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eí	ile G	RAPHIC print	- DO NOT PROCESS As Filed Data -	DLN:	93492290005187
			Short Form		OMB No 1545-1150
	Q	90-EZ	Return of Organization Exempt From Income T	av	
For	m J	90-LZ			2016
2			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fou	indations)	2010
			Do not enter social security numbers on this form as it may be made publi	c.	Ones to Bublic
Dep	artment	t of the Treasury	Information about Form 990-EZ and its instructions is at <u>www.irs.gov/</u>	<u>form990</u> .	Open to Public
		venue Service			Inspection
		_	r year, or tax year beginning 07-01-2016 , and ending 06-30-2017		
		ıf applıcable s change	C Name of organization SOUTH DAKOTA STATE FEDERATION OF LABOR	D Employe	er identification number
_		change -	AFL-CIO	46-0191	
	Initial r	eturn	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1445	E Telephon	e number
_		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code	(605) 351-8897
_		ed return tion pending	SIOUX FALLS, SD 571011445	F Group Ex Number	emption ► 1338
G A	ccoun	iting Method 🛛			organization is not Schedule B
			Form 99		, or 990-PF)
		:e: ►SD AFLCIO OR			
			only one) - □ 501(c)(3) ☑ 501(c)(5) ◀(Insert no) □ 4947(a)(1) or □ 527		
		-	Corporation		
L A	dd line \$500	es 5b, 6c, and 7b 000 or more file	to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total at Form 990 instead of Form 990-EZ	assets (Pai	rt II, column (B) below) ▶ \$ 114 191
	art I		Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
		Check If the	organization used Schedule O to respond to any question in this Part I		· · · · · · · · · · · · · · · · · · ·
	1		ıfts, grants, and sımılar amounts received	1	120
	2	Program service	revenue including government fees and contracts	2	1,250
	3	Membership due	es and assessments	3	112,734
	4	Investment inco	me	4	
	5a	Gross amount fr	rom sale of assets other than inventory 5a		
	b	Less cost or otl	her basis and sales expenses		
	С	Gain or (loss) fr	om sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fun	draising events		
ΣNC	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000) 6a		
Revenue	b		om fundraising events (not including \$ of contributions from		
α		=	nts reported on line 1) (attach Schedule G if the uss income and contributions exceeds \$15,000) 6b		
	С		enses from gaming and fundraising events 6c	-	
	d	•	loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	•	enventory, less returns and allowances 7a		
	b	Less cost of go	· · · · · · · · · · · · · · · · · · ·		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 _c	
	8		describe in Schedule O)	8	87
	9	Total revenue.	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,191
	10	Grants and simi	lar amounts paid (list in Schedule O)	10	1,500
	11	Benefits paid to	or for members	11	<u> </u>
S	12	Salaries, other o	compensation, and employee benefits	12	54,852
150	13	Professional fee	s and other payments to independent contractors	13	1,438
Expenses	14	Occupancy, rent	t, utilities, and maintenance	14	· · · · · · · · · · · · · · · · · · ·
ũ	15		itions, postage, and shipping	15	1,843
	16		(describe in Schedule 0)	16	71,386
	17	•	s. Add lines 10 through 16		131,019
\exists	18		it) for the year (Subtract line 17 from line 9)	18	-16,828
ر ار	19	•	nd balances at beginning of year (from line 27, column (A)) (must agree with		·
Assets			ire reported on prior year's return)	19	152,539
N. t.	20	, -	n net assets or fund balances (explain in Schedule O)	20	0
2	21	Net assets or fu	nd balances at end of year Combine lines 18 through 20	21	135,711
Foi	Pane	erwork Reduction	on Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2016)

