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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2009 Open to Public Inspection

OMB No 1545-0047

Ā	For the 200	o calendar year, or tax year beginning 07/01/09, and ending 06/30	/10						
В	Check if applical			D	Empl	oyer identification number			
	Address change	use IRS South Dakota Snowmobile Associ	ation			••••			
	Name change	print or Doing Business As	<u> </u>			0339924			
	Initial return	type. Number and street (or P O box if mail is not delivered to street address) See 606 Redbird Ave	Room/su	te E	•	none number 5-783-3110			
П	Termination	Specific		G	Gross rec				
	Amended return			۳	31033 <u>16</u> 0	<u> </u>			
	Application pending F Name and address of principal officer					a group return for			
	rippiloui.on pe				affiliat				
				"(b) Are al includ	ed? Yes No			
_					If "No,	attach a list (see instructions)			
	Tax-exempt : Website: ▶			—— "	n) C-011	exemption number			
		ation X Corporation Trust Association Other	L Year of form		c) Gloup	M State of legal domicile			
	art I	Summary	100.010			W Chart of regar doffiners			
	1 Briefl	y describe the organization's mission or most significant activities.				· · · · · · · · · · · · · · · · · · ·			
ė	Pu	ablication of the Sno-Plainsman which promotes wint	ter						
and	_	ports and the educational & recreational qualities	of						
Activities & Governance		nowmobiling.							
69		k this box \(\bigcap \) if the organization discontinued its operations or disposed of more the	an 25% of its	net assets	1 1	1.0			
φ v		per of voting members of the governing body (Part VI, line 1a)			3	10 45			
iţi	l	per of independent voting members of the governing body (Part VI, line 1b) number of employees (Part V, line 2a)			5	2			
cţi	l	number of volunteers (estimate if necessary)			6				
⋖	1	gross unrelated business revenue from Part VIII, column (C), line 12			7a	24,758			
	b Net u	nrelated business taxable income from Form 990-T, line 34		7b					
		which are and assiste (Book) (III to a 4h)	Prior Year	207	Current Year				
ige ige	l	ributions and grants (Part VIII, line 1h) ram service revenue (Part VIII, line 2g)		76,	596	32,101 29,199			
Revenue	_	tment income (Part VIII, column (A) Inest 3, (3) and 7¢)			043	757			
ď		r revenue (Part VIII, column (A), lines.5,-6d,-8c,-9c, the, and 11e)			<u> </u>				
	12 Total	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		122,	036	62,057			
	13 Gran	ts and similar amount@paid[[Faft IX] column (A), lines 1-3) fits paid to or for members (Part IX, column (A), line(A)							
	14 Bene	fits paid to or for members (Part IX, column (A), line(A)	<u> </u>			500			
2011 enses		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>	16,	379	16,451			
		ssional fundraising fees (Part IX, column (A), line 116) fundraising expenses (Part IX, column (D), line 25) ▶							
0 6 Expe	17 Other	r expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		103,	951	50,121			
z	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		120,		67,072			
JAN		nue less expenses Subtract line 18 from line 12			706	-5,015			
ts or	aa = :-!	and (P. 1 V. Land O)	Beginnii	ng of Current		End of Year			
S S S S S S S S S S S S S S S S S S S	20 Total	assets (Part X, line 16) liabilities (Part X, line 26)		37 <u>,</u>	0 T T	38,926			
SCANNED Net Assets or July Balances	21 10ta	ssets or fund balances Subtract line 21 from line 20		37,	811	38,926			
Ø P	art II	Signature Block			<u> ,</u>				
S)		Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ments, and t	o the be	st of my knowledge			
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a	all information o	of which prep	arer has	any knowledge			
Sig		xuacy -		_		2-10-10			
He	re	Stacey Quiram Tre	asurer		Date				
		Type or print name and title	asurer						
	 †			Check if		Preparer's identifying number			
Pai	1	Tiepaiers A.C.	/06/10	self- employed	• [(see instructions) P00210453			
	eparer's	Firm's name (or yours WILLIAM NEALE & CO., P.C.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EIN D				
US	e Only	if self-employed), 304 9TH AVE SE P.O. BOX 490			Phone				
		address, and ZIP + 4 WATERTOWN, SD 57201-0490			no 🕨	605-886-6028			
		scuss this return with the preparer shown above? (see instructions)				Yes No			
POP DAA	Privacy Ac	t and Paperwork Reduction Act Notice, see the separate instructions.			,	Form 990 (2009)			

