Form 990

Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2017

# **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.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2016
Openito Rublic

_A I	or th	e 2016 calendar year, or tax year beginning	and	ending					
B	zheck d ipplicab	C Name of organization			D Employer identifi	ication number			
	Addre	6   SOUTH DAKOTA DAMKERS DENEFIT	PLAN TRUS	ST					
L	Name			· · · · · · · · · · · · · · · · · · ·	46~4	332220			
	loite)	Number and street (of P.U. box if mail is not delivered to street	et address)	Room/suite	E Telephone number				
	]Final	, 109 MISSOURI AVENUE		<u> </u>	605-660-2341				
	termi: ated	City or town, state or province, country, and ZIP or foreign	n postal code	G Gross receipts \$ 11,586,654.					
	Amen return	ded PIERRE, SD_ 575011			H(a) Is this a group re				
	Apple Iton	I F Name and address of principal officer. DAY ID ICIN	G		for subordinates	3? Yes X No			
	pendi	™  109 MISSOURI AVENUE, PIERRE, S	SD 575011		H(b) Are all subordinates in	ncluded? Yes No			
J 1	[ax <u>·e</u> x	empt status: 501(c)(3) X 501(c) ( 9 ) ◀ (insert no	o.) [ 4947(a)(1)	or 527	if "No," attach a	list. (see instructions)			
١٦	Nebsi	te: ► N/A			H(c) Group exemption	n number 🕨			
KF	orm o	organization: Corporation X Trust Association	Other >	L Year	of formation: 2014	M State of legal domicile; SD			
Pa	rt:I	Summary							
	1	Briefly describe the organization's mission or most significant as	ctivities: THE	PRIMAR	Y EXEMPT PU	RPOSE OF			
Governance		THIS TAX-EXEMPT IRC SECTION 501(	C)(9) VOL	UNTARY	EMPLOYEES'				
E	2	Check this box 🕨 🔲 if the organization discontinued its or	perations or dispos	sed of more	than 25% of its net as:	sets.			
ŏ.	3	Number of voting members of the governing body (Part VI, line	1a)		3	5			
Ğ	4	Number of Independent voting members of the governing body	(Part VI, line 1b)	•. •••••	4	5			
တ္တ	5	Total number of individuals employed in calendar year 2016 (Pa	ırt V, line 2a)			0			
Activities &	6	Total number of volunteers (estimate If necessary)			6	0			
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line	12		7a	0.			
٩	b	Net unrelated business taxable income from Form 990-T, line 34	4 <u></u>		7b	0,			
			CENT.		Prior Year	Current Year			
نه	8	Contributions and grants (Part VIII, line 1h)	,		0.	0.			
Š		Program service revenue (Part VIII, line 2g)			10,660,335.	11,458,898.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d) NU	V 1 5 2017	3	8,997.	12,267.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8d 9c, 10c, and		18	62,217.	115,489.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) cold	mn=(A), (Ine 12)		10,731,549.	11,586,654.			
	13	Grants and similar amounts pald (Part IX, column (A), lines (3)			0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	••••		9,320,234.	10,118,682.			
S		Salaries, other compensation, employee benefits (Part IX, colum			0.	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
άx				<u> 0. Ess</u>	<b>《秦文》的《日本》</b>				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			968,363.	957,965.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A),			10,288,597.	11,076,647.			
	_	Revenue less expenses. Subtract line 18 from line 12			442,952.	510,007.			
Soc				Beg	inning of Current Year	End of Year			
Seets		Total assets (Part X, line 16)			3,196,886.	4,355,172.			
at As		Total liabilities (Part X, Ilne 26)			1,864,344.	2,512,623.			
	22 et-11	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		<u> </u>	1,332,542.	1,842,549.			
		llies of perjuy, ) declare that I have examined this return, including acco	maaniaa aabadulaa	and statemen	ote and to the heat of our	kanudadan and baliaf il ia			
		t, and complete. Declaration of preparer (ether than officer) is based on a				Kilomeage alla dellel, it is			
11 86,	COLLEC	Land W. Dung	an anomiadon of the	nen bicharer i		- 2017			
Sign		Signature of officer		<del></del>	Date	2.011			
Here		DAVID KING, CHAIRMAN							
		Type or print name and title				<del></del>			
		Print/Type preparer's name Preparer's sig	nature		ale Chek	PTIN			
Paid		MARIAN J. KLAUS Maii	ang. Oaus_	1	.1-07-2017 if self employs	P01274354			
Prep	arer	Firm's name DELOITTE TAX LLP	<i>V</i>		Firm's EIN 🕨	86-1065772			
Use	Only	Firm's address 111 S WACKER DRIVE, 24T	H FLOOR	<del></del>					
		CHICAGO, IL 60606-4301			Phone no. (3)	12) 486-1000			
May	the IF	S discuss this return with the preparer shown above? (see instru		***************************************		. X Yes No			
63200	1 11-1					Form 990 (2016)			
	S	EE SCHEDULE O FOR ORGANIZATION M	ISSION ST	<b>ATEMEN</b>	T CONTINUAT:	ION .			

