Ea-	m, 99	90	Return of Organization Exempt From I	ncome T	ax	OMB No. 1545-0047
POI		00,				2018
•	•		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private for	oundations	
Dep Inte	partment o rnal Reve	of the Treasury nue Service	► Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late	y be made publ st information.	"1904	Open to Public Inspection
A	For th	e 2018 cale	ndar year, or tax year beginning ${ m Jul} \ 1$, 2018, and en	ding Մա	in 30	, 20 1 9
В	Check	er Identification number				
	Address	s change	Doing business as			339924
Н	Name o	hange	Number and street (or P O. box if mail is not delivered to street address)	/suite	E Telepho	
	Initial re		604 Root Ave SW		(605)	203-0059
		um/terminated	City or town, state or province, country, and ZIP or foreign postal code			
		ed return	De Smet, SD 57231		G Gross re	
ш	Applica	tion pending	F Name and address of principal officer	1		subordinates? Yes No
		L	Diane Hiles, 604 Root Ave SW, De Smet, SD 572			s included? L_ Yes L_ No list. (see instructions)
-	Website	mpt status	501(c)(3)			
K .			Corporation ☐ Trust ☐ Association ☐ Other ►		exemption	of legal domicile. SD
	art I	Summa		nation 190	J IN State	or regar dornicile. 3D
	1		scribe the organization's mission or most significant activities. Pub	lication	of the	Sno-Plaineman
ø		which r	promotes winter sports and the educational and	recreati	onal	DITO FTATIISMAII
ă	ł		es of snowmobiling.		211012	
Activities & Governance	2		s box ▶ ☐ if the organization discontinued its operations or dispose	d of more than	25% of	ts net assets.
ő	3		f voting members of the governing body (Part VI, line 1a)		3	10
ŏ	4	Number o	f independent voting members of the governing body (Part VI, line 1	b)	4	10
ţį	5	Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)		5	
ž	6	Total num	ber of volunteers (estimate if necessary)		6	75
ĕ	7a		lated business revenue from Part VIII, column (C), line 12		7a	0.
 -	b	Net unrela	ted business taxable income from Form 990-T, line 38		7b	0.
				Prior Ye		Current Year
9	8		ons and grants (Part VIII, line 1h)		2,549.	69,670.
Revenue	9		ervice revenue (Part VIII, line 2g)		2,549.	9,804.
æ	10 11		t income (Part VIII, column (A), lines 3, Rang (1), (Column (A), lines 5, 60, 8c, 9c, 10c, and 10e)		.,980.	3,719.
	12		nue-add lines 8 through 11 (mystequal Part VIII, column (A), line (12)		,078.	83,193.
_	13		similar amounts paid (Part IX) column (19) / limes 1-3)	- 0,	,0,8.	1,802.
	14		aid to or for members (Part IX column (A), line 4 2019			<u> </u>
ဖွ	15	Salaries, ot	her compensation, employee benefits (Rart X, column (A) lines 3-10)	28	,080.	25,191.
Expenses	16a	Profession	al fundraising fees (Part IX, column A), The Tile, U.T.			
Š			raising expenses (Part IX, column (D), line 25)	a E to hate.	3	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	54	,921.	66,771.
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83	,001.	93,764.
_	19	Revenue le	ess expenses. Subtract line 18 from line 12	+	,077.	-10,571.
Net Assets or Fund Balances	00	T-4.1	(Dad V. Las 40)	Beginning of Cui		End of Year
Bala			s (Part X, line 16)	141	,624.	136,922.
E E			ties (Part X, line 26)	3.43		136,000
Pa	rtII		or fund balances. Subtract line 21 from line 20	141	,624.	136,922.
_			I declare that I have examined this return, including accompanying schedules and state	tements and to th	e best of m	v knowledge, and belief it in
			Declaration of preparer (other than officer) is based on all information of which prepare			y Kilowiedge and delier, it is
		L	Vicin of Landiles		1/2	9 01
Sigi	n	Signate	are of officer	Dat	, / U =	
Her	е	Diar	ne J Hiles, Treasurer			
			print name and title	· · · · · · · · · · · · · · · · · · ·	*	· · · · · · · · · · · · · · · · · · ·
Pai	 d	Print/Type		Date	Check	I if PTIN
	parei	Todd D	. Wilkinson	LO/09/2019	self-emplo	pyed P01260275
	Only		e ►Wilkinson & Schumacher Law Prof LLC	Firm'	s EIN ► 3	6-4876474
		Firm's add	ress ► 103 Joliet Ave SE , De Smet, SD 57231	Phor	e no. (60	5)854-3378
∕ау	the IR		his return with the preparer shown above? (see instructions)	<u> </u>		
_			on Act Notice, see the separate instructions. BAA	EV 05/20/19 PRO		Form 990 (2018)



Form	990 (2018) Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Publication of the Sno-Plainsman
	which promotes winter sports and the educational and recreational
	qualities\of snowmob1ling.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization, cease conducting, or make significant changes in how it conducts, any program
	services? \
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	7,
	Promoting Winter sports and the educational and recreational qualities
	of snowmobiling. Snowplainsman Publication
	\ , \(\sigma\)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Cook
4d	Other program services (Describe in Schedule O.)
- •••	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 93,764.

Part	•	e Accomplishments a response or note to any line in this Pa	art III	
1	Briefly describe the organization's mis			<u>····</u>
•	Publication of the Sno-Pla			
		rts and the educational and		
	qualities of snowmobiling.			
2	Did the organization undertake any si	gnificant program services during the ye	ar which were not listed on the	
2	prior Form 900 or 900-F72	gnilicant program services during the ye		1V 1711-
	•			Yes 🗵 No
•	If "Yes," describe these new services	on Schedule O.	au it conducts one program	
3		ing, or make significant changes in h		1 V V V V V V V V V V V V V V V V V V V
				Yes 🗵 No
_	If "Yes," describe these changes on S			
4		ervice accomplishments for each of its		
		(4) organizations are required to report	the amount of grants and allocat	ons to others,
	the total expenses, and revenue, if any	/, for each program service reported.		
4a		93, 764. including grants of \$		
	Promoting Winter sports ar	nd the educational and recre	eational qualities	- -
	of snowmobiling. Snowpla	ninsman Publication		
				·
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u>}</u>
	, , , , , , , , , , , , , , , , , , , ,			
		······································	••••••	
			••••••	
			•	
	•			
			\ <u></u>	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				- -
				
		······································		
4d	Other program services (Describe in S	chedule O)		
Tu