Form 990 (2009) South Dakota Snowmobile Association 46-0339924 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		_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? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	L	_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	İ		
	complete Schedule D, Part I	6	ļ	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	١	1	.
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	x	
_	VII, VIII, IX, or X as applicable Did the experience experience and experience a	 ''		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	*		
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	,	# 1 * m	3
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1.0	. 3	3.3
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1 - 3		, ,
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		* ^	1
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Ι΄,	٠.	, *
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1 .		4
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		,	`
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	_		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	J		
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		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		٠,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	 	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		y
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	\vdash	-
13	If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	 	X
	and the organization appears and a mare mappears in 1991 description deliberate in		n 99 0	(2009)
				,)

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Schedule K. If "No," go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L. Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O X

Form 990 (2009) South Dakota Snowmobile Association 46-0339924 Rart V Statements Regarding Other IRS Filings and Tax Compliance

N. J. J. P. C.	Otatements riegarding other mornings and rax compnance				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	: 1	Ī	E rri	103	110
	U.S. Information Returns Enter -0- if not applicable	1a	0		(\$ °	128×
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		~40° °	11 3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	le	28	314	
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			3 ° ° ° °		í fr
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			200		Seg.
	instructions)			× 12	4/13	Time.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		2019	s	40.00°,
	this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a			=			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a	<i>#</i> *\	X
b	If "Yes," enter the name of the foreign country.				P.	. *
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank			>	
r _	and Financial Accounts			نائد الله		* ~ ~
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yee." to line 5e or 5h, did the organization file Form 9886 T. Displayure by Tay Evernt Fettly Regulation			_5b_		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and Tax Shelter Transaction?	arding		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	Δ		30		-
- Cu	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			· ·	46,77	305 V
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods		*	383	
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?	1 1		7c	Allein	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	l l	- <u>-</u> -		3
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	40		7e	_	
f g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7f 7g		-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			' '		
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	ا ما				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	44-				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
J	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009) South Dakota Snowmobile Association 46-0339924

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. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body			.
b	Enter the number of voting members that are independent 1b 45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other 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> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			*
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1 1		
	form?	11		<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_ X _
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		- •
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? The organization's CEO, Executive Director, or top management official	450		X
a b	Other officers or key employees of the organization	15a 15b		$\frac{\mathbf{x}}{\mathbf{x}}$
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	130	. ,	
16a				1
ıva	with a taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104	٠,	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ Stacey Quiram 606 Redbird Ave			
На	· ·	605-78	3-3	110

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

		T	ail			UIIIC	,, u	irector, or trustee		
(A) Name and Title	(B) Average Positi		tion (ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dave Kennedy					_				_	
District 1		X				\sqcup		0	0	0
Jon LaFramboise		i				1 1				
District 2	ļ	X						0	0	0
Bill Naessig		•						_	_	_
District 3		X				\sqcup		0	0	0
Brian Erickson	l	1								
District 4		X				\sqcup		0	0	0
Travis Watkins		1								_
District 5	ļ	X			<u> </u>	1_1		0	0	0
Don Larson								_		_
District 6		X				\sqcup		0	0	0
Todd Sprang	1							_ [
District 7	ļ	X						0	0	0
Scott Erstad	1	1								
Ex Director		X	<u> </u>		<u> </u>	\sqcup		0	0	0
Mary Anne Grabow										_
Secretary		╄	_	X	<u> </u>	\sqcup		23,910	0	<u>0</u>
Stacey Quiram										_
Treasurer		4	<u> </u>	X	<u> </u>			1,000	0	0
Duane Sutton						ļ l				_
PresOld		┼	<u> </u>	X	<u> </u>	\sqcup		0	0	0
Greg Hiles					1					
PresElect		-		X	<u> </u>	\sqcup		0	0	0
Chuck Anderson										_
PresNew		<u> </u>		X	\vdash	\vdash		0	0	0
		-		_	_		_			
	1	1	l '		ı	l l				

