACT TRNG/ASSIST	72,476			· · · · · · · · · · · · · · · · · · ·
b	REPAIRS AND MAINT	35,967	28,774	7,193	
c d	DUES	30,535		6,107	
		114,865		28,914	
e 25	'	1,941,971	1,573,475	368,496	0
25 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	1,341,311	2,313,313	300,490	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	TONOWING SOF 30-2 (ASC 300-120)	<u> </u>			Form 990 (2017
					500 (2011

46-0340547 Form 990 (2017) SOUTH DAKOTA ASSOCIATION OF Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 82,671 25,665 Cash-non-interest bearing 424,482 456,939 2 2 Savings and temporary cash investments 421,421 519,332 3 Pledges and grants receivable, net 31,267 28,110 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 8 8 Inventories for sale or use 54,707 51,495 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,556,816 other basis Complete Part VI of Schedule D 10a 984,487 908,323 648,493 10c b Less accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2,050,082 1,938,817 16 Total assets. Add lines 1 through 15 (must equal line 34) 132,700 130,664 17 17 Accounts payable and accrued expenses 18 18 Grants payable 256,284 344,617 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L

Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 1,323,833 1,348,801 27 Unrestricted net assets 28 28 Temporarily restricted net assets 226,000 226,000 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

23 Secured mortgages and notes payable to unrelated third parties

Total liabilities Add lines 17 through 25

Total net assets or fund balances

Total liabilities and net assets/fund balances

of Schedule D

Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X

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1,574,801

2,050,082

475,281

23

24

25

26

33

34

388,984

1,549,833

1,938,817

	990 (2017) SOUTH DAKOTA ASSOCIATION OF 46-0340547			Pag	ge 12
<u>P</u> a	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	968,4	477
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	941,	
3	Revenue less expenses Subtract line 2 from line 1	3		26,	506
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	549,8	833
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		-1,	538
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal-Part X, line			•	
_	33, column (B))	10	1,	574,8	801
<u>Ŗ</u> ā	rt 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 Cash X Accrual 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?		2	a	X
	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		1 2-		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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?		3	a	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

Form **990** (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Opento Public

Complete if the organization is described below	P Attach to 1 Only 330 C
Go to www.irs.gov/Form990 for instruction	ns and the latest informatio

Department of the Treasury Internal Revenue Service

Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If T

the organiza	tion answered "Yes," on Form 990, Part I	V, line 5 (Proxy Tax) (see separate	instructions) or	Form 990-EZ, Part V,	line 35c (Proxy					
. , .	arate instructions), then									
	1(c)(4), (5), or (6) organizations Complete Pa									
lame of organ				1 ' -	fication number					
	RURAL WATER SYSTE			46-03405						
Partil:A	Complete if the organization is e	xempt under section 501(c)	or is a sectio	n 527 organizatio	<u>n</u>					
1 Provide a	a description of the organization's direct and	indirect political campaign activities	in Part IV (see ins	tructions for						
definition	of "political campaign activities")									
2 Political	Political campaign activity expenditures (see instructions)									
	r hours for political campaign activities (see i									
Partii B	Complete if the organization is e	xempt under section 501(c)(3).							
1 Enter the	amount of any excise tax incurred by the org	ganization under section 4955		▶ \$						
2 Enter the	e amount of any excise tax incurred by organ	zation managers under section 495	5	▶ \$						
3 If the org	anization incurred a section 4955 tax, did it f	ile Form 4720 for this year?			Yes No					
4a Wasac	orrection made?				Yes No					
b If "Yes,"	describe in Part IV									
Partil-C	Complete if the organization is e	xempt under section 501(c), except secti	on 501(c)(3).						
1 Enter the	e amount directly expended by the filing organ	nization for section 527 exempt fund	tion							
activities				▶ \$						
2 Enter the	Enter the amount of the filing organization's funds contributed to other organizations for section									
	527 exempt function activities									
3 Total ex	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,									
line 17b	line 17b ► \$									
	•									
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter										
	unt of political contributions received that we									
as a sep	arate segregated fund or a political action co	mmittee (PAC) If additional space	s needed, provide	information in Part IV						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
				filing organization's funds If none, enter -0-	contributions received and promptly and directly					
				lands in none, enter 45	delivered to a separate					
			1		political organization					
					If none, enter -0-					
[1)										
(2)										
(3)										
(4)										
(5)										
(6)					1					
				<u> </u>	<u>'</u>					
For Paperwork	Reduction Act Notice, see the Instructions for	Form 990 or 990-EZ		Schedule C (Fo	orm 990 or 990-EZ) 201					