Part II	Balance Sheets (see the instruction					
	Check if the organization used Schedule	e O to respond to any o	·		• • •	· · · · · · · · · · · · · · ·
22 Cash sa	ivings, and investments		(A) B	eginning of year 148,649	22	(B) End of year 129,184
	d buildings			140,049	23	123,104
	ssets (describe in Schedule O)			9,458	24	9,016
25 Total as	ssets			158,107	25	138,200
26 Total lia	abilities (describe in Schedule O)			5,568	26	2,489
27 Net ass	ets or fund balances (line 27 of columi	n (B) must agree with	line 21)	152,539	27	135,711
Part III	Statement of Program Service				(5	Expenses
THE MISSIO WORKING F THE NATION	Check if the organization used Schedul organization's primary exempt purpose? IN OF THE SOUTH DAKOTA STATE FEDER AMILIES, TO BRING ECONOMIC JUSTICE Corganization's program service accompless.	ATION OF LABOR, AFL TO THE WORKPLACE,	-CIO IS TO IMPROVE TH AND SOCIAL JUSTICE T	O OUR STATE AND	(3) a	uired for section 501(c) and 501(c)(4) nizations, optional for rs)
measured b ^o benefited, a 28	y expenses In a clear and concise mann nd other relevant information for each pr nal Data Table	er, describe the service				
	······································					
(Grants \$)	If this amou	nt includes foreign gran	nts, check here	. ▶ 🗆	28a	
29					29a	
(Grants \$)	If this amou	nt includes foreign gran	nts, check here	. ▶ 🗆		
30					30a	
(Grants \$)	If this amou	nt includes foreign gran	nts, check here	. ▶ □		
· · · ·	ogram services (describe in Schedule 0)		·		+	
(Grants \$)	• '		its, check here		24.	
• • • •	rogram service expenses (add lines 28		its, check here		31a 32	
Part IV	List of Officers, Directors, Trustees					ions for Part IV)
	Check if the organization used Schedule	e O to respond to any o	question in this Part IV.	·		🗹
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid,	(d) Health bend contributions to en benefit plans, deferred compen	nployee and	(e) Estimated amount of other compensation
DUWAYNE V	VOHLLEBER BEGIN 1112016	40 00	enter -0-) 9,735		0	0
PRESIDENT	/ FINANCIAL SECRETARY					
MARK ANDE		28 00	39,665		0	0
					_	
	/ FINANCIAL SECRETARY	1.00				
JIM LARSON	1 10 11116	1 00	0		0	0
1ST VICE PF	RESIDENT					
JEFF WINTE	RS	1 00	0		0	0
1ST VICE PF	RESIDENT					
RANDY STAI		1 00	0		0	0
OND VICE D	DECIDENT					
2ND VICE PI LISA HICKS		1 00	0		0	0
LISA HICKS	10 11116	1 00			U	
VICE PRESI	DENT					
DENNIS MEI	NDENHALL	1 00	0		0	0
VICE PRESI	DENT					
BJ MOTLEY I	BEGIN 11116	1 00	0		0	0
VICE PRESI	DENT					
SCOTT NILE		1 00	0		0	0
		- ""			J	
VICE PRESI		1,00				
MARK ROGE	:RS	1 00	0		0	0
VICE PRESI	DENT					
PAT RUSSEL	L	1 00	0		0	0
VICE PRESI	DENT					
DENNIS SCH		1 00	0		0	0
					J	
VICE PRESI	DENT					
						Form 990-F7 (2016)

990-EZ	(2016)		Page 3
t V	Other Information	(Note the Schedule A and personal benefit contract statement requirements in the	
	instructions for Part V)	Sheek if the organization used Schedule O to respond to any question in this Part V	П

33	33		No	
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)	34		No
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)?	35a		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
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 tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	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 $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ 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	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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
42a		605) 3	51-8897	7
	Located at ▶ PO BOX 1445 SIOUX FALLS, SD ZIP + 4 ▶	5710	1	
	Ab			
D	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42c		No
·	At any time during the calendar year, did the organization maintain an office outside the U S ?	420		No
	If "Yes," enter the name of the foreign country			
43 9	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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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	44d		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No
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)	45b		

