FOTA 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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. Open to Public

		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest					
Ā	For th	e 2018 cale	ndar year, or tax year beginning $ exttt{Jul 1}$, 2018, and endir	ı g Ju	n 30	,2019		
В	Check i	f applicable	C Name of organization SOUTH DAKOTA THETA HOUSE CORPORATION	מכ	D Employ	er identification number		
	Addres	s change	Doing business as		46-03	342550		
	Name o	•	Number and street (or P.O box if mail is not delivered to street address) Room/su	ııte	E Telephone number			
$\overline{\sqcap}$	Initial re	•		(605))553-0534			
\sqcap		um/terminated	City or town, state or province, country, and ZIP or foreign postal code					
\Box		ed return	BROOKINGS, SD 57006		G Gross re	eceipts \$ 132,582.		
$\overline{\Box}$			F Name and address of principal officer:	H(a) is this a c	roup return for	subordinates? Yes No		
	, ,ppoa	orr promounts	RYAN HOHWIELER, PO BOX 271, BROOKINGS, SD 5700					
_	Tay-ey	empt status:	□ 501(c)(3) 🗵 501(c) (5) ◀ (insert no.) □ 4947(a)(1) or □ 52/\			a list. (see instructions)		
<u></u>	Websit		/A		exemption	number ▶		
K			X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma			of legal domicile: SD		
	art I	Summ				<u> </u>		
	1		scribe the organization's mission or most significant activities: PROVI	DE HOUSTN	G FOR C	COLLEGE FRATERNITY		
ø	'	Dillony Go	Trovi	<u> </u>	19.1911.9			
auc	i		/					
L L	2	Check th	s box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets		
Governance	3		of voting members of the governing body (Part VI, line 1a)			10		
	4		of independent voting members of the governing body (Part VI, line 1b)			10		
Activities &	5		her of individuals employed in calendar year 2018 (Part V, line 2a)	• • • •	5			
ĭ₹	6		hber of volunteers (estimate if necessary)		6	10		
ç	7a	Total unre	elated business revenue from Part VIII, column (c) line 12		7a	0.		
_	b	Net unrel	ated business taxable income from Form 996 1 the talver.	• • • •	7b	0.		
_	 			Prior Ye		Current Year		
Revenue	8	Contribut	ions and grants (Part VIII, line 1h)	2.0	6,045.	28,759.		
	9				6,358.	103,712.		
eve	10	Investme	nt income (Part VIII, column (A), lines 3 4, and 76)		8.	111.		
œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14.17.		<u>~</u>	<u></u>		
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152	2,411.	132,582.		
	13		d sımılar amounts paid (Part IX, column (A), lines 1-3)		-/			
	14		paid to or for members (Part IX, column (A), line 4)					
Ø	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)					
je D	b		Iraising expenses (Part IX, column (D), line 25) ▶					
ω	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	149	0,048.	157,836.		
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,048.	157,836.		
	19		ess expenses. Subtract line 18 from line 12		3,363.	-25,254.		
o ses				Beginning of Cu		End of Year		
sets	20	Total asse	ets (Part X, line 16)	1,483	3,947.	1,450,116.		
Net Assets or Fund Balances	21		ities (Part X, line 26)		5,810.	308,232.		
윤	22		s or fund balances. Subtract line 21 from line 20		7,137.	1,141,884.		
	rt II	Şignatı	ure Block		<u> </u>			
Und	der pena	Ities of penun	, I declare that I have examined this return, including accompanying schedules and state	ments, and to t	he best of m	ny knowledge and belief, it is		
true	, correc	t, and comple	te Declaration of preparer (other than officer) is based on all information of which prepare	has any knowl	edge.			
		2 7	Dear ANDVO		8/19	2019		
Sig		Signa Signa	ture of officer	Da	te			
He	re	DEA	N_DeVOS, TREASURER					
		Type	or print name and title					
Pai	d	Print/Typ	e preparer's name Preparer's signature 1	ite	Check	If PTIN		
	epare	CRAIG	STEEN Cara tean			P01262022		
He	p ()nl	Firm's na		Firm		16-0393709		
_		Firm's ad	dress ► 317 5TH STREET, BROOKINGS, SD 57006			05)692-4745		
May	the IF		this return with the preparer shown above? (see instructions)			🛛 Yes 🗌 No		
				V 05/20/19 PRO		Form 990 (2018)		

		age Z
Part		
- -	Check if Schedule O contains a response or note to any line in this Part III	_ <u></u>
1	PROVIDE HOUSING FOR COLLEGE FRATERNITY	
	PROVIDE ROUSING FOR COLDEGE FIXEDMAILI	
2	Did the organization undertake any significant program services during the year which were not listed on the	131-
	prior Form 990 or 990-EZ?	NO
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ū	services?	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 measure	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	hers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	(Code) (C	
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)	