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	1 990 (2016) SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST 46-4332220 Page 2
<u>P</u> a	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SDBBP TRUST WAS ESTABLISHED TO PROVIDE GROUP HEALTH INSURANCE
	COVERAGE TO SUBSTANTIALLY ALL EMPLOYEES OF PARTICIPATING EMPLOYERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$11,076,647. including grants of \$) (Revenue \$11,586,654.)
4b	(Code) (Expenses \$
40	(Code) (Expenses \$
40	(Code / (Expenses \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4-	Total program convice expenses 11 076 647.

Form **990** (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	1.10
•	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		Х
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		X
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		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16 <sup>9</sup> If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	146	i	X
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	ar for force modulational Council and the coun	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-13		
• /	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-"-		
.5	10 and 0-0 (cm)	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	. <u> </u>		<del></del>
	complete Schedule G. Part III	19	- 1	Х
	CONTINUOS CONTIN		990	2016)

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Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 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 X 24a Schedule K If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25b Schedule L, Part I 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," Х 26 complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ... 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I . . . . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 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 34 Х Part V, line 1 Х 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

X Form 990 (2016)

Note. All Form 990 filers are required to complete Schedule O

18 Enter the number reported in Box 3 of Form 1006. Enter 0 if not applicable 1a 0  19 Fritter the number of Porms W26 exclused of line 1a. Enter 0 if not applicable 1b. 0  10 Ot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prote winnes?  20 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the called register protein with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prote winnes?  20 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the called register of the organization like all required federal employment tax returns?  21 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the unit of the organization like all required federal employment tax returns?  22 Enter the number of employees reported on Form Statements, filed for the unit of the organization is sent to the organization in Statements, for Ford Statements, for Ford Statements, for Statements, for Ford Statements		Check if Schedule O contains a response or note to any line in this Part V	_		
18 Enter the number reported in Box 3 of Form 1096. Enter of Individual pulses for applicable be Enter the number of Forms WaS (ancluded in line is a. Enter & Pin tota applicable) of the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gamming) with entering the without the payments of the				Yes	No
b Enter the number of Forms W26 included in line 1a. Enter D-If not applicable   Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize venness?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleed for the celendary ser ending with or within the year covered by thin return  b If at least one is reported on line 2a, did the organization file all required federal employment as x returns?  2b. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c. Did with seat fleed a form 950 for first leyer if 17%, *to fair all years underseation in Schedule O  3d. At a farty time during the calendar year, did the organization have an effects in, or a signature or other authority over, a framical account; a foreign country (such as a bank account, securities account, or other financial account; \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *enter the name of the foreign country, \$4. At \$7. If 17% *s, *	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize womens?  Ze Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year ending with or within the year covered by the return.  It is tall seat one is reported on line 2a, did the organization file all required federat employment tax returns?  Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3 bit through the company of the seat o					
Gambing) wrnnings to prize winners?  Ear Eiter the number of employees riported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2 a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 is and 2 is in greater than 250, you may be required to a-file (see instructions)  3.0 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3.1 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3.2 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3.3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3.4 A at any time during the calendar year, did the organization have an interest in, or a significant on other authority over, a financial account in a foreign country (such as a bank account; securines account, or other financial accountry?  4.2 If Yes, "enter the name of the foreign country, but have a set a party or a prohibeted accountry?  5.2 Was the organization a party to a prohibeted that was or is a party to a prohibeted at schelter transaction?  5.2 Did any taxable party northy the organization file Form 8886-17?  6.3 Does the organization have organization file Form 8886-17?  6.4 If Yes, "do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6.5 If Yes, "do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6.5 If Yes, "do the organization include with every solicitation and express that the party of the hards of the party of the party of the hards of t		· · · · · · · · · · · · · · · · · · ·			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, elled for the catendar year ending with or within the year covered by this return.  b If at least one is reported on line Za, did the organization fite all required federal employment tax returns?  Note, if the sum of lines 1 and Za is greater than 250, you may be required torife (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X X is if year, has it field a Form 990-T for this year? / * Ywo, * to him 5th, provide an explanation in Schedule O  4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  4a X is if year, the financial accounts of the foreign country (such as a bank account, securities account, or other financial accounts?  4b If Yes, * Interest the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5a Was the organization and the state transaction?  5b Se instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If Yes, * In time 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * In time 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * In time 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * In did the organization miculae with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c A Yes the organization and include with every solicitation and partyly for goods and services provided to the payor?  6c A Yes If Yes, * Indicate the number of Forms 8282 filed during the year  6c Organization and the payor shall be payor t			1c		
