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Form 990-EZ

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization South Dakota Trucking Association	D Employer identification number 46-0106900
Number and street (or P. O. box, if mail is not delivered to street address) 3801 S Kiwanis Ave PO Box 89008	E Telephone number (605) 334-8871
City or town, state or country, and ZIP + 4 Sioux Falls, SD 571099008	F Group Exemption Number ►

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► www.southdakotatrucking.com

H Check ► if the organization is not required to attach

Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 433,636

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	11,704
2	Program service revenue including government fees and contracts	2	220,212
3	Membership dues and assessments	3	94,740
4	Investment income	4	14,403
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	123
a	Gross revenue (not including \$ 11,704 of contributions reported on line 1)	6a	14,344
b	Less direct expenses other than fundraising expenses	6b	14,221
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	50,533
7a	Gross sales of inventory, less returns and allowances	7a	78,233
b	Less cost of goods sold	7b	27,700
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	391,715
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule) ►	10	149
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	64,560
13	Professional fees and other payments to independent contractors	13	7,844
14	Occupancy, rent, utilities, and maintenance	14	19,427
15	Printing, publications, postage, and shipping	15	16,191
16	Other expenses (describe ►)	16	251,578
17	Total expenses. Add lines 10 through 16	17	359,749
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,966
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	277,277
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	309,243

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

(A) Beginning of year	(B) End of year
262,244	22
73,436	23
42,481	24
378,161	25
100,884	26
277,277	27
	309,243

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ►)

25 **Total assets**

26 **Total liabilities** (describe ►)

27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? <input checked="" type="checkbox"/>		35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	Yes
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0	
b	Did the organization file Form 1120-POL for this year?		37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter	39a		
a	Initiation fees and capital contributions included on line 9	39b		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ► _____			
42a	The organization's books are in care of ► Pam Kolseth 3801 S Kiwanis Ave Located at ► Sioux Falls, SD	Telephone no ► (605) 334-8871 ZIP + 4 ► 57105		
b	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 account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 ► _____

Please 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 officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer Myron Rau President Type or print name and title	2010-10-29 Date	

Paid Preparer's Use Only	Preparer's signature N Dean Buckneberg	Date 2010-10-29	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 EIDE BAILLY LLP 200 east 10th street suite 500 sioux falls, SD 57104			EIN <input checked="" type="checkbox"/> Phone no <input checked="" type="checkbox"/> (605) 339-1999

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:
Software Version:
EIN: 46-0106900
Name: South Dakota Trucking Association

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Myron L Rau 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	President 20 00	0	0	0
SDADA Services Inc 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Management Company 20 00	55,406	9,154	0
Stan Anders 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Immediate Past President 1 00	0	0	0
Wayne Viessman 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Chairman 1 00	0	0	0
Alton Palmer 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Vice President 1 00	0	0	0
Mike Habeck 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Secretary 1 00	0	0	0
Rick Hoogendoorn 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Treasurer 1 00	0	0	0
David Bultsma 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Lloyd Bultsma 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Brian Clark 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Art Donovan 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Bryan Eden 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Jeromy Feldhaus 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Charlie Flowers 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Jeff Gillespie 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Kimberly Johnson 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Larry Klaahsen 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Benjamin Oldenkamp 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Jerry Ollerich 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Robert Punt 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Wade Stebbins 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Roger Tiede 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Lyn Tschetter 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
John Uhl 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Bud Westendorf 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Bob Willey 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Jerry Johnson 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Randy Hartley 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Stan Kopfmann 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Jerred H Koppmann 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Matt Parker 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Linda Bickford 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Justin Anders 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 0 00	0	0	0
Don Knowler 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0
Gene Williams 3801 S Kiwanis Ave PO Box 89008 Sioux Falls, SD 571099008	Director 1 00	0	0	0

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
South Dakota Trucking Association

Employer identification number

46-0106900

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	B Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	94,740
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	20,812
a Current year	2b	
b Carryover from last year	2c	20,812
c Total	3	28,422
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	-7,610
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Digitized by srujanika@gmail.com

Department of the Treasury
Internal Revenue Service

Name of the organization
South Dakota Trucking Association

Employer identification number

46-0106900

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations **e** Solicitation of non-government grants
b Internet and e-mail solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>Golf Tournament</u> (event type)	<u>Fishing Fundraiser</u> (event type)	(total number)	
Revenue	1 Gross receipts . . .	16,420	9,628		26,048
	2 Less Charitable contributions . . .	10,534	1,170		11,704
	3 Gross income (line 1 minus line 2) . . .	5,886	8,458		14,344
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	5,732			5,732
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	3,470	5,019		8,489
	10 Direct expense summary Add lines 4 through 9 in column (d)				14,221
	11 Net income summary Combine lines 3, column d, and line 10.				123

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses . .				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> 12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
a The organization's facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
b An outside facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> 15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<input type="checkbox"/> 17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	<input type="checkbox"/> 17a	

TY 2009 Grants and Similar Amounts Paid Schedule

Name: South Dakota Trucking Association**EIN:** 46-0106900

Item No.	1
Class of Activity	Donation
Donee's Name	South Dakota Community Foundation
Donee's Address	207 East Capitol - Box 296 Pierre, SD 57501
Amount (FMV)	149
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: South Dakota Trucking Association**EIN:** 46-0106900

Description	Beginning of Year Amount	End of Year Amount
Deferred Federal Income Taxes	3,100	0
Accounts Receivable	24,524	42,552
Inventories	10,248	9,261
Prepaid Expenses and Deferred Charges	4,609	4,279

TY 2009 Other Expenses Schedule

Name: South Dakota Trucking Association

EIN: 46-0106900

Description	Amount
Management Fee	122,447
Legislative Expense	20,811
Public Relations	8,613
Miscellaneous	4,578
Income Tax Expense	5,038
Insurance	2,619
Dues and Subscriptions	1,059
Travel	17,309
Conferences, Conventions, Meetings	65,434
Telephone	2,497
Office Expense	1,173

TY 2009 Other Liabilities Schedule**Name:** South Dakota Trucking Association**EIN:** 46-0106900

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	20,535	14,460
Deferred Revenue	80,349	83,383
Deferred Income Taxes	0	900

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: South Dakota Trucking Association

EIN: 46-0106900

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.