		••
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4-4	Other program convers (Decaribe in Cabadula O.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses	



Párt	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
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	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		_ <u>×</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		_ <u>×</u>
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #el/fees/is peoplete Schedule I. Parts I and II	21		×

Part	Checklist of Required Schedules (continued)		T v	L
	Distriction of the second seco		Yes	No
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	-	×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
b	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	 	
С	to defease any tax-exempt bonds?	240	ŀ	ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+	<u> </u>
25a		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
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):			3
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		}	
31	conservation contributions? If "Yes," complete Schedule M	30	 -	×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	 ^
33	complete Schedule N, Part II	32	\ 	×
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	-
Part		1 30		L
	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 0			7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		_
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Y A	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
Ь	Aleta lifth a sum of lines to and Op is proster than 250, you may be required to a file (see instructions)	20	المتنة	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a	ľ	×
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		Â
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).			
~ .	• • • • • • • • • • • • • • • • • • • •	5.0		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		_ <u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	J	
1-	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa	<u>×</u>	
b	· · · · · · · · · · · · · · · · · · ·	6ь	J	
7	gifts were not tax deductible?	OD T	×	
		5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	"		
·	required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year		انتظا	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		الناء	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			- 1/
а	Initiation fees and capital contributions included on Part VIII, line 12			4
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- 3	
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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			₹.
C 42	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 -↓	<u>×</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ۔ ۔ ا	1	
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	انسان	
	If "Yes," complete Form 4720, Schedule O.			

Part	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. S Check if Schedule O contains a response or note to any line in this Part VI								
Sect	ion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			1					
	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.	0							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b10)		γA					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u></u>	×					
6	Did the organization have members or stockholders?	6	_×						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a	The governing body?	8a	×	├					
ь 9	Each committee with authority to act on behalf of the governing body?	8b	×						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×					
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co		$\overline{}$					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		<u>×</u>					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ					
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 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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		<u>×</u> _					
c	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		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?								
a	The organization's CEO, Executive Director, or top management official	15a		×					
b	Other officers or key employees of the organization	15b		×					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		×					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain in Schedule O)	Γ (Sect	tion 5	i01(c)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest ;	oolicy	, and					
0.5	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 re DEAN DeVOS, PO BOX 271, BROOKINGS, SD 57006 (605) 553-0534	cords	•						

Pârt 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.

		ours per officer and a director/trustee)							į	
(A) Name and Title	(B) Average hours per week (list any							(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RYAN HOHWIELER	4.00	×								
PRESIDENT	 	<u> ^-</u> -	\vdash	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(2) LOREN BOONE VICE PRESIDENT	5.00	×						0.	0.	0.
(3) DEAN DeVOS TREASURER	2.00	×						0.	0.	0.
(4) CAL STENGEL SECRETARY	1.00	×						0.	0.	0.
(5) TYLER NOVAK DIRECTOR	1.00	×						0.	0.	0.
(6) SCOTT HALLEN DIRECTOR	4.00	×				į		0.	0.	0.
(7) LADISLAV NEMECEK DIRECTOR	5.00	×						0.	0.	0.
(8) ELLIOT VanWell DIRECTOR	1.00	×						0.	0.	0.
(9) THOMAS OTT DIRECTOR	6.00	×						0.	0.	0.
(10) AL ARMSTRONG DIRECTOR	1.00	×						0.	0.	0.
(11)										
(12)										
(13)	 									
(14)	 									
	44			_				L		

Par	Pârt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per	Position (do not check more that box, unless person is both officer and a director/tri					an	(D) Reportable compensation	(E) Reportation		(F) Estimated amount o	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-1	ons	other compensat from the organization and relate organization	on ed
(15)													
(16)													
(17)													
(18)								-		 			
(19)						-		-					
(20)								-					
(21)						-				<u></u>			
(22)					-	-				<u> </u>			
(23)								-		<u> </u>			
(24)			 -								_		
(25)													
1b c	Sub-total	VII, Sectio	n A				•	>	0.		0.		0.
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		ore than \$1) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direct	tor, o	r tr	uste indi	ee,	key e	mp	loyee, or high	est compe	ensated	Yes	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	ortab	ole d	com	per	satio						×
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	×
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep year.												tax
	(A) Name and business addi	ess							(B) Description of se	ervices		(C) Compensation	
				-									
								_					
2	Total number of independent contractor							th	ose listed abo	ve) who			

