Form **990-EZ** 

# **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)

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

		of the Treasury enue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
A	For the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending DEC 31	1, 20	)17
B	Check it		loyer iden	ntification number
	_	ess change SOUTH DAKOTA STATE FEDERATION OF LABOR,		
$\Box$	$\neg$		6-019	1753
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一	T Final		05-35	51-8897
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G				If the organization is
				o attach Schedule B
				90-EZ, or 990-PF).
		f organization: X Corporation Trust Association Other	000, 00	
		es 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,		
		· · · · · · · · · · · · · · · · · · ·	<b>\$</b>	64,411.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions		
<u> </u>		Check if the organization used Schedule O to respond to any question in this Part I	,	X
_	1	Contributions, gifts, grants, and similar amounts received	1	10,000.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	54,365.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory		
	Ь	Less cost or other basis and sales expenses 5b		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
•		Gross income from gaming (attach Schedule G if greater than		
Revenue		\$15,000)		
eve	Ь	Gross income from fundraising events (not including \$ of contributions		
ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
	ľ	gross income and contributions exceeds \$15,000)		
	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		
	Ь	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)  SEE SCHEDULE O	8	46.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,411.
	10	Grants and similar amounts paid (list in Schedule 9) Benefits paid to or for members	10	
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent actors  Occupancy, rent, utilities, and maintenance  Printing, publications, postage, and shipping	12	31,650.
ns.	13	Professional fees and other payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indesident or a light solution of the payments to indeside the payments of the payments	13	1,518.
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
Ш	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O)  SEE SCHEDULE O	15	1,107.
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	24,010.
	17	Total expenses. Add lines 10 through 16	17	58,285.
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,126.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	1	_
As	1	(must agree with end-of-year figure reported on prior year's return)	19	135,711.
Ret	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	141,837.
LH/	A Foi	Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2017)

Page 2

га	rt II Balance Sheets (see the instructions for Part II)					
_ 、	Check if the organization used Schedule O to resp	ond to any ques	stion in this Part II			X
			(A) Beginning of year			nd of year
22	Cash, savings, and investments	Í	129,184	• 22		138,096.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		9,016			7,661.
25	Total assets		138,200	• 25		145,757.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		2,489			3,920.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		135,711	• 27		141,837.
Pa	rt III Statement of Program Service Accomplishmer	nts (see the instr	uctions for Part III)			penses
	Check if the organization used Schedule O to resp	ond to any ques	stion in this Part III	X		for section and 501(c)(4)
What	is the organization's primary exempt purpose? SEE SCHEDULE O					ons; optional for
	be the organization's program service accomplishments for each of its three largest program s		kpenses in a clear and concise		others.)	
manno	r, describe the services provided, the number of persons benefited, and other relevant inform.	ation for each program title				
	THE SOUTH DAKOTA STATE FEDERATION O		AFL CIO			<del></del>
Ī	RESPRESENTS 7,436 MEMBERS OF 195 UN	IONS THROU	GHOUT SOUTH		} }	
Ī	DAKOTA.				1 1	
(	Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>		28a	
29						
_					1 1	
					1 1	
(	Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>		29a	
30						
					} }	
					<b>1</b> 1	
(	Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		30a	
31 (	Other program services (describe in Schedule O)					
(	Grants \$ ) If this amount includes foreign g	rants, check here	▶		31a	
32	Total program service expenses (add lines 28a through 31a)				32	
				<u> </u>		
Pa	t IV List of Officers, Directors, Trustees, and Key E			see the		or Part IV)
Pa	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	ond to any ques	stion in this Part IV		instructions for	or Part IV)
Pa	Check if the organization used Schedule O to response	ond to any ques (b) Average hours	stion in this Part IV	( <b>d</b> ) не	instructions for	(e) Estimated
Pa	t IV List of Officers, Directors, Trustees, and Key E	oond to any ques (b) Average hours per week devoted	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont	instructions for alth benefits, ributions to oyee benefit	(e) Estimated amount of other
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DEI	Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont	oond to any ques (b) Average hours per week devoted	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont emploplans,	alth benefits, buttons to byee benefit and deferred	(e) Estimated amount of other
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SOUTH DAKOTA STATE FEDERATION OF LABOR, Form 990-EZ (2017) AFL-CIO 46-0191753

