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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2017

Open to Public Inspection

A Fo	or the 2017 calendar year, or tax year beginning		, 2017, and en	ding		, 20			
B Che	ck if ap	plicable	C Name of organization			Employer id	entification number		
Add	iress ci	hange	SOUTH DAKOTA SOCIETY OF PR	ROFESSIONAL LAND	SUR		46-0413500		
Nar	ne char	nge	Number and street (or P O. box, if mail is not delive	red to street address)	Room/ suite E	Telephone n	umber		
Initi	al retur	'n							
Fina	al returi	n/terminated	PO BOX 8154				(605) 348-1538		
Am	ended r	return	City or town, state or province, country, an		00 F	Group Exem			
App	lication	npending	RAPID CITY SD <del>57703</del> <b>5</b>	7709		Number <b>&gt;</b>			
		ng Method	$oxed{X}$ Cash $igsqcup$ Accrual Other (specify)	<b>&gt;</b>	- 1		organization is <b>not</b>		
We	bsite:	: ► <u>WWW.</u>	SDSPLS.ORG		requ	red to attach	Schedule B		
Tax	k-exe	mpt status (ch	eck only one) 501(c)(3) X 501(c)( 6 ) ◀		27 (Forr	n 990, 990-EZ	., or 990-PF)		
		organization		ssociation U Other _					
. Ad	d lines	5b, 6c, and 7	to line 9 to determine gross receipts. If gro	ss receipts are \$200,000 or	more, or if	total assets			
			w) are \$500,000 or more, file Form 990 inste			··· <b>&gt;</b> :	<del></del>		
Par	t I	Revenue,	Expenses, and Changes in Net A	Assets or Fund Balan	ices (see i	the instructions	s for Part I)		
		Check if the o	ganization used Schedule O to respond to	any question in this Part I			· _ L		
	1		, gifts, grants, and similar amounts received		•	1	<u></u>		
	2	Program serv	ice revenue including government fees and	contracts		2	34,845		
	3	Membership	dues and assessments			. 3	33,020		
	4	Investment in	come			4	7,796		
	5a	Gross amour	t from sale of assets other than inventory	5a		15,000			
	b	Less cost or	other basis and sales expenses .	5b		9,220			
	C		from sale of assets other than inventory (Si	ubtract line 5b from line 5a)	•	5c	5,780		
	6	J	undraising events						
41	а	Gross income	from gaming (attach Schedule G if greater	than			FIECEIVED		
nue		\$15,000)		. 6a			(		
Revenue	b	Gross income	from fundraising events (not including \$	of c	ontribution	s   [ _	1 2010 J		
č		from fundrais	ing events reported on line 1) (attach Sched	lule G if the			JUN 0 1 2018		
		sum of such	gross income and contributions exceeds \$1	5,000) · <b>6b</b>					
	C	Less direct e	xpenses from gaming and fundraising even	ts · · · <b>6c</b>			OGDEN, UT		
	d	Net income of	r (loss) from gaming and fundraising events	(add lines 6a and 6b and s	ubtract	الم			
		line 6c) .	• • • •			6d			
	7a	Gross sales of	f inventory, less returns and allowances	· · 7a					
	b	Less cost of	goods sold	7b					
	С	Gross profit of	r (loss) from sales of inventory (Subtract line	e 7b from line 7a)		· 7c			
	8	Other revenu	e (describe in Schedule O)			8			
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	81,441		
	10	Grants and s	milar amounts paid (list in Schedule O)			10	3,100		
	11	Benefits paid	to or for members			11			
Expenses	12	Salaries, other	r compensation, and employee benefits	• •		12			
Ģ	13	Professional	ees and other payments to independent co	ntractors		13			
Ϋ́	14	Occupancy,	ent, utilities, and maintenance			. 14	1,817		
_	15	Printing, pub	ications, postage, and shipping			. 15			
	16	Other expens	es (describe in Schedule O)			16			
	17	Total expen	ses. Add lines 10 through 16 · · · ·			. 🕨 17			
ur.	18	Excess or (de	ficit) for the year (Subtract line 17 from line	9)		18	9,799		
sets	19	Net assets or	fund balances at beginning of year (from lir	ne 27, column (A)) (must agr	ee with				
Asi		end-of-year	figure reported on prior year's return)			19	158,187		
Net Assets	20	Other change	s in net assets or fund balances (explain in	Schedule O)		. 20			
	21	Net assets or	fund balances at end of year Combine line	s 18 through 20 .	_·· .	. ▶ 21	_		
For P	anerw	ork Reductio	Act Notice, see the separate instruction	15.			Form <b>990-EZ</b> (2017)		