Yes

No

									Page
								Yes	No
	rganization engage, directly or indirect es for public office? If "Yes," complete :						46	Vas	
	ection 501(c)(3) organizations	•					46	Yes	
А	I section 501(c)(3) organizations	must answer quest	ons 47-49b and 52,	and co	mplete t	he table	s for lir	nes 50	
Ci	neck if the organization used Schedule	O to respond to any q	uestion in this Part VI				· · · ·	 Yes	□ No
7 D.446			21 (la) al antion in a 55 anti	d		3			
	rganization engage in lobbying activitions of the complete Schedule C, Part II	es or nave a section 50	or(u) election in effect	• •	ne tax ye	ar [,]	47		
8 Is the org	ganization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sche	edule E			48		
9a Did the o	rganızatıon make any transfers to an e	exempt non-charitable	related organization?				49a		
b If "Yes,"	was the related organization a section	527 organization? .					49b		
	this table for the organization's five h						and key	employ	ees)
	received more than \$100,000 of comme and title of each employee	pensation from the org	ganization If there is n		er "None Health be		(e) Es	tımated	amour
(d) Nd	he and cide of each employee	hours per week devoted to position	compensation (Forms W-2/1099-	contrib		employee			
		devoted to position	MISC)		red comp				
1 Complete	umber of other employees paid over \$: this table for the organization's five hation from the organization If there is (a) Name and business address of each	ighest compensated in none, enter "None"			ch receive			0,000 o	
L Complete	this table for the organization's five hation from the organization. If there is	ighest compensated in none, enter "None"							
d Total no	this table for the organization's five hation from the organization. If there is (a) Name and business address of each organization.	ighest compensated in none, enter "None " ach independent contr ach independent contr s each receiving over	\$100,000	(b) Tyl	e of serv				_
d Total no	this table for the organization's five hation from the organization If there is (a) Name and business address of each	ighest compensated in none, enter "None " ach independent contri- ach independent contri- second indep	\$100,000	(b) Ty	e of serv	(c) Compe	ensation	
d Total not complete compens d Total not complete comple	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor of the contractor of the contractor of the contractor of perjury, I declare that I have example the complete of the complete of the complete of the complete of perjury, I declare that I have example the contractor of perjury, I declare that I have example the contractor of the contractor of perjury, I declare that I have example the contractor of the contrac	s each receiving over	\$100,000	(b) Typ	n a	nents, and	Compe	ensation es	
d Total not complete compens d Total not complete comple	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor of the contractor of the contractor of the contractor of perjury, I declare that I have example the complete of the complete of the complete of the complete of perjury, I declare that I have example the contractor of perjury, I declare that I have example the contractor of the contractor of perjury, I declare that I have example the contractor of the contrac	s each receiving over	\$100,000	st attac	n a	nents, and	Compe	ensation es	
d Total not complete compens d Total not complete comple	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor of the contractor of the contractor of the contractor of perjury, I declare that I have example the complete of the complete of the complete of the complete of perjury, I declare that I have example the contractor of perjury, I declare that I have example the contractor of the contractor of perjury, I declare that I have example the contractor of the contrac	s each receiving over	\$100,000	st attac	n a	nents, and	Compe	ensation es	
d Total nu 2 Did the complete	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the state of	s each receiving over: OTE. All Section 501(Declaration of prepa	\$100,000	st attac	n a and stater	nents, and	Compe	ensation es	
d Total nu 2 Did the complete	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the properties	s each receiving over: OTE. All Section 501(Declaration of prepa	\$100,000	st attac	n a and stater d on all in	nents, and formation	Yed to the of which	ensation es	
d Total nu 2 Did the complex owledge and is any knowledge any knowledge and is any knowledge any knowledge any knowledge any knowledge any knowledge any kno	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the state of	s each receiving over: OTE. All Section 501(\$100,000	st attac	n a	nents, and formation PTIN P0078	Yell to the of which	ensation es	
d Total not complete compens d Total not complete comple	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the properties	s each receiving over: OTE. All Section 501(\$100,000	st attac	n a	nents, and formation	Yell to the of which	ensation es	
d Total nu 2 Did the complete	this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor of the contractor of the contractor of the contractor of perjury, I declare that I have example the contractor of perjury in the contr	s each receiving over: OTE. All Section 501(\$100,000	st attac	n a and stater d on all in Date Check Eielf-employ	nents, and formation PTIN P0078	Yel to the of which	ensation es	
d Total nu 2 Did the complete	in this table for the organization's five hation from the organization. If there is (a) Name and business address of each of the contractor of the organization complete Schedule A? Noted Schedule A	s each receiving over and this return, include Declaration of preparation of preparations of preparations and secretary	\$100,000	st attac	n a and stater d on all in Date Check Eielf-employ	nents, and formation PTIN P0078 ed 46-04456	Yel to the of which	ensation es	