Part V | Other Information (Note the Schedule A and personal benefit contract statement requirements in the

11.6	instructions for Part V) Check if the organization used Sch. O to respond to any question in this			
<u> </u>			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	33		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)	34		X
35 a	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		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	35b	N/	A
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	1		
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   3,210.	4 1		
	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	_		1 1
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 504(x)/3) account to a 504(x)	4		
39		( )		
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A  N/A	{		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		,
704	section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
h	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 1	40b	N/	Α
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 sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization N/A			
е	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		_X_
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ▶ DUWAYNE WOHLLEBER Telephone no. ▶ (605)			<u>97                                    </u>
	tion to the state of the state	710	<u>3</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		ι <del>.</del>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<del></del>	Yes	
	account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country:  See the instructions for expectage and filling requirements for EngCEN Form 114. Report of Engage Pack and Engage Accounts (FRAR).			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
Ü	If "Yes," enter the name of the foreign country:	420	Ц	<u> </u>
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	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	1	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	<u> </u>		
	of Form 990-EZ	44b		X_
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1	l	}
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u> </u>	<u> </u>
		Form 9	190-EZ	(2017)

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ruili 9	90-É7 (1	2017)	AFL-C	10								46-0	1917		_	age 4
					tly, ın pol	itical campa	aign activities	on behalf of	or in oppositio	n to cand	idates for pu	ublic offic	- 1			No
Part		omplete Sch		त्। ) organiz	ations	only								46	X	
rart				-		_	antiona 47	10b and 50	and complet	o the tel	alon for line	sc 50 an	d 51			
				ition used S						e me tai	JIES IOI IIIIE	55 50 an	d 51.			$\Box$
		Oncox ii ti	ic organiza	11011 4364 0	cricadic	O to resp	ond to any	questionin	uns rait vi					7	es	No
<b>47</b> D	id the o	rganization e	engage in lo	bbying activiti	es or hav	e a section	501(h) electi	ion in effect d	uring the tax y	ear? If "Ye	es," complete	e Sch. C,	Part II	47		
		_		scribed in se					-			•		48		
				insfers to an e										19a		
b if	"Yes," w	vas the relate	ed organizat	ion a section	527 orga	nızatıon?								19b		
<b>50</b> C	omplete	this table fo	or the organ	ization's five h	nighest co	ompensated	t employees	(other than of	ficers, director	s, trustee	s, and key e	mployee	s) who ead	ch rece	ived	more
tr	nan \$100			from the orga		If there is n	one, enter "N	one."				<b>.</b>				
		(a)	Name and	title of each e	mployee				age hours		Reportable sation (Forms		h benefits, utions to		Estim	
					37 / 3			•	devoted to		099-MISC)	employe plans, an	e benefit d deferred		nt or pens	other ation
					N/A	<u> </u>				<del> </del>		compe	ensation		-	
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				paid over \$1					<b></b>							
			-				d independen	t contractors	who each rece	ived more	e than \$100,	,000 of c	ompensat	ion fro	m the	:
0		ion If there			N/A											
	(a) N	vame and bu	isiness addr	ess of each in	aepenae	nt contracto	or		(D	) Type of	service		(c) C	ompen	satio	<u> </u>
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				nt contractors		-										
		•	•	hedule A? No	te: All sec	ction 501(c	)(3) organiza	tions must at	tach a					٦	_	٦
		d Schedule					1.4		1 1					_ Yes	_=	No
									dules and stat of which prepa				knowledg	e and	peller	, it is
ii ue, co	orrect, a	ija <b>Q</b> implete	AAAA	. Or preparer	(Oyle) tila		s Maseu on al	imormation	or which prepa	irer nas ai	ily Kilowieug	je.	-7.	$\overrightarrow{A}$		
Sign		Signature o	I office	, , , ,		WW				-		Date		u		
Here		DUWA	YNE W	OHLLEB	ER.	PRESI	DENT/	FINANC	IAL SEC	RETA	ARY					
			nt name and ti												_	
		Print/Type	e preparer's	name		Preparer's	s signature		Date		Check	) if	PTIN	-		
Paid						1	- , , , , , , , , , , , , , , , , , , ,	,	}	1	self- emplo	yed				
Prep		ERIC	MAAS,	CPA,	MBA			11-	<u> </u>	3/18		ł	P007	893	57	
Use		Firm's na	me ▶LA	MFERS	& MA		ЪP				Firm's EIN					
-06	~y	Firm's ad				ST.					Phone no	. 605	-332	-85	00	
		<u> </u>		IOUX F				-3620								
May the	e IRS di	scuss this re	eturn with th	e preparer sh	own abov	ve? See ins	tructions							Yes		No
													Fo	orm 99	0-EZ	(2017)

## SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

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) organiza	tions: Complete Part III.			
Nan		AKOTA STATE FEDER	ATION OF LA	BOR, Emplo	oyer identification number
_	AFL-CIO				46-0191753
Pa	rt I-A Complete if the org	janization is exempt unde	r section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	campaign activities in		3,210.
Pa	rt I-B Complete if the ord	ganization is exempt unde	r section 501(c)(3	).	
1	Enter the amount of any excise tax	<del></del>		<b>▶</b> \$	
	Enter the amount of any excise tax	, •		<b>▶</b> \$	
	If the organization incurred a section	· · ·			Yes No
4a	Was a correction made?	·	•		Yes No
_ t	If "Yes," describe in Part IV				
Pa	irt I-C Complete if the org	janization is exempt unde	r section 501(c), (	except section 501(	c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities >\$	
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527	<del></del>
	exempt function activities			▶\$	3,210.
3	Total exempt function expenditures	Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
	line 17b			▶\$	3,210. Yes X No
4	Did the filing organization file Form	1120-POL for this year?			Yes X No
5	Enter the names, addresses and er		•	•	
	made payments For each organiza	•	• •		•
	contributions received that were pr	• •		•	te segregated fund or a
	political action committee (PAC). If	<del></del>			<del> </del>
	(a) Name	(b) Address	(c) EIN	<ul><li>(d) Amount paid from filing organization's</li></ul>	(e) Amount of political contributions received and
			Į į	funds If none, enter -0-	promptly and directly
				, , , , , , , , , , , , , , , , , , , ,	delivered to a separate
					political organization If none, enter -0-
30	UTH DAKOTA	SIOUX FALLS, SD			ii rione, enter e
	FILIATES FOR LEGIS		37-1740506	3,210.	2,790.
	TIDITIES TON BEGIN	3,101 1143	37 1710300	3,210.	2,750.
			]		
_	<del></del>		<u> </u>	<del></del> -	
_	<del></del>	<u> </u>		<del></del>	
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		Ī			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

## SOUTH DAKOTA STATE FEDERATION OF LABOR,

Schedule C (Form 990 or 990-EZ) 2017 A					0191753 Page <b>2</b>
Part II-A Complete if the orga	anization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).					
A Check ► L if the filing organizati	on belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and share	e of excess lobbying	expenditures)			
B Check 🕨 📖 if the filing organizati	on checked box A a	nd "limited control" pr	ovisions apply		·, — —
	s on Lobbying Expe	enditures unts paid or incurred	,	(a) Filing organization's	(b) Affiliated group totals
			<u>"</u>	totals	<u> </u>
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			<u> </u>
b Total lobbying expenditures to influence		<u> </u>			
c Total lobbying expenditures (add lin	ies 1a and 1b)				
d Other exempt purpose expenditure:	S	,			
e Total exempt purpose expenditures	(add lines 1c and 1	d)	. [		
f Lobbying nontaxable amount Enter	r the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or	(b) is: The lot	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a If zero	or less, enter -0-				
i Subtract line 1f from line 1c If zero	or less, enter -0-		Γ		
j If there is an amount other than zero	o on either line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this y	ear?				Yes No
	4-Year Av	eraging Period Unde	r section 501(h)		
(Some organizations the			•	f the five columns	below.
	See the separ	ate instructions for I	ines 2a through 2f.)		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	( <b>c)</b> 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		<del> </del>			<del> </del>
(150% of line 2a, column(e))					
		<del> </del>	†· · · · · · · · · · · · · · · · · · ·		<del> </del>
c Total lobbying expenditures					
d Grassroots nontaxable amount		<del> </del>	<b> </b>		
e Grassroots ceiling amount					
(150% of line 2d, column (e))		L	<u> </u>		<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