N

Ð	art II	Balance Sheets (see the instru	ctions for Part III	110 10	0 1100				1 age 2
_		Check if the organization used Sche		guestion in the	s Part II .				Г
		- Chesk ii the organization asea conc	duic o to respond to any	question in this		nning of year	Ť		(B)End of year
22	Cash	, savings, and investments			(A)Degii	158,18	7 0		<b>(B)</b> End of year 167, 986
23		and buildings				130,10	<del></del>	22	107,300
24		r assets (describe in Schedule O)		·	<del></del>		<u> </u>	3	0
25		assets		}		158,18	-1-		167,986
26		l liabilities (describe in Schedule O)		· · · }		130,10	<del>-   -</del>	5	107,380
27		,	aluma (D) must asses with			158,18	~ ~	6	167,986
	art III	Statement of Browner Se					1/2	27	
Ц	aut m	Statement of Program Se	_			s for Part III)	٦		Expenses
\A/b	et ie the	Check if the organization used Sc			inis Part III	<u></u>	4		quired for section
Des	acis lile scribe th	organization's primary exempt purpo e organization's program service acc	omplishments for each of	MENT #1	t program s	anticas	.		(c)(3) and 501(c)(4) anizations, optional
ası	measure	ed by expenses. In a clear and concis	e manner, describe the se	rvices provide	d, the numb	per of			others.)
		nefited, and other relevant informatio	n for each program title				4		,
28	SEE	ATTACHMENT #2					.		
							.		
							,		
	(Grants	) If this a	mount includes foreign gra	ints, check he	re	<u> </u>	Щ	28a	
29							.		
							.		
						_	,		
	(Grants	) If this a	mount includes foreign gra	ints, check he	re	<b>•</b>		29a	
30							.		
							.		
							. 1		
	(Grants	\$ ) If this a	mount includes foreign gra	ints, check he	re	▶		30a	
31	Other p	program services (describe in Schedu	le O)			<u> </u>	.		
	(Grants	, , , , , , , , , , , , , , , , , , , ,	mount includes foreign gra		re	<b>•</b>		31a	
32	Total p	rogram service expenses (add line						32	0
Pa	art IV	List of Officers, Directors, Trust	ees, and Key Employees	(list each one	even if not	compensated	- se	e the	instructions for Part IV)
		Check if the organization used Sc	hedule O to respond to an	y question in t	this Part IV				
			(b) Average	( <b>C</b> ) Rep		(d) Health ben			(0) 5-44
(a) Name and title		(a) Name and title	hours per week	( , o   compensar				ns.	<ul><li>(e) Estimated amount of other compensation</li></ul>
			devoted to position	(if not paid,	enter -0-)	and deferred comp	ensa	ation	
SE	EE AT	TTACHMENT #3							-
			_1						
_									
									-
	-								
				<del> </del>		<del> </del> -			
				<del>                                     </del>					
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				<del> </del>					<u> </u>
				1					
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Pai	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.							
	institutions for Fair V.) Officer in the organization ascales and accordance of the respond to any question in this Fair V	<u>·</u>	Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			<u> </u>				
	detailed description of each activity in Schedule O	33		Х				
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				
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		X				
þ	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		X				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,							
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X				
30	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							
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	36	_	X				
b	Did the organization file Form 1120-POL for this year?	37b		X				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were							
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved							
39	Section 501(c)(7) organizations Enter			Ì				
а	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities	<u> </u>		}				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under							
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		}					
Þ	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		X				
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		^				
•	organization managers or disqualified persons during the year under sections 4912,		ĺ					
	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							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			Ì				
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X				
41	List the states with which a copy of this return is filed SD							
42a	The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no ►							
	Located at ZIP + 4		Voc	No				
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 X				
	If "Yes," enter the name of the foreign country	420	<del> </del>					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank							
	and Financial Accounts (FBAR).	1						
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х				
	If "Yes," enter the name of the foreign country							
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							
			Yes	No				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			l				
	completed instead of Form 990-EZ	44a	<del> </del>	X				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	445		1,7				
_	completed instead of Form 990-EZ	44b	<del> </del>	X				
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	$\vdash$	+^-				
u	explanation in Schedule O	44d	1	}				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\vdash$	X				
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	<u> </u>		1				
	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	L	X				
FDA		990	-EZ	(2017)				

Form **990-EZ** (2017)

## 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTH DAKOTA SOCIETY OF PROFESSIONAL LAND SURVEYOR

Employer identification number

46-0413500

PART 1 LINE 16 - DESCRIPTION AMOUNT

PART 1 LINE 16 - CONFERENCES/MEETINGS 4991

PART 1 LINE 16 - PROMOTIONAL MATERIALS 665

PART 1 LINE 16 - MEMBERSHIPS 5520

PART 1 LINE 16 - WEBSITE 1000

PART 1 LINE 16 - CONVENTIONS 28578

PART 1 LINE 16 - BOARD METTING 1720

PART 1 LINE 16 - SURVEYORS HISTORICAL SOCIETY DONATION 500