tilled for the catendary year ending with or within the year covered by this return  I fall leads to be reported on the 24, dit the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to ⊕-file (see instructions)  3a. Did the organization have unrelated bissenses pross income of \$1,000 or more during the year?  5b. If Yes, 1 as it field a Form 395-17 for this year? If Yes, 1 for the 3b, provide an explanation in Schedule O  5b. If Yes, 1 as it field a Form 395-17 for this year?  5c. If Yes, 1 field the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Implementation of the foreign country is the same as a bank account, or other financial accountly over, a financial account in a foreign country. Implementation of the foreign country. Implementation of the foreign country. Implementation of the foreign Bank and Financial Accounts (FBAR).  5c. Was the organization sparty to a prohibited tax shelter transaction at any time during the tax year?  5c. If Yes, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible?  6c. If Yes, 1 to line 5a or 5b, did the organization in Form 3866. If Yes, 1 to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes, 1 to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes, 1 to line 5a or 5b, did the organization include with every solicitation and party for goods and services provided to the payor?  6c. If Yes, 1 to line 1 to	2a				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions)  3a Dd 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 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O  \$b\$  4a At any time during the calendary year, did the organization have an interact no, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party nothy the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization not include with every solicitation an express statement that such contributions or gifts were not tax deductable?  6d If "Yes," and the organization notify the denor of the value of the goods or services provided?  7a X  7b If "Yes," and the organization notify the donor of the value of the goods or services provided?  7b If If Yes, "Indicate the number of Forms 8282 filed during the year  6d If Yes, "Indicate the number of Forms 8282 filed during the year  6d If Yes, "Indicate the number of Forms 8282 filed during the year  7d If					ĺ
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  13c  14a X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9			]	
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		9b_		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a 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?  Ita  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	10	1 1	Ī	ł	
Section 501(c)(12) organizations. Enter:  a 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	_			1	
a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  13a				ļ	
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  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b Interest the amount of reserves on hand  13c Interest the amount of reserves on hand  13c Interest the amount of reserves any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			j	· ]	
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12b 12a 12b 12b 12b 12a 12b			}	I	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  13b  13b  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	þ		ĺ	ļ	i
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	40				
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		, · · · · · · · · · · · · · · · · · · ·	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 Enter the amount of reserves on hand  13b  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  15b  17a  17b  18b  18c  19c  19c  19c  19c  19c  19c  19c		· · · · · · · · · · · · · · · · · · ·	]	}	
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b  17b  17c  18c  18c  18c  18c  18c  18c  18c	<b>9</b> _	·	1	ľ	!
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	Ø		ł	1	1
Ha Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	_	Table the amount of records an hand	ļ	ļ	ļ
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·	1/2		
		• • • • • • • • • • • • • • • • • • • •		<del>  </del>	<u></u>
		in 199, has a new a reminize to report these payments: If NO, provide an explanation in Schedule U		990	(2016)

Form 990 (2016) SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST 46-4332220 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 5			
	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.			
b	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			<del></del>
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		<u>X</u>
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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		}	
	more members of the governing body?	7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ł		
	persons other than the governing body?	7b	}	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
þ	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	.		**
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	1	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	De laborare and the second of	40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
446	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	<del></del>	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\bar{\mathbf{x}}$	
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			
Ŭ	In Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	х	
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable		
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and it	inancia	ai	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ATTN: MICHAEL FEIMER - 605-660-2341			
	109 MTSSOURT AVENUE, PIERRE, SD 57501			