Additional Data

Software ID:

Software Version:

EIN: 46-0191753

Name: SOUTH DAKOTA STATE FEDERATION OF LABOR

AFL-CIO

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's progra services, as measured by expense number of persons benefited, and	`(c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28		28a	0	
OF 195 UNIONS THROUGHOUT SOUT	TON OF LABOR - AFL CIO RESPRESENTS APPROXIMATELY 6,900 MEMBERS H DAKOTA			
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

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SCHEDULE C (Form 990 or 990-

Department of the Treasury

function activities

3

5

Internal Revenue Service

EZ)

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

DLN: 93492290005187OMB No 1545-0047

2016

Open to Public Inspection

776

776

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SOUTH DAKOTA STATE FEDERATION OF LABOR AFI -CIO 46-0191753 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No 4a Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV b Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

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-
(1) SOUTH DAKOTA AFFILIATES FOR LEGISLATIVE CONSTITUTIONAL INITIATIVE OUTREACH	PO BOX 1445 SIOUX FALLS, SD 571011445	37-1740506	776	5,715
2				
3				
4				
5				
6				

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. 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

Did the filing organization fileForm 1120-POL for this year?

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Pa	rt II-B	•	ganization is exempt under section 501(c)(3) and has NOT fil on under section 501(h)).	led				
-	1- 110/11	•		(a)			(b)	
ror e activi		response on lines 1a thro	ough 1: below, provide in Part IV a detailed description of the lobbying	Yes	No		lmoun	ıt
1			panization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of					
а	Voluntee	ers?						
b	Paid staf	f or management (ınclud	e compensation in expenses reported on lines 1c through 1i)?			1		
c	Media ad	lvertisements?				1		
d	Mailings	to members, legislators,	or the public?			1		
е	Publicati	ons, or published or broa	dcast statements?					
f	Grants t	o other organizations for	lobbying purposes?			1		
g	Direct co	ontact with legislators, th	eir staffs, government officials, or a legislative body?			1		
h	Rallies, d	demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?					
i	Other ac	tivities?						
j	Total Ad	ld lines 1c through 1i				1		
2a	Did the a	activities in line 1 cause t	he organization to be not described in section 501(c)(3)?					
b	If "Yes,"	enter the amount of any	tax incurred under section 4912			┪		
С	If "Yes,"	enter the amount of any	tax incurred by organization managers under section 4912					
d		·	a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A	Complete if the or	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion 5	501(c)
		(6).					`	
							Yes	No
1	Were su	bstantially all (90% or m	ore) dues received nondeductible by members?			1		İ
2	Did the	organization make only ir	n-house lobbying expenditures of \$2,000 or less?			2		
3	Did the	<u> </u>	ry over lobbying and political expenditures from the prior year?			3		
Par	t III-B		ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				5 01 (c)(6)
1	Dues, as	sessments and similar ar	mounts from members	1				
2			bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
a	Current	,		2a				
b		er from last year		2b				
C	Total			2c				
3		·	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	the orga	s were sent and the amo nization agree to carryov :ure next year?	unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
5			political expenditures (see instructions)	5				
	rt IV	Supplemental Info			<u> </u>			
Pro	vide the d	escriptions required for P	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), p., complete this part for any additional information	Part II-	A, line:	s 1 an	d 2 (se	 e
	•	urn Reference	Explanation					
PART	I-A LINE		THE SOUTH DAKOTA STATE FEDERATION OF LABOR AFL-CIO COMMUNICATE	S TO M	EMBER	S OF I	TS LO	 CAL
. ,	_ /	-	UNION AFFILIATES ABOUT CANDIDATES IT SUPPORTS PER THE CONSTITUT FEDERATION OF LABOR AFL-CIO, 5 CENTS OF EVERY PER CAPITA DOLLAR COPAC FUND SUCH DUES ARE PROMPTLY TRANSFERRED TO A SEPARATE SEGN DAKOTA AFFILIATES FOR LEGISLATIVE CONSTITUTIONAL INITIATIVE OUTRE A STATE PAC FUND THE PAC MAKES POLITICAL CONTRIBUTIONS TO THE CAPACITY OF T	ION OF OLLECTI REGATEI EACH", E	SOUTH ED IS D FUND EIN #3	H DAK DEDIC D, "SO 7-174	OTA ST ATED T UTH 0506 1	ГАТЕ ГО А