Schedule C (Form 990 or 990-EZ) 2017 SOUTE	H DAKOTA AS	SOCIATION	OF	46-03	340547	Page 2
Part II-A . Complete if the organi	zation is exemp	t under section 5	501(c)(3) an	d filed Form	5768 (elect	ion under
section 501(h)).						
A Check > if the filing organization				ach affiliated gro	oup member	s name,
address, EIN, expense			•			
3 Check ▶ ☐ If the filing organization			trol" provisio	ons apply		
	obying Expendit			(a) Filing	(b) Affiliated	
(The term "expenditures"		organization's to	otals	group totals		
1a Total lobbying expenditures to influence p		,				
b Total lobbying expenditures to influence a	= : :	ect lobbying)				
c Total lobbying expenditures (add lines 1a	and 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (add l	•					
f Lobbying nontaxable amount. Enter the ar	mount from the follow	ving table in both			-	
columns						
If the amount on line 1e, column (a) or (b) is		ntaxable amount is.				
Not over \$500,000	20% of the amour					
Over \$500,000 but not over \$1,000,000	- 	% of the excess over \$50				
Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,				
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5	00,000	, y		
Over \$17,000,000	\$1,000,000					
g Grassroots nontaxable amount (enter 25%						
h Subtract line 1g from line 1a If zero or les						
Subtract line 1f from line 1c If zero or less	·		file Form 4720		l	
J If there is an amount other than zero on e	ither line in or line ii	i, did the organization	ille Form 4720			Yes No
reporting section 4911 tax for this year?						1165 110
		ing Period Under			· .	
(Some organizations that made					rive column	s below.
•	see the separate	instructions for lin	es za throug	jn 21.)		
	obbyina Expendit	ures During 4-Yea	r Averaging	Period		
			T			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 201	16 (c	I) 2017	(e) Total
beginning in						
2a Lobbying nontaxable amount						•
b Lobbying ceiling amount			1			
(150% of line 2a, column (e))				1		
(10070 01 mile 22, 00/01/11 (0))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						<u> </u>
			1	ı		

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Sched	fule C (Form 990 or 990-EZ) 2017 SOUTH DAKOTA ASSOCIATION OF 46	<u>-034</u>	054	7	P	Page 3
<u> Pai</u>	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO	「filed	Form	5768		
	(election under section 501(h)).	(a)	(t)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	Yes	No			
	enption of the lobbying activity	res	NO	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
	Volunteers?	-	\sqcup			,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		ļ	 		
	Media advertisements?					
	Mailings to members, legislators, or the public?		ļ			
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?	-				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 			
ı	Other activities?	-				
J	Total Add lines 1c through 1i		·			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		+			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		·			
	rt:III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or se	ection		
[1,4	501(c)(6).	(0)(0),	, 0. 00			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?						
Pa	rt'III-B. Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	, or se	ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b	o) Pari	t III-A, lin€	3, is	
	answered "Yes."		, ,			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b	-		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
-	and political expenditure next year?		5	<u> </u>		
_	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information] 3			
Pr d	IL IV I GUPPICHICAL HIIOHIIANGH					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

· SCHEDULE D (Form 990) .