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### SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST

46-4332220

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than :	one .	Reportable	Reportable	Estimated
	hours per	box offi				s both or/trus	n an tee)	compensation	compensation	amount of
	week (list any	<b>!</b>	Г		Г	Γ	Ė	from the	from related organizations	other compensation
	hours for	Individual trustee or director				-g		organization	(W-2/1099-MISC)	from the
	related	- io e	stee		1	Sate		(W-2/1099-MISC)	(11 2) 1000 (11100)	organization
	organizations	trust	Institutional trustee	(	yee	ed m		(,	•	and related
	below	퍨	upta	<u>_</u>	Key employee	estoc	1 a		!	organizations
	line)	Indiv	Instri	Officer	Key	Highest compensated employee	Former			
(1) DAVID KING	0.00		_							
CHAIRMAN		X						0.	0.	0.
(2) HUGH BARTELS	0.00									
VICE CHAIRMAN		X						0.	0.	0
(3) DEAN DREESSEN	0.00				1					
SECRETARY		Х			<u> </u>			0.	0.	0.
(4) MARK LAW	0.00	]								
DIRECTOR		X			<u> </u>			0.	0.	0.
(5) STEVE HAYES	0.00	]			]					i
DIRECTOR		X		$\square$		<u> </u>		0.	0.	0.
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Forn	1990 (2016) SOUTH DAK	OTA BAN	IKE	RS	В	EN	ΈF	'I'I	PLAN TRUST	46-43	332:	220	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	t Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	on amount o			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	izations com 99-MISC) fi org an		compensation from the organization and related organizations	
								}						
										<u> </u>				
						_								
1b c	Sub-total  Total from continuation sheets to Part VII,	•						<b>&gt;</b>	0.		0.			0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but no		ose	liste	d ab	ove)	) wh	o re	0 • ceived more than \$100,	000 of reportable	0.1			0.
	compensation from the organization							_		···		<del>,</del>	Yes	0 No
3	Did the organization list any <b>former</b> officer,	•	stee	, ke	y em	plog	yee,	or h	nighest compensated en	nployee on	[			X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur		e co	mpe	nsat	tion	and	oth	.       . er compensation from tl	ne organization	-	3		
5	and related organizations greater than \$150, Did any person listed on line 1a receive or ac	•									. }	4	$\dashv$	<u>X</u>
	rendered to the organization? If "Yes," comp	•										5	1	X
	tion B. Independent Contractors									100.000 (				
1	Complete this table for your five highest com the organization Report compensation for the	=	-							-	ensati	ion iror	71	
	(A)				<u> </u>			$\Box$	(B)			(C)		
	Name and business a	address	NC	NE	:			-	Description of s	ervices	C	ompen	sation	<u> </u>
								-						
								_						
								_						
		<del> </del>					_	$\downarrow$						
2	Total number of independent contractors (ind	cluding but no	t lım	iited	to t	hose	e list	ted a	above) who received mo	re than				