A CALENDAR YEAR

CANDIDATES IN STATE AND LOCAL ELECTIONS, STATE PACS, AND BALLOT QUESTION COMMITTEES TO SUPPORT LABOR ISSUES AND LEGISLATION SUCH CAMPAIGN FINANCE ACTIVITIES ARE REPORTED TO THE SOUTH DAKOTA SECRETARY OF STATE THE PAC'S ACTIVITIES ARE EXCLUDED FROM THIS FORM 990, AS IT WOULD BE REPORTED ON ITS OWN FORM 990 IF IT EXCEEDED FILING THRESHHOLDS THE SOUTH DAKOTA STATE FEDERATION OF LABOR AFL-CIO MAY MAKE POLITICAL CONTRIBUTIONS TO THE AFOREMENTIONED STATE PAC IN ADDITION TO FORWARDING THE 5 CENTS OF EVERY PER CAPITA DOLLAR COLLECTED AS DESCRIBED ABOVE UNDER STATE LAW AN ORGANIZATION MAY CONTRIBUTE UP TO \$10,000 TO A PAC IN

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SCHEDUL (Form 990 or EZ)	reasury	Complete to pro Form 990 o	vide information for r 990-EZ or to prov ▶ Attach to Form Schedule O (Form	on to Form 990 or 9 responses to specific questi ide any additional information 990 or 990-EZ, and its instruy/form990.	ons on n.	OMB No 1545-0047 2016 Open to Public Inspection
Internal Revenue Se Name of the org SOUTH DAKOTA S' AFL-CIO 990 Schedul o	TATE FEDERA	ATION OF LABOR Diemental Information	n		Employer ider 46-0191753	ntification number
Return Reference				Explanation		
FORM 990- EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIF	PTION INTEREST INCOM	E AMOUNT 87			

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990- EZ, PART I, LINE 10 - GRANTS	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME THREE \$500 SCHOLARSHIPS DATE OF GIFT 04/16/17 AMOUNT GIVEN 1,500
AND SIMILAR AMOUNTS PAID	

Explanation

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990 Schedule O, Supplemental Information

FORM 990EZ, PART I,
LINE 16 OTHER

EXPENSES

DESCRIPTION BANK CHARGES & CREDIT CARD FEES AMOUNT 234 DESCRIPTION CONFERENCES & MEE
TINGS AMOUNT 4,981 DESCRIPTION DUES AMOUNT 300 DESCRIPTION INSURANCE AMOUNT 2

,461 DESCRIPTION LEGISLATIVE / LOBBYING AMOUNT 10,023 DESCRIPTION MISCELLANEOUS A
MOUNT 170 DESCRIPTION TRAVEL AMOUNT 19,174 DESCRIPTION OFFICE EXPENSE AMOUNT 4,
EXPENSES

T16 DESCRIPTION PAYROLL TAXES AMOUNT 6.601 DESCRIPTION BALLOT ISSUE COMMITTEE EXPEN

SE AMOUNT 22.727 TOTAL TO FORM 990-EZ. LINE 16 71.387

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990EZ, PART II,
LINE 24 OTHER
ASSETS

DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 8,024 END OF YEAR AMOUNT 8,199
DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,434 END OF YEAR AMOUNT 817

DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,434 END OF YEAR AMOUNT 8,199
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990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26 -OTHER LIABILITIES

ODESCRIPTION ACCRUED PAYROLL TAXES & WITHHOLDING BEG OF YEAR AMOUNT 89 END OF YEAR AMOUNT 4,687 END OF YEAR AMOUNT 0 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 792 END OF YEAR AMOUNT 1,863