

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning and ending Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (Big Sioux Nursery, Inc), address (16613 Sioux Conifer Rd, Watertown, SD 57201-7538), and identification numbers (Employer ID: 46044, Unrelated business activity code: 453000).

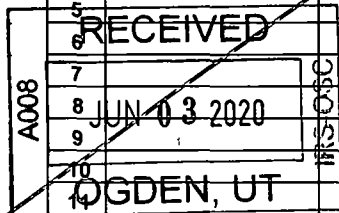
Section H: Enter the number of the organization's unrelated trades or businesses (1) Describe the only (or first) unrelated trade or business here (Tree sales to private nurseries).

Section J: The books are in care of (Nicole Stahl) Telephone number (605-886-6806)

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Total income reported as 11,331.

Table for Part II: Deductions Not Taken Elsewhere. Lists various deduction categories (14-31) and their amounts, resulting in a total deduction of 14,061 and a final unrelated business taxable income of -2,730.

SCANNED JUL 12 2021



See Statement 1

**Part III Total Unrelated Business Taxable income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	<b>Alternative minimum tax (trusts only)</b>	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att sch)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments. A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

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

*Shane J. Merten* 5/29/20 **Executive Dir**

Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Tanner Heiser</b>	Preparer's signature <i>Tanner Heiser</i>	Date 05/19/20	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name <b>VRS P.C.</b>	Firm's EIN <b>**-***4067</b>	Firm's address <b>P.O. Box 1267 Watertown, SD 57201-6267</b>		
	Phone no <b>605-886-8425</b>				

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ► **Cost Method**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract		
<b>3</b> Cost of labor	<b>3</b>		line 6 from line 5. Enter here and		
<b>4a</b> Additional sec 263A costs (attach schedule)	<b>4a</b>		in Part I, line 2	<b>7</b>	<b>26,603</b>
<b>b</b> Other costs (attach schedule) <b>Stmt 2</b>	<b>4b</b>	<b>26,603</b>	<b>8</b> Do the rules of section 263A (with respect to	<b>Yes</b>	<b>No</b>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	<b>26,603</b>	property produced or acquired for resale) apply		
			to the organization?		<b>X</b>

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1</b> Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
<b>2</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property		<b>2</b> Gross income from or allocable to debt-financed property		<b>3</b> Deductions directly connected with or allocable to debt-financed property	
				<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>N/A</b>					
(2)					
(3)					
(4)					
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6</b> Column 4 divided by column 5	<b>7</b> Gross income reportable (column 2 x column 6)	<b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%			
(2)		%			
(3)		%			
(4)		%			
			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B)	
<b>Totals</b>					
<b>Total dividends-received deductions</b> included in column 8 ►					

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Totals** ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25

**Totals** ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) ▶						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

**Big Sioux Nursery, Inc**

Identifying number  
**\*\*-\*\*\*2973**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,906

**Part III MACRS Depreciation (Don't include listed property See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	703
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property	08/30/19	3,016	39 yrs	MM	S/L	29
				MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	12,638
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **990-T****Schedule M Loss Carryover Calculation****2019**Description **Unrelated Business Activity**

Name

**Big Sioux Nursery, Inc**

Taxpayer Identification Number

**\*\*-\*\*\*2973**

Unincorporated Business Income Tax Code

**453000**

Activity

**Miscellaneous store retailers**

- 1 Activity income
- 2 Activity deductions
- 3 Activities income or loss, after deductions
- 4 Losses carried over to this year (do not include amounts prior to 2018)
- 5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive
- 6 Take the lesser of Line 4 or Line 5 **Enter here and on Line 30 of Form 990-T or Schedule M**
- 7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)
- 8 If line 3 is less than zero, enter that amount here as a positive number
- 9 Total loss carried forward to 2020 (Add lines 7 and 8)

<b>1</b>	<b>11,331</b>
<b>2</b>	<b>14,061</b>
<b>3</b>	<b>-2,730</b>
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	<b>2,730</b>
<b>9</b>	<b>2,730</b>

# Federal Statements

## Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
Allocated to Form 990-T	\$ 14,061
Total	\$ <u>14,061</u>

## Statement 2 - Form 990-T, Schedule A, Line 4b - Other Costs

<u>Description</u>	<u>Amount</u>
Sales of trees - 990T	\$ 26,603
Total	\$ <u>26,603</u>



Form **990T****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning

, ending

Name

Taxpayer Identification Number

**Big Sioux Nursery, Inc****\*\*-\*\*\*2973**

		2018	2019	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	1. 14,079	11,331	-2,748
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. <b>Total trade or business income.</b> Combine lines 1 through 10	11. 14,079	11,331	-2,748
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22. 11,842	14,061	2,219
	23. <b>Total deductions.</b> Add lines 12 through 22	23. 11,842	14,061	2,219
24. <b>Net income (990T/first activity).</b> Subtract line 23 from 11	24. 2,237	-2,730	-4,967	
25. Number of unrelated business activities for this return	25. 1	1		
26. Unrelated business taxable income from all trades	26. 2,237		-2,237	
27. Disallowed employee fringe benefits	27.			
28. Charitable contributions	28.			
29. <b>Taxable income before NOL loss</b>	29. 2,237		-2,237	
30. Net operating loss (pre-2018)	30. 1,843		-1,843	
31. Specific deduction	31. 1,000	1,000		
32. <b>Unrelated business taxable income.</b>	32.			
<b>Tax &amp; Credits</b>	33. Income tax (corporate or trust)	33.		
	34. Proxy tax	34.		
	35. Other taxes	35.		
	36. <b>Total taxes</b>	36.		
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	40. <b>Total credits</b>	40.		
	41. <b>Net tax after credits</b>	41.		
	42. Recapture taxes and 965 tax	42.		
	43. <b>Total Taxes</b>	43.		
<b>Due/Refund</b>	44. Prior year overpayment and estimated tax payments	44.		
	45. Payment made with extension	45.		
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	48. <b>Total payments</b>	48.		
	49. <b>Balance due/(Overpayment)</b>	49.		
	50. Overpayment applied to next year	50.		
	51. Penalties	51.		
	52. <b>Total due/(Refund)</b>	52.		