\$100,000 of compensation from the organization

L.—.		Check if Schedule O contains a response or note to any line	e in this Part VIII			🗀
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 2	Federated campaigns 1a				
Contributions, Gifts, Grants land Other Similar Amounts	t	Membership dues 1b		{		ĺ
ري ع م	,	Fundraising events 1c		[		
ifts ar A		Related organizations 1d		]		j
S,E		e Government grants (contributions)		ļ		
ÖÖ	f	All other contributions, gifts, grants, and		}		}
but		similar amounts not included above		}		1
E O	ç	Noncash contributions included in lines 1a-1f \$				
<u>3</u> 6	<u> </u>	Total. Add lines 1a-1f				
		Business Code				
ø	2 6	PREMIUM CONTRIBUTIONS 900001	11,458,898.	11,458,898.		<u> </u>
.≧.	, t	)				<u> </u>
S E		ļ.				
am		·				<u> </u>
Program Service Revenue	6	•				1
ď.	f	All other program service revenue	<del></del>			<u> </u>
	2	Total. Add lines 2a-2f	11,458,898.			
	3	Investment income (including dividends, interest, and		1		[
	}	other similar amounts)	12,267.	12,267.		<del></del>
	4	Income from investment of tax-exempt bond proceeds				<del> </del>
	5	Royalties				<del> </del>
	1	(i) Real (ii) Personal		}		
	6 a	Gross rents .		1		
	l t	Less: rental expenses				1
	0	Rental income or (loss)				
	1	Net rental income or (loss)			<del></del>	<del> </del>
	7 8	Gross amount from sales of (i) Securities (ii) Other		[		}
		assets other than inventory				1
	ļ t	Less: cost or other basis				1
	}	and sales expenses				1
	1	Gain or (loss)				
		Net gain or (loss)				<del></del>
Φ	8 8	Gross income from fundraising events (not				
au	{	including \$ of				Ì
ě	1	contributions reported on line 1c). See		[		[-
P.	}	Part IV, line 18 a		{		1
Other Revenue	J	Less: direct expenses				-  <del></del>
	ſ	Net income or (loss) from fundraising events	<del></del>			<del></del>
	9 a	Gross income from gaming activities. See		}		
	}	Part IV, line 19		ł		1
	ı	Less direct expenses b				
	l	Net income or (loss) from gaming activities				<del> </del>
	10 a	Gross sales of inventory, less returns				[
	<b>!</b> .	and allowances				}
	J	Less: cost of goods sold b				·
	<u>├</u> 9	Net income or (loss) from sales of inventory				<del> </del>
		Miscellaneous Revenue Business Code PHARMACY REBATE 900001	115 400	115 400		
	Į.	' <del>- i </del>	115,489.	115,489.	<del></del>	<del> </del>
	l b		<del></del>		<del></del>	<del> </del>
	6					<del> </del>
	1	All other revenue	115,489.			<del> </del>
		Total. Add lines 11a-11d	11,586,654.	11,586,654.	0,	0.
	12	Total revenue. See instructions.	±±,500,054.	1 11,700,004.	υ.	., .

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		<u> </u>		<del></del>
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	10,118,682.	10,118,682.		
5	Compensation of current officers, directors,				
•	trustees, and key employees	1	ļ	]	
6	Compensation not included above, to disqualified			<del></del>	·
Ü	persons (as defined under section 4958(f)(1)) and		}		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
7 8	Pension plan accruals and contributions (include	<u> </u>		<del></del>	<del> </del>
0	section 401(k) and 403(b) employer contributions)				
^	Other employee benefits			<del>                                     </del>	<del> </del>
9			<del> </del>	<del>  </del>	
10	Payroll taxes				
11	Fees for services (non-employees)	122 120	122 120	}	
а	Management	433,130.	433,130.		<del></del>
b	Legal				<del></del>
С	Accounting	<del></del>	<del></del>	<del></del>	<del></del>
d	Lobbying		<del> </del>	<del> </del>	
е	Professional fundraising services. See Part IV, line 17			<del></del>	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	400 505	400 505		
	column (A) amount, list line 11g expenses on Sch O.)	498,585.	498,585.		<del> </del>
12	Advertising and promotion	<del></del>			
13	Office expenses		<del></del>		<del> </del>
14	Information technology				
15	Royalties			<del>   </del>	
16	Occupancy	<u> </u>			<del></del>
17	Travel .				<del> </del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				<del></del>
20	Interest	26,250.	26,250.		
21	Payments to affiliates .				<del></del>
22	Depreciation, depletion, and amortization	·			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					· · · · · · · · · · · · · · · · · · ·
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,076,647.	11,076,647.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ľ	1	
	educational campaign and fundraising solicitation.		<u> </u>	ļ	
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 2,794,515. 1,485,143. Cash - non-interest-bearing 1,710,150. 1,560,657. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 1,593. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .. .. . . . . 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 instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,196,886. 4,355,172. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 700,000. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue . . 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,164,344. 2,512,623. Schedule D .... 1,864,344. 2,512,623. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 442,952. 1,842,549. 32 32 Retained earnings, endowment, accumulated income, or other funds 442,952. 1,842,549. 33 Total net assets or fund balances 3,196,886. 4,355,172. 34 Total liabilities and net assets/fund balances

Form 990 (2016)

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST

**Employer identification number** 46-4332220

Pá	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
	ımpermissible private benefit?	<u></u>	Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held 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 stru	ucture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register	• • • • • • •	
3	Number of conservation easements modified, transferred, relevant	eased, extinguished, or terminated by the or	rganization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conser	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizate	ion's financial statements that describes the	e organization's accounting for
	conservation easements.	A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0:!
Pai	Collections Maintaining Collections of	•	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS6	•	
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
ь	If the organization elected, as permitted under SFAS 116 (ASC	•	-
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
			\$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	_	ain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	<b>.</b>
<b>a</b>			<b>5</b>
	Accete included in Form 000 Part V		

