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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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).**

I Website: <input type="checkbox"/> www.southdakotatrucking.com		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		



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
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	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		5c	
	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)				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			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)				
	7a	Gross sales of inventory, less returns and allowances	7a	78,233	7c	50,533
	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	Other revenue (describe <input type="checkbox"/> _____)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7 c, and 8			9	391,715	
Expenses	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/> _____)		16	251,578	
	17	Total expenses. Add lines 10 through 16		17	359,749	
Net Assets	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
22	Cash, savings, and investments	262,244	22 280,865
23	Land and buildings	73,436	23 71,029
24	Other assets (describe )	42,481	24 56,092
25	Total assets	378,161	25 407,986
26	Total liabilities (describe )	100,884	26 98,743
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	277,277	27 309,243

[illegible]

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? 	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  <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
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				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
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 Telephone no  (605) 334-8871 3801 S Kiwanis Ave Located at  Sioux Falls, SD 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.		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  and enter the amount of tax-exempt interest received or accrued during the tax year  <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", 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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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		2010-10-29 Date	
Paid Preparer's Use Only	Myron Rau, President Type or print name and title			
	Preparer's signature	N Dean Buckneberg	Date 2010-10-29	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	EIDE BAILLY LLP 200 east 10th street suite 500 sioux falls, SD 57104			EIN Phone no (605) 339-1999
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No 1545-0047

2009

Open to Public
Inspection

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 funtion 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

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$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).		
a	Current year	2a	20,812
b	Carryover from last year	2b	
c	Total	2c	20,812
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	28,422
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-7,610

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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
		Golf Tournament (event type)	Fishing Fundraiser (event type)	(total number)	(Add col (a) through col (c))
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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 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?	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?	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 ► \$ _____		

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.