### SOUTH DAKOTA STATE FEDERATION OF LABOR,

46-0191753 Page 3

Schedule C (Form 990 or 990-EZ) 2017 AFL-CIO

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity	Yes	No	Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?	<u> </u>				
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	7 3			
Part III-B Complete if the organization is exempt under section 501(c)(4), secti		• • •			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is	
answered "Yes."					
Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal		l		
expenses for which the section 527(f) tax was paid).					
a Current year		_2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		Ì	)		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditure next year?  5. Touchle around of labburg and neltical available (and instance)		4			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group instructions), and Part II-B, line 1 Also, complete this part for any additional information PART I-A, LINE 1:	p list), Part i	I-A, lines 1	and 2 (see		
THE SOUTH DAKOTA STATE FEDERATION OF LABOR AFL-CIO CO	MMUNI	CATES	то		
MEMBERS OF ITS LOCAL UNION AFFILIATES ABOUT CANDIDATE	S IT S	SUPPOR	TS.		
PER THE CONSTITUTION OF SOUTH DAKOTA STATE FEDERATION	OF L	ABOR A	FL-CIO	),	
5 CENTS OF EVERY PER CAPITA DOLLAR COLLECTED IS DEDIC	CATED !	O A P	AC		
FUND. SUCH DUES ARE PROMPTLY TRANSFERRED TO A SEPARA			ED or 990	D-EZ) 2017	

### SOUTH DAKOTA STATE FEDERATION OF LABOR,

Schedule C (Form 990 or 990-EZ) 2017 AFL-CIO  Part IV   Supplemental Information (continued)
FUND, "SOUTH DAKOTA AFFILIATES FOR LEGISLATIVE CONSTITUTIONAL
INITIATIVE OUTREACH", EIN #37-1740506. IT IS A STATE PAC FUND. THE
PAC MAKES POLITICAL CONTRIBUTIONS TO THE CAMPAIGNS OF VARIOUS
CANDIDATES IN STATE AND LOCAL ELECTIONS AND OTHER STATE PACS 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 A CALENDAR YEAR.
FOR THE SIX MONTHS ENDED DECEMBER 31, 2017, SOUTH DAKOTA STATE
FEDERATION OF LABOR AFL-CIO TRANSFERRED \$3,210 OF ITS OWN FUNDS TO THE
PAC.
<del></del>
PART I-C CONTINUATION:
SOUTH DAKOTA AFFILIATES FOR LEGISLATIVE CONSTITUTIONAL INITIATIVE OUTREACH
P.O. BOX 1445 SIOUX FALLS, SD 57101-1445
EIN: 37-1740506 COL (D) AMOUNT: 3210. COL (E) AMOUNT: 2790.
<del></del>
<del></del>

#### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

SOUTH DAKOTA STATE FEDERATION OF LABOR,

Inspection
Employer identification number 46-0191753

AFL-CIO FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: INTEREST INCOME 46. FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: CONFERENCES & MEETINGS 6,175. INSURANCE 409. LEGISLATIVE / LOBBYING 6,837. 158. **MISCELLANEOUS** TRAVEL 5,725. OFFICE EXPENSE 1,205. BALLOT ISSUE COMMITTEE EXPENSE 3,500. TOTAL TO FORM 990-EZ, LINE 16 24,009. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR DESCRIPTION END OF YEAR ACCOUNTS RECEIVABLE 8,199. 7,525. PREPAID EXPENSES 817. 136. TOTAL TO FORM 990-EZ, LINE 24 9,016. 7,661. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: END OF YEAR DESCRIPTION BEG. OF YEAR ACCRUED PAYROLL TAXES & WITHHOLDING 626. 626.

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization SOUTH DAKOTA STATE FEDERATION OF LABOR, AFL-CIO	Employer identification 46-0191753	number
DEFERRED REVENUE 1,	863. 3	,294.
TOTAL TO FORM 990-EZ, LINE 26 2,	489. 3	,920.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSI		тн
DAKOTA STATE FEDERATION OF LABOR, AFL-CIO IS TO IMPROVE T		
WORKING FAMILIES, TO BRING ECONOMIC JUSTICE TO THE WORKPL SOCIAL JUSTICE TO OUR STATE AND THE NATION.	JACE, AND	