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

	of the organization		Employer ide	ntification number
	SOUTH DAKOTA ASSOCIATION OF			40545
	JRAL WATER SYSTEMS	46-03		
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		ccounts.	
	Complete if the organization answered Tes Uni	(a) Donor advised funds	(b) F	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	It the assets held in donor advised		
•	funds are the organization's property, subject to the organization's exc			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in			
Ů	only for charitable purposes and not for the benefit of the donor or don			
	conferring impermissible private benefit?	or doctor, or too dry outer perpendicular		Yes No
Pa	成的 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	call that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land a	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		H	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25	/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organizat	ion during t	the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo-	nitoring, inspection, handling of		п п
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	asements o	during the year
	•			Ш
7	Amount of expenses incurred in monitoring, inspecting, handling of video	olations, and enforcing conservation easen	nents durin	g the year
	> \$	11		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(n)(4)(B)(i)	☐ Yes ☐ No
	and section 170(h)(4)(B)(ii)?	manta in its revenue and evanges statemer	st and	res no
9	In Part XIII, describe how the organization reports conservation easer balance sheet, and include, if applicable, the text of the footnote to the			P
	organization's accounting for conservation easements	e organization s illiancial statements that d	C30HDC3 (H	·
P	artill Organizations Maintaining Collections of Art	, Historical Treasures, or Other	Similar A	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 sh	eet
	works of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth		
	public service, provide, in Part XIII, the text of the footnote to its finan			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),			
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance 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,		ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958	B) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	\$
	Assets included in Form 990, Part X			Sahadula D /Farm 000) 2017
E^-	Panerwork Reduction Act Notice see the Instructions for Form 99	U		Schedule D (Form 990) 2017

	DAKOTA A	<u>SSOCI</u>	ATIO	N OF		46-0	340547		Page 2
Rartilli Organizations Main	taining Collect	ions of	Art, His	storical Tr	reasures, d	or Othe	r Similar Asset	ts (continue	
3 Using the organization's acquisition, collection items (check all that apply	accession, and other	er records	, check a	any of the foll	lowing that are	e a signifi	cant use of its		
a Public exhibition		d 🗌 L	oan or e	xchange prog	grams				
b Scholarly research		e ∏ (Other						
c Preservation for future generatio	ns								
4 Provide a description of the organiza	tion's collections ar	nd explain	how they	y further the o	organization's	exempt p	ourpose in Part		
XIII									
5 During the year, did the organization								_	_
assets to be sold to raise funds rathe			art of the	organization	's collection?			Yes	No
Partily Escrow and Custod	_			000 D-	-4 N / L O		t. d		
Complete if the organ	ization answere	ed "Yes"	on For	m 990, Pa	ıπ'ıv, iine 9	, or repo	oπed an amour	it on Form	
990, Part X, line 21									
1a Is the organization an agent, trustee	custodian or other	intermedi	ary for co	ontributions o	or other assets	s not		\Box ,	\Box
included on Form 990, Part X?								Yes	∐ No
b If "Yes," explain the arrangement in	art XIII and comple	ete the foll	lowing ta	bie				Amount	
a. Dan ee ee beleeve							 - - 	Amount	
c Beginning balance							1c		
d Additions during the year							1 <u>d</u>		
e Distributions during the year							1e		
f Ending balance			04 (1 <u>f</u>		
2a Did the organization include an amo						_		Yes	⊢ No
b If "Yes," explain the arrangement in Part V Endowment Funds.	Part XIII Check her	e if the ex	pianation	i nas been pi	rovided on Pa	III XIII			1
Complete if the organ	uzation anewere	d "Vec"	on For	m 000 Pa	ırt IV/ lına 1	Λ			
Complete it the organ	(a) Curren	<u></u>		Prior year	(c) Two yea		(d) Three years back	(e) Four ye	ars hack
1a. Recommon of wear halones	(a) curren	· year	(5).	noi year	(0) 1110 900	- Duck	(a) Three years back	(c) rour ye	ara back
Beginning of year balance b Contributions	-				-				
					-				
 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					<u> </u>				
2 Provide the estimated percentage of	the current year or	nd balance	line 1a	column (a))	held as				
a Board designated or quasi-endowm		%	s (line 19	, column (a))	nicia as				
b Permanent endowment ▶	%	70							
c Temporarily restricted endowment									
The percentages on lines 2a, 2b, an									
3a Are there endowment funds not in the	•		ition that	are held and	l administered	d for the			
organization by	.o possoso.o o							TY	es No
(i) unrelated organizations								3a(ı)	
(ii) related organizations								3a(ii)	
b If "Yes" on line 3a(ii), are the related	organizations lister	d as requi	red on S	chedule R?				3b	
4 Describe in Part XIII the intended us	_							<u></u>	
Partivi Land, Buildings, an									-
Complete if the orga		ed "Yes"	on Fo	rm 990. Pa	art IV. line	11a See	e Form 990, Pa	rt X, line 10	
Description of property		ost or other b		(b) Cost or			Accumulated	(d) Book val	ue
		(investment)	Ì	(oth	ner)	d	epreciation		
1a Land									
b Buildings				5	20,523		83,757	436	5,76
c Leasehold improvements				_			-		
d Equipment				1,0	36,293		564,736	471	1,55
e Other									
Total Add lines 1a through 1e (Column (d) must equal Form	990, Pari	t X, colur	nn (B), line 1	0c)		•	908	3,323