Dag	- 1///	Statement of Reve	anua								
	t_VIII.	Check if Schedule O contains a response or note to any line in this Part VIII									
Personal Property Commencer	rector states	Oneck if Schedule C	Contains a resp	onse or note t			(C)	(D)			
					(A) Total revenue	(B) Related or	(C) Unrelated	Revenue excluded from tax			
						exempt function	business revenue	under sections			
					70.00 000 000 000	revenue		512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns									
ir o	Ь	Membership dues .									
, G	C	Fundraising events .	1c								
ar L	d	Related organizations	s 1d								
3, E	e	Government grants (cor									
ë ë	f	All other contributions, g									
že tri	1	and similar amounts not inc		28,759.		FATE S					
증물	_	Noncash contributions include	سننسا	20,733.							
E P	9		Total. Add lines 1a–1f								
	h			28,759.	2 M. Sept. 200		CONTRACTOR OF THE PARTY OF				
Program Service Revenue				Business Code							
eve	2a	RENT		531110	103,712.	103,712.	0.	0.			
œ e	b	*				<u></u>					
Ş.	C					<u> </u>	L	L			
Ser	d										
Ē	e			1	T						
gra	f	All other program ser	vice revenue .								
Pro	g	Total. Add lines 2a-2		>	103,712.						
	3	Investment income	(including divide	ends, interest.		MERITAL SER SERVER AND	S AND DELINE CONTRACTOR OF THE PARTY.	As a similar property of a control of the control o			
		and other similar amo			111.	111.	0.	0.			
	4	Income from investmen	•	and proceeds	<u> </u>		 	ļ			
	5			na proceeds P		}					
	١	noyanies	(i) Real	(ii) Personal		CONTRACTOR	######################################				
	1 0-	0	() / (Ca)	(ii) i Gisoriai							
	6a	Gross rents									
	Ь	Less: rental expenses									
	C	Rental income or (loss)	l								
	d	Net rental income or		<u> ▶</u>							
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory		_							
•	Ь	Less: cost or other basis									
~	1	and sales expenses .									
	C	Gain or (loss)									
	d	Net gain or (loss)			SALES CONTRACTOR OF THE PARTY O	C Constitution State of Constitution of Consti	- ATTHOUGH STEAM (SMICH)	MANAGE TRANSPORT OF THE PROPERTY OF THE PROPER			
1	ļ	(444)		<u> </u>				72.57.57.5			
ne	8a	Gross income from fu	indraising ·								
,en		events (not including \$									
ev.		of contributions reporte	ed on line 1c)								
Other Revenue		See Part IV, line 18 .									
the	I L.										
ō		Less: direct expenses			2.63						
	С	Net income or (loss) fr	rom fundraising	events . >							
- (.9a	Gross income from ga	ming activities.								
- 1		See Part IV, line 19 .	· · · · a								
j		Less: direct expenses									
1	C	Net income or (loss) fr	rom gaming activ	vities ►				130,30			
ı	10a	Gross sales of in	ventory, less [THE PARTY OF THE P	Y CONTRACTOR	THE REPORT OF THE PERSON OF TH			
	L	returns and allowance	s a								
j	b	Less: cost of goods se									
}		Net income or (loss) fr		ntony >	THE TENED WITH SHEET	S 25 D 27 CONTRACTOR S S S S S S S S S S S S S S S S S S S	ATTERNOON CONTRACTOR	MAR LANDON MARCHANIA SANDON			
ł	<u>~</u> _	Miscellaneous Re		Business Code	TON LESS THAN THE	THE RESERVE OF THE PERSON NAMED OF THE PERSON	AND THE PARTY OF T	THE RESERVE OF THE PARTY OF THE			
ł	11a			Dusiness Code			国家の特別の対象を開				
1	b				 						
											
	C	A11 - A1									
- 1	d	All other revenue .	<u>.</u>		<u> </u>	L TOTAL TOTA					
- }		Total. Add lines 11a-1		►			巴斯尼尼斯				
	12	Total revenue. See in	structions .	<u>.</u> ▶	132,582.	103,823.	0.	0.			

Part IX Statement of Functional Expenses

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) Fundrai expens						

	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(8) 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			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	298.		298.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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		 		
13	Office expenses				
14	Information technology			 	
15	Royalties			-	
16	Occupancy	12,046.	<u></u>	12,046.	
17	Travel				
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials	ļ	· · · · · · · · · · · · · · · · · · ·		
19	Conferences, conventions, and meetings .	16 420		16 (86	
20	Interest	16,432.		16,432.	
21 22	Payments to affiliates	63,754.		63,754.	
23	Insurance	12,118.	·	12,118.	
24	Other expenses. Itemize expenses not covered	12,110.		12,110.	TO THE OWNER OF THE PERSON
	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.)				
а	UTILITIES	13,744.	ACCOUNT OF SHAPE AND A SHAPE AND ASSESSED ASSESSED.	13,744.	CHANGE AND A CHEMICAL STREET,
	REPAIRS & MAINT.	7,636.		7,636.	
C	MISC.	1,349.		1,349.	
d	FUNDRAISING	1,001.		1,001.	
е	All other expenses	29,458.		29,458.	
25	Total functional expenses. Add lines 1 through 24e	157,836.		157,836.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
		REV 05/20/19 PRO			Form 990 (2018)