_		AKOTA BANK						<u>46-43</u>			ge <b>2</b>
Par	t III   Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, or O	ther S	imila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that are	e a signi	ficant u	ise of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	c	ı 🔲	Loan or exc	hange programs	;					
b	Scholarly research	•	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organızation's	exempt	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or other si	mılar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection? .				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "Ye:	s" on Fo	rm 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other assets	not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able.							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	istodial account	liability?	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part IV,	line 10					
		(a) Current year	(b) P	rior year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
C	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 curr	rent year end balance	e (line 1g	g, column (a)	) held as.						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administered	for the c	organiza	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations .								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	L	
4	Describe in Part XIII the intended uses of the		wment f	unds							
Par	t VI Land, Buildings, and Equipm				_						
	Complete if the organization answere										
	Description of property	(a) Cost or o		· ·		(c) Accı		l l	(d) Book	. value	1
		basis (investr	nent)	Dasis	(other)	aepre	ciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment								<del></del> -		
	Other .			L				<del>_</del> +			
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. colur	nn (B). line 10	0c.)			<u> </u>			<u>0.</u>

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

2,512,623.

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)

Sch	edule D (Form 990) 2016 SOUTH DAKOTA BANKERS BENEF			<u>4332220</u>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
1	Total revenue, gains, and other support per audited financial statements		1	11,586	<u>,654.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of pnor year grants .	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	11,586	<u>,654.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,586	<u>,654.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<b>i.</b>			
1	Total expenses and losses per audited financial statements		1	11,076	647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	<u></u>	2e		0.
3	Subtract line 2e from line 1	•	3	11,076	647.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	7		
c	Add lines 4a and 4b	( <del></del>	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	5	11,076	
	rt XIII Supplemental Information.	<del> </del>			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add		ne 4; Part )	K, line 2, Part X	(I, 
				- ·- <del></del> · · · -	
				<del></del>	

632054 08-29-16

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

632211 08-25-16

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016 Open to Public Inspection

OMB No 1545-0047

Name of the organization

SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST

**Employer identification number** 46-4332220

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BENEFICIARY ASSOCIATION ("VEBA") IS TO PROVIDE FOR THE PAYMENT OF
HEALTH BENEFITS TO ITS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTE REVIEWS AND APPROVES THE AUDITED FINANCIAL STATEMENTS
WHICH THEN ARE USED TO COMPLETE THE FORM 990. THE FORM 990 IS PROVIDED TO
EACH BOARD MEMBER FOR COMMENTS PRIOR TO FILING OF THE FORM. THE REVIEW
INCLUDES AN OVERVIEW OF THE FORM AND DISCUSSIONS RELATED TO KEY SECTIONS.
FORM 990, PART VI, SECTION A, LINE 6
THE BOARD OF DIRECTORS OF SOUTH DAKOTA BANKERS INSURANCE &
SERVICES, INC. OR A MAJORITY OF THE PARTICIPATING EMPLOYERS MAY REMOVE
AND ELECT ANY OR ALL OF THE TRUSTEES FROM THEIR OFFICE. ALL ACTIONS AND
DECISIONS OF THE TRUSTEES SHALL BE DETERMINED BY A MAJORITY VOTE OF
TRUSTEES AT ANY REGULAR OR SPECIAL MEETING OF THE TRUSTEES.
FORM 990, PART VI, SECTION A, LINE 7A
SEE EXPLAINATION IN PART VI, SECTION A, LINE 6.
FORM 990 PART VI, SECTION B, LINE 12C
THE SOUTH DAKOTA BANKERS BENEFIT TRUST PLAN REQUIRES ANNUAL DISCLOSURE
OF A CONFLICT OF INTEREST BY A TRUSTEE, DIRECTOR, OFFICER, KEY EMPLOYEE
TO THE CHAIRMAN OF THE BOARD OF TRUSTEES AND CHIEF ADMINISTRATIVE
OFFICER WHO ARE RESPONSIBLE FOR THE OVERSIGHT AND ENFORCEMENT OF THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization SOUTH DAKOTA BANKERS BENEFIT PLAN TRUST	Employer identification number 46-4332220
POLICY. ALL DISCLOSURES ARE REVIEWED AND ANY CONCERNS ARE	ADDRESSED IF
CONFLICTS ARE IDENTIFIED, THE CHAIRMAN AND CHIEF ADMINISTR	ATIVE OFFICER
WORK TO ENSURE THAT THE TRUSTEES, DIRECTORS, OFFICERS, OR K	EY EMPLOYEES
DO NOT PARTICIPATE IN DISCUSSIONS OR VOTE ON THE AFFECTED	MATTER.
FORM 990, PART VI, SECTION B, LINE 15	
SOUTH DAKOTA BANKERS ASSOCIATION EXECUTIVE COMMITTEE, WHIC	H IS MADE UP
OF BANKERS FROM EACH OF OUR BOARDS, DETERMINES THE COMPENS	ATION OF TOP
MANAGEMENT OFFICIALS AND OFFICERS USING COMPARABLE DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

