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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning MAY 01, 2013, and ending APRIL 30, 2014

B Check if applicable

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

C Name of organization

SOUTH DAKOTA SNOW QUEEN FESTIVAL INC

Number & street (or P.O. box, if mail is not delivered to street addr.)

PO BOX 1764

City or town, state or province, country, and ZIP or foreign postal code

ABERDEEN SD 57402-1764

D Employer identification number

48-1281981

E Telephone number

(605) 329-2131

F Group Exemption
Number ▶

G Accounting Method

☒ Cash☐ Accrual

Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) --

☐ 501(c)(3)☒ 501(c)(4)

(insert no.)

☐ 4947(a)(1) or☐ 527

K Form of organization

☐ Corporation☐ Trust☐ Association☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 78,691

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	20,630
	2	Program service revenue including government fees and contracts	2	58,061
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,691	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	3,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,104
	14	Occupancy, rent, utilities, and maintenance	14	618
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	71,086
	17	Total expenses. Add lines 10 through 16	17	76,808
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,883
	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	6,737
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	8,620

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED JAN 05 2015

95
6

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
41 List the states with which a copy of this return is filed		NONE
42a The organization's books are in care of		SEE ATTACHMENT #3
Located at		Telephone no.
		ZIP + 4
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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country		X
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		43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes No

46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as 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?
- b 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."

47

48

49a

49b

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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"

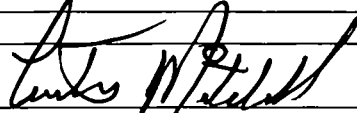

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here	Signature of officer 		Date <u>12/09/14</u>
	CURT MITCHELL Type or print name and title		PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name SALLY WALTMAN	Preparer's signature 	Date 12-8-14
	Firm's name H AND R BLOCK	Firm's EIN 463744690	Check <input type="checkbox"/> if self-employed
	Firm's address 1315 6TH AVE SE STE 6	Phone no. 605-229-4681	PTIN P00005987

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	05-01-2013, and ending	04-30-2014
Name of Organization SOUTH DAKOTA SNOW QUEEN FESTIVAL INC			Employer Identification Number 48-1281981

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
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Exempt Purpose Achievements

SOUTH DAKOTA SNOW QUEEN FESTIVAL INC SHILL EXPERIENCE FOR OUN WOMEN IN SOUTH DAKOTA AND TO SERVE AS AMBASSRDORS FOR THE STATE OF SOUTH DAKOTA FORM 990 -EZ PART III LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: SOUTH DAKOTA SENIOR SNOW QUEEN FESTIVAL IS HELD TO PROVIDE GIRLS BETWEEN THE AGES OF 17-21 THE OPPORTUNITY TO ENHANCE THEIR PERSONAL AND LIFE SKILLS. THE GIRLS COMPETE FOR SCHOLARSHIPS AND THE OPPORTUNITY TO BE AMBASSADOR TO THEIR HOMETOWN AND SOUTH DAKOTA WHILE ON THEIR TRAVELS AND PERFORMING THEIR DUTIES THOUGHOUT THE YEAR. THERE WERE 32 PARTICIPANTS IN THE 2014 FESTIVAL. FORM 990-EZ, PART III LINFE 29 PROGRAM SERVICE ACCOMPLISHMENT: SOUTH DAKOTA JUNIOR SNOW QUEEN FESTIVAL IS HELD TO PROVIDE YOUNGER GIRLS, USUALLY HIGH SCHOOL FRESHMAN, THE OPORTUNITY TO ENHANCE THEIR PERSONAL AND LIFE SKILLS. THERE WERE 17 PARTICIPANTS IN THE 2013 FESTIVAL. FORM 990-EZ, PART V INFORMATION REGARDING PERSONAL BENIFITS CONTRACT: THE ORGANIZATION DID NOT DURING THE YEAR, RECIEIVE ANY FUND DIRECTLY OR INDIRETLY, TO PAY PREMIUMS ON A PERSONAL BENIFIT CONTRACT.. THE ORGANIZATION DID NOT DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENIFIT CONTRACT.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC
INSPECTION

For calendar year 2013, or tax period beginning 05-01-2013, and ending 04-30-2014.

Name of Organization

SOUTH DAKOTA SNOW QUEEN FESTIVAL INC

Employer Identification Number

48-1281981

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def. comp.	(E) Expense account & other compensation
CURT MITCHELL PRESIDENT	10.00	0	0	0
NANCY SHANER VICE PRESIDENT	10.00	0	0	0
DENISE HUBER SECRETARY	12.00	0	0	0
GEORGIA SMITH TREASURER	12.00	0	0	0
PAM MAHLKE GSMA/LOCAL CONTESTS	12.00	0	0	0
DON BREMER AMBASSADOR	15.00	0	0	0
KAREN BREMER AMBASSADOR	15.00	0	0	0
MICHAELA GODEL QUEENS ACTIVITIES	10.00	0	0	0
FRAN GODEL HOUSING AND BANQUETS	10.00	0	0	0
ANGIE VETTER FESTIVAL SUPPORT CHA	5.00	0	0	0
PAULA MITCHELL FESTIVAL PROMOTIONS	5.00	0	0	0
JOYCE VOLLER FESTIVAL PROMOTIONS	5.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	05-01	, and ending	04-30-2014.
Name of Organization SOUTH DAKOTA SNOW QUEEN FESTIVAL INC				Employer Identification Number 48-1281981
Part V - Line 42a				

Individual Name DENISE HUBER/ GEORGIA SMITH
or
Business Name.

Street Address PO BOX 1764

U.S. Address

Zip code 57401 City ABERDEEN State SD

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (605) 329-2131

Fax Number

2013 DETAIL STATEMENTS

SOUTH DAKOTA SNOW QUEEN FESTIV
481281981

PAGE 1

STATEMENT #1 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

SCHOLARSHIPS.....	3,000
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STATEMENT #2 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

ADMINISTRATIVE EXPENSE.....	13,330
OPERATIONS EXPENSE.....	32,438
FESTIVAL WEEK.....	16,137
JUNIOR WEEK.....	9,181

STATEMENT #3 - OF YEAR - CASH (990-EZ PG 1 LINE 22A)

	BEGINNING	ENDING
SAVINGS.....	0	5,601
CHECKING.....	0	3,019

STATEMENT #4 - SECTION 4911 (990-EZ PG 3 LN 40A)

N/A

STATEMENT #5 - SECTION 4912 (990-EZ PG 3 LN 40A)

N/A

STATEMENT #6 - SECTION 4955 (990-EZ PG 3 LN 40A)

N/A

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- ☐ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
 ☐ If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions SOUTH DAKOTA SNOW QUEEN FESTIVAL INC	Employer identification number (EIN) or 48-1281981
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 1764	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ABERDEEN SD 57402-1764	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 of Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► SEE ATTACHMENT #3

Telephone No. ▶ Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is

for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until DECEMBER, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20 ____ or
▶ ☒ tax year beginning MAY 01, 20 13, and ending APRIL 30, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2014)