Part X- Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year 70,820. 1 96,378. Cash—non-interest-bearing 2 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 7 7 8 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,664,058. 10b 310,320. 1,413,127. 1,353,738. **b** Less: accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,483,947. 16 1,450,116. 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties . . . 316,810. 308,232. 23 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 26 Total liabilities. Add lines 17 through 25 . . . 316,810. 308,232 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ |X| 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 . 1,167,137. 1,141,884. 32 33 1,167,137. 33 1,141,884. 34 Total liabilities and net assets/fund balances 1,483,947. 34 1,450,116. Form 990 (2018)

Par	XI Reconciliation of Net Assets				F1		
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2		57,8			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>25,2</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	<u>67,1</u>	<u>37.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	·				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1,1	41,8	<u>83.</u>		
Part	XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>			
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	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 com-	oiled o	or 💮				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a 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 or	ersigt/	nt				
	of the audit, review, or compilation of its financial statements and selection of an independent account						
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	n				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n n	a Carre			
	the Single Audit Act and OMB Circular A-133?		. За		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b				
			_	000			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 46-0342550 SOUTH DAKOTA THETA HOUSE CORPORATION 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 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year 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? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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 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: Assets included in Form 990, Part X

REV 11/12/18 PRO

Page	2

Far	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar Ass	ets (contir	iuea)	
3	Using the organization's acquisition, collection items (check all that apply):							gnificant use	e of its	
а	☐ Public exhibition		d	☐ Loan	or exchan	ge progi	rams			
b	☐ Scholarly research		е	☐ Other						
С	☐ Preservation for future generations									
4	Provide a description of the organiza XIII.	tion's collections a	and expl	aın how tl	ney further	the org	anization's exem	pt purpose	in Part	
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 990, Part X, line 21.								rm ———	
1a	included on Form 990, Part X?								□ No	
b	If "Yes," explain the arrangement in Part XIII and complete the following table: Amount									
С	Beginning balance					10				
d	Additions during the year					1d	I			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	e 21, for e	scrow or c	ustodia	account liability?	│	□ No	
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .			
Par	tV Endowment Funds.			·						
	Complete if the organization	answered "Yes"	on Fo	m 990, F	Part IV, lin	e 10.				
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years back	(e) Four year	's back	
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses		<u> </u>							
g	End of year balance				_ 					
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
а	Board designated or quasi-endowment	nt ▶	%	, ,	•	•				
b	Permanent endowment ▶	%	-							
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
За	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ad	ministered for the	:		
	organization by:							Yes	No	
	(i) unrelated organizations							3a(i)	+-	
	(ii) related organizations							3a(ii)	1-	
b	If "Yes" on line 3a(ii), are the related o							3b	 	
4	Describe in Part XIII the intended uses									
Part			······································			-				
	Complete if the organization	answered "Yes"	on For	m 990. F	art IV. line	e 11a. S	See Form 990. I	art X. line	10.	
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	r other basis ther)	(c) A	Accumulated preciation	(d) Book valu		
1a	Land					AL POTESCE				
b	Buildings	1.664	,058.		····-	APPLICATION OF THE PARTY OF THE	310,320.	1,353,	738	
c	Leasehold improvements	1,003	, 550.	 						
ď	Equipment	' 		 	-					
e	Other	<u> </u>		 	=					
	Add lines 1a through 1e. (Column (d) n	rust equal Form 90	O Part	Column	(R) line 11	20.1		1,353,	738	
		04001 1 01111 00	-, · u/ L /	<u>.,</u>	10/1/10/10	· · · ·	· · · · · ·	-, 555,		

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.

2018

Inspection

Employer identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

46-0342550 SOUTH DAKOTA THETA HOUSE CORPORATION Pt VI, Line 6: MEMBERS ARE THOSE PERSONS DEEMED TO BE ALUMNI IN GOOD STANDING Pt VI, Line 7a: MEMBERS ELECT THE GOVERNING BODY ANNUALLY Pt VI, Line 11b: THE SUBMITTING DIRECTOR IS RESPONSIBLE FOR PREPARING & REVIEWING Pt VI, Line 18: INDIVIDUAL REQUESTS ARE CONSIDERED ON A CASE BY CASE BASIS UPON REQUEST Pt IX, Line 24e: Description: LAWN CARE/SNOW Total: \$3,280 Management and general: \$3,280 Description: RE TAXES Total: \$26,178 Management and general: \$26,178