Schedule D (Form 990) 2017

Part VII	Jnvestments—Ot	her Securities.		
----------	----------------	-----------------	--	--

n-end Am	Complete if the organization answered "Yes" of	on Form 990, Part IV, lu	ne 11b See Form 990, Part	X, line 12
•	(a) Description of security or category	(b) Book value	(c) Method of valua	tion
	(including name of security)		Cost or end-of-year mar	ket value
 Financial d 				
	ld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, II	ne 11c See Form 990, Part	X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year ma	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			-	
(8)				
(9)				
•	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
PartilX	Other Assets.			•
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ine 11d See Form 990, Part	X, line 15
	(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
(altin	Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11e or 11f. See Form 99	0 Part X
	line 25	on romin 550, raitiv, i		0, 1 41171,
		(b) Book value		
1. (1) Fodosol	(a) Description of liability	(D) DOOK VAIDE		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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.

(9)

Schedule D (Form 990) 2017 SOUTH DAKOTA ASSOCIATION OF 46-0340547 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,968,477Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12 2a a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 3 1,968,477 Subtract line 2e from line 1 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 4c c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 1,968,477 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,943,509 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses 1,538 d Other (Describe in Part XIII) 2d e Add lines 2a through 2d

4a

4b

Part XIII Supplemental Information.

Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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

BOOK / TAX DEPRECIATION DIFFERENCE

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

\$

4c

5

1,538

1,941,97

1,941,971

SCHEDULE M (Form 990) .

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990

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

2017
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOUTH DAKOTA ASSOCIATION OF RURAL WATER SYSTEMS

Employer identification number

46-0340547

P Pa	rt]I Types of Property				
		(a)	(b)	(c)	(d)
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods	ŀ			
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC,				
	or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation				
	contribution — Historic				
	structures				
14	Qualified conservation				
	contribution — Other				
15	Real estate Residential			·	
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►() X	1	38,225	
26	Other ►() <u> </u>	1		
27	Other ►()			
28	Other ► ()			
29	Number of Forms 8283 received by				
	which the organization completed F	orm 8283,	Part IV, Donee Acknow	rledgement	29
					Yes No
30a	During the year, did the organization				
	28, that it must hold for at least three			contribution, and which isn'	t required
	to be used for exempt purposes for	the entire	holding period?		30a X
b	If "Yes," describe the arrangement				
31	Does the organization have a gift a	cceptance	policy that requires the	review of any nonstandard	
	contributions?				31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

33

contributions?

If "Yes," describe in Part II

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information Open to Public Inspection

Name of the organization

SOUTH DAKOTA ASSOCIATION OF RURAL WATER SYSTEMS

Employer identification number 46-0340547

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 EACH MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE ANNUAL FORM 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OF DIRECTORS ANNUALLY REVIEW THE RELATIONSHIPS OF ANY EMPLOYEES WITH ANY MEMBER OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND ADJUSTED, AS NECESSARY, ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,538