Form **990T**

**Tax Return History**

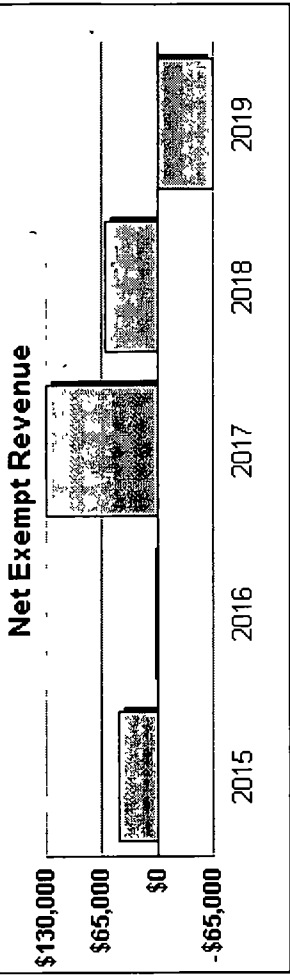
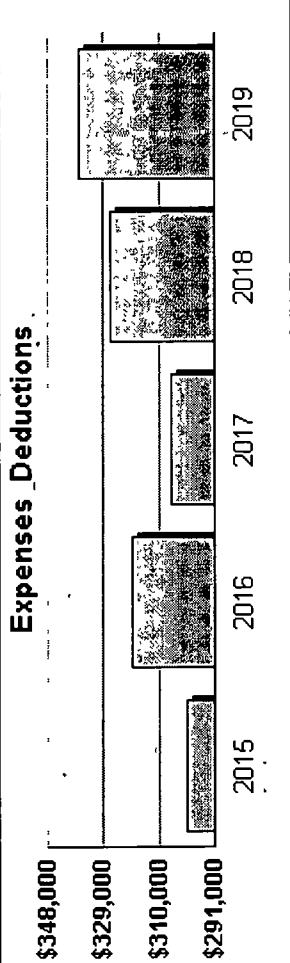
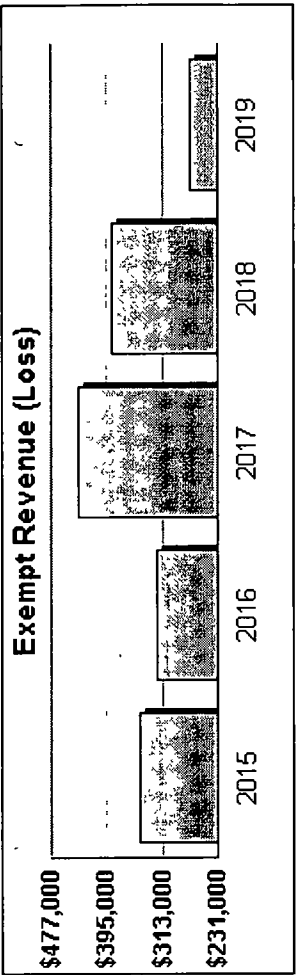
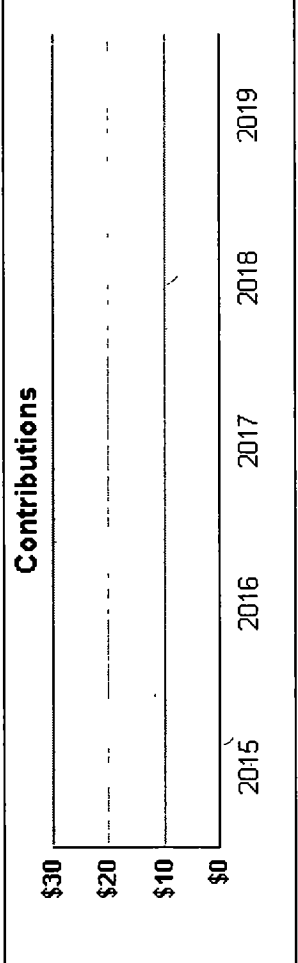
**2019**

Name

**Big Sioux Nursery, Inc**

Employer Identification Number  
**\*\*-\*\*\*2973**

	2015	2016	2017	2018	2019	2020
* Income shown net of expenses						
Business activity profit/loss	5,857	9,278	13,215	14,079	11,331	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>	<b>5,857</b>	<b>9,278</b>	<b>13,215</b>	<b>14,079</b>	<b>11,331</b>	
Compensation of officers, ect						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T**

**Tax Return History**

**2019**

Name

**Big Sioux Nursery, Inc**

Employer Identification Number

**\*\*-\*\*\*2973**

	2015	2016	2017	2018	2019	2020
Other deductions	5,156	9,330	9,315	11,842	14,061	
Net income (990T/first activity)	701	-52	3,900	2,237	-2,730	
UBTI from all trades	701	0	3,900	2,237	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction	701		3,900	1,843		
Specific deduction	1,000		1,000	1,000	1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
<b>Total taxes</b>						
General business credit						
Other credits						
<b>Net tax after credits</b>						
Estimated tax payments						
Other payments						
<b>Balance due/Overpayment</b>						