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Form **990** (2009)

t VII Section A. Officers									Employees (continued)			
(A) Name and Title	(B) Average hours per week		ition (((C)	Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estim amou oth comper from organic and reorganiz	nated int of er insation the zation elated	
						ted						
······································												_
												_
												_
												_
		-										
		 										_
	1											
								24 010				_
Total Total number of individuals (ii	ncluding but not	limite	d to	thos	e lis	ted a	bov	24,910 e) who received more than				_
Did the organization list any formal employee on line 1a? If "Yes, For any individual listed on line the organization and related conditional did any person listed on line services rendered to the organization."	ormer officer, di " complete Sche ne 1a, is the sum organizations gre 1a receive or ac	rectoredule of reater for the contract of the	r or t J for port than	suci able \$150 bens	h ind com 0,00 atioi	dividu ipens 0? If	ial satio "Yes n an	n and other compensation s," complete Schedule J for y unrelated organization for	n from or such	3	Yes	
Ction B. Independent Contract Complete this table for your fit compensation from the organ	ive highest comp	oensa	ıted i	inde	pend	ient c	contr	actors that received more	than \$100,000 of			_
	(A) d business address							Descn	(B) ption of services	C	(C) compens	at
												_
								· · · · · · · · · · · · · · · · · · ·				_
				_								_

more than \$100,000 in compensation from the organization ▶

DAA

Form 990 (2009) South Dakota Snowmobile Association 46-0339924

Total revenue C C Related or exempt function revenue State of exempt function revenue C C C C C C C C C	(D) Revenue excluded from tax under sections 512, 513, or 514
The state of the s	-
g Noncash contributions included in lines 1a-1f \$ 1,940	
n lotal. Add lines 1a-1f	
Busn. Code	
2a Sno-Plainsman 541800 29,094 4,336 24,758	
b Miscellaneous 105	
<u>Ş</u> c	_
g d	
EE CONTRACTOR CONTRACT	
f All other program service revenue g Total. Add lines 2a–2f 29,199	
g Total. Add lines 2a–2f	
other similar amounts) 757	
4 Income from investment of tax-exempt bond proceeds ▶	
5 Royalties	
(i) Real (ii) Personal	*.
6a Gross Rents b Less rental exps	>
c Rental inc or (loss) d Net rental income or (loss)	/
7a Gross amount from (i) Securities (ii) Other	
sales of assets other than inventor	1-
b Less cost or other	`
basis & sales exps	
c Gain or (loss)	
d Net gain or (loss)	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b	٠
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities	
See Part IV, line 19 a	, I
b Less direct expenses b	
c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less returns and allowances a	
returns and allowances a b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Busn. Code	
11a	
b	
C	
d All other revenue	 ,
e Total. Add lines 11a–11d 12 Total Revenue. See instructions 62,057 5,198 24,758	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must o		are not required to comp		· ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			p. 1	· Washing
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
~	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	-		20 8 20 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	
3	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	500	500		
5	Compensation of current officers, directors,		300	**************************************	1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ü	·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	14,360	12 062	2 200	
7	Other salaries and wages	14,300	12,062	2,298	,
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			 <u></u>	
9	Other employee benefits	0.004	4 856	337	
10	Payroll taxes	2,091	1,756	335	
11	Fees for services (non-employees)		:		
a	Management				
b	Legal	001		444	
С	Accounting	901	757	144	
d	Lobbying		## E	. "2000-00 27.20	
е	Professional fundraising services See Part IV, line 17		Ž*		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,546	1,299	247	
14	Information technology				
15	Royalties				
16	Occupancy	1,800	1,512	288	
17	Travel	2,083	1,750	333	
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	918	918		
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)		<u></u> .		
а	Direct Advertising Costs	23,827	23,827		
b	Readership Costs	7,452	7,452		
С	Right to Ride Exp	2,521	2,118	403	
d	Insurance	2,329	1,956		
е	Telephone & Internet	1,787	1,501	286	
f	All other expenses	4,957	4,374	583	
_25	·	67,072	61,782	5,290	
	Joint costs. Check here ▶ If following			•	
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