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

DAKOTA BANKERS BENEFIT PLAN TRUST

e the Instructions for Form 990.

Employer identification number

Schedule R (Form 990) 2016

46-4332220

	(b)	(c)	(d)		(e)			(f)		
icable)	Primary activity	Legal domicile (state of foreign country)		Total income		r assets				
						_				
Exempt Orga	anizations. Complete if the organization	on answered "Yes" on Form 990	O, Part IV, line 34	becaus	e it had one	or more r	elated tax-exer	npt		
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	npt Code Public charity Direction status (if section		ot Code Public charity Direct co		(f) et controlling entity	Section 5 contr ent	olled
					01(c)(3))			Yes	<u>No</u>	
ENUE,	PROMOTE BANKS	SOUTH DAKOTA	501(C)(6)	N/A		N/A		x		
				+						

nizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related ership during the tax year

(b)	(c)	(d)	(e)	<b>(f)</b>	(g)	(1	h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General managin partner?	Percentage ownership
	foreign country)		sections 512-514)		assets	Yes N		K-1 (Form 1065)	Yes N	
<del></del>						<del>                                     </del>	<u> </u>		$\vdash$	+
							:			
				,						
						<b> </b>				

nizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related pration or trust during the tax year.

	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	т —
		country)		, , , , , , , , , , , , , , , , , , ,				Yes	No_
SERVICES, DURI AVE,	_								
	SALES-INS & MTG	SD	N/A	C CORP				X	<u> </u>
	-								
	_								
	-								

I in Parts II, III, or IV of this schedule.					Yes	No
ion engage in any of the following tra	ensactions with one or more r	elated organizations listed ii	n Parts II-IV?			110
iii) royalties, or (iv) rent from a contro		olatou olgaliizationo notou i		1a		Х
related organization(s)		• •	·	1b		Х
m related organization(s)				1c		Х
lated organization(s)	•	•	_	1d		Х
organization(s)	•		•	1e		Х
	••		·			
s) .			_	1f		X
i(s)				1g		X
nization(s)				1h		X
inization(s)	•			<u>1i</u>		_X_
er assets to related organization(s)		• •		<u>1j</u>		Х
er assets from related organization(s)				1k		X
hip or fundraising solicitations for rela	ated organization(s)	•		11		X
hip or fundraising solicitations by rela	ated organization(s)	•		1m	ļ	X
ng lists, or other assets with related of	organization(s)			<u>1n</u>		Х
ed organization(s)				10		Х
nization(s) for expenses				1p		Х
nızation(s) for expenses				1q	ļ	X
						l- <u></u> -
related organization(s)		-		1r		X
m related organization(s)				1s	X	İ
Yes," see the instructions for informa	tion on who must complete t	his line, including covered r	elationships and transaction thresholds			
(a) ted organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
3 ASSOCIATION	S	77,412.	FMV			
				_		

ble as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(b)	(c)	(d)	(	e)	(f)	(g)		h)	(i)	(j)	(k)
Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Ar partn 501	e) e all ers sec (c)(3) gs ?	Share of total	Share of end-of-year		ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managır partner	Percentage ownership
	country)	sections 512-514)	Yes	No	ıncome	assets	Yes	No	(Form 1065)	Yes N	
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Schedule R	(Form 990) 2016	SOUTH	DAKOTA	BANKERS	BENEFIT	PLAN	TRUST	46-4332220	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.		*		_			
L					.l. D. O., in				
	Provide additional inform	nation for resp	onses to ques	tions on Schedi	Jie H. See Instru	ctions			
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