	Balance Sheet			/A\		(B)
				(A) Beginning of year		End of year
1	Cash—non-interest bearing			13,041	1	816
'2	Savings and temporary cash investments		ŀ	25,042	2	7,003
3	Pledges and grants receivable, net		}		3	7,00.
4	Accounts receivable, net		-	·	4	
1						
5	Receivables from current and former officers, directors,					
	employees, and highest compensated employees Com	piete Fait ii Oi				
_	Schedule L		-	, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_ 5	· .
6	Receivables from other disqualified persons (as defined					
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	-			
: l _	Part II of Schedule L		-		6	
7 8	Notes and loans receivable, net		-		7	
8	Inventories for sale or use		-		8	
9	Prepaid expenses and deferred charges	1 1	1		9	
10a	Land, buildings, and equipment: cost or	ļ		۶,		~ ^ ^ / · / · / · / · ·
	other basis Complete Part VI of Schedule D	10a	21,992			
b	Less: accumulated depreciation	_10b	20,408	2,080	10c	1,584
11	Investments—publicly traded securities		1	22,690	11	29,52
12	Investments—other securities See Part IV, line 11		Ļ		12	
13	Investments—program-related See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34	!)		37,811	16	38,920
17	Accounts payable and accrued expenses				17	
18	Grants payable		L		18	
19	Deferred revenue		L		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV o	f Schedule D			21	
21 22	Payables to current and former officers, directors, truste	es, key				
	employees, highest compensated employees, and disqu	alified				
	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 pa	•	Ī		24	
25	Other liabilities Complete Part X of Schedule D		1		25	
26	Total liabilities. Add lines 17 through 25		Ī		26	
	Organizations that follow SFAS 117, check here ▶ 🗶	and				
27 28 29	complete lines 27 through 29, and lines 33 and 34.	•		•	1	*
27	Unrestricted net assets		-	37,811	27	38,926
28	Temporarily restricted net assets	T T		28		
29	Permanently restricted net assets	The state of the s		29		
	Organizations that do not follow SFAS 117, check her	e 🕨 🗀	Ī			
	and complete lines 30 through 34.	🗀				•
30	Capital stock or trust principal, or current funds		ŀ		30	
31	Paid-in or capital surplus, or land, building, or equipment	t fund	}	-	31	
32	Retained earnings, endowment, accumulated income, o		<u> </u>		32	
30 31 32 33	Total net assets or fund balances	. Jaior fullus	ŀ	37,811	33	38,920
34	Total liabilities and net assets/fund balances		}	37,811	34	38,92

<u>Form</u>	n 990 (2009) South Dakota Snowmobile Association 46-0339924		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	- 7	,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	- 3		1 323
	Schedule O		*	أححا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	رين		1/4/
	Schedule O		, , ~ « « « « « « « « « « « « « « « « «	ĺ
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		å .	
	issued on a consolidated basis, separate basis, or both:		-	
	Separate basis Consolidated basis Both consolidated and separate basis		~3.c?	9.4
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forn	990	(2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number 46-0339924 South Dakota Snowmobile Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sche		ota Snowmobi				Page 2
∠ Pa	rtill Organizations Maintaining	Collections of Art	, Historical Trea	sures, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply).	n, and other records, ch	eck any of the follow	ing that are a sign	ificant use of its	
а	Public exhibition	d Loar	or exchange progra	ms		
b	Scholarly research	e Othe				
	Preservation for future generations	€ ☐ Outo	' -	- -		-
с 4	Provide a description of the organization's colle	ections and explain hov	they further the orga	anızatıon's exemp	t purpose in	
_	Part XIV.	denstrans of ort	historical transuras	or other amules		
5 	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part o	f the organization's o	collection?		Yes No
Pa	ert IV Escrow and Custodial Arra				ed "Yes" to For	m 990, Part
	IV, line 9, or reported an am					
1a	Is the organization an agent, trustee, custodiar	n or other intermediary i	for contributions or of	ther assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the followi	ng table:			
						Amount
С	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 For	m 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
	irt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form 990,	Part IV, line 10).
		(a) Current year	(b) Prior year	(c) Two years ba		
1a	Beginning of year balance			1 M 9 92		3 ANS 18 19 19 19 19 19 19 19 19 19 19 19 19 19
b	Contributions			PAR WAR		, you , ' with a
c	Net investment earnings, gains,			- 1/4 : 1/2 MAR V		120 600
_	and losses			Spillip 1 der ausgällte a		
d	Grants or scholarships			40 1/2 (\$25/6) \$20		, ,
-	Other expenditures for facilities				S. W. A.J.	*
•	and programs			The table of the		* '
f	Administrative expenses			7		
g	End of year balance			* * *		*\m** *,
2	Provide the estimated percentage of the year	and balance hold as:		8 4,4× 3/4	.	······································
-	Board designated or quasi-endowment	o/				
a	· · · · · · · · · · · · · · · · · ·	^{/6}				
0	Permanent endowment ▶ % Term endowment ▶ %					
2-		was of the arganization	that are hold and ad-	ministered for the		
Sa	Are there endowment funds not in the possess	sion of the organization	mat are nelo ano aoi	ministered for the		Yes No
	organization by					
	(i) unrelated organizations					3a(i)
	(ii) related organizations	Natadaa aa aa Ca	hadda DO			3a(ii)
D	If "Yes" to 3a(II), are the related organizations	•				3b
4	Describe in Part XIV the intended uses of the			20 D4 V II	. 10	
PE	art VI Investments—Land, Buildin					
	Description of investment	(a) Cost or other basis	` '		Accumulated	(d) Book value
		(investment)	basis (other		depreciation	
1a	Land					······································
b	Buildings					
C	Leasehold improvements					
d	Equipment					
	Other	<u> </u>		.,992	20,408	1,584
Tota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, c	olumn (B), line 10(c))	<u> </u>	1,584

Schedule D (Form 990) 2009 South Dakota Snowmo Part VII Investments—Other Securities. See Form	bile Association	46-0339924 Page
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(b) book value	Cost or end-of-year market value
		Odd of old of your market value
Financial derivatives		
Closely-held equity interests		
Other		
	-	
	_	
	_	
	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)	>	
Part VIII Investments—Program Related. See Form	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		Cost of end-of-year market value
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, line 1	The state of the s	
(a) Description		(b) Book value
(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		>
Part X Other Liabilities. See Form 990, Part X, lin	ne 25	<u></u>
1 (a) Description of liability	(b) Amount	
	(5) / 11105111	
Federal income taxes		
T-4-1 (0-1 (1-1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 Footnote. In Part XIV. provide the text of the footnote to the	<u> </u>	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 South Dakota Snowmobile Assoc	<u>iation 46-033992</u>	24	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3_	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Pε	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains on investments	2a	-	
b	Donated services and use of facilities	2b	- 1	
С.	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIV)	2d	- -	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	[3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 40	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	
b	Other (Describe in Part XIV) Add lines 4a and 4b	40 1	4c	
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	ents With Expenses per		n
1	Total expenses and losses per audited financial statements	one will Expended per	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
- a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
C	Other losses	2c	1	
d	Other (Describe in Part XIV)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b][
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 3, 5, and 9, and	nes 1a and 4, Part IV, lines 1b		
and :	2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lir	nes 2d and 4b. Also complete		
this p	part to provide any additional information			
– •				
				

7 5	Sched	lule [) (Fo	orm 9:	90) 2	009	S	out	th	Da	ako	ot	a 8	Sn	OW	mo	<u>bi</u>	<u>le</u>	A	SS	oc	ia	ti	on	4	<u>6-0</u>	33	99:	24				F	Page 5
L	Par	t XI	<u>V </u>	Su	ple	men	ıtal	Info	orm	<u>ati</u>	on_	(co	<u>ntin</u>	ue	<u>d)</u>																		 	
-		_	-				_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	-	-	— ·		_	_	_	-	-		 	
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SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

South Dakota Snowmobile Association

Employer identification number

46-0339924

Form 990, Part III, Line 4d - All Other Achievements
Publication of the Sno-Plainsman which promotes winter
sports & the educational and recreational qualities of
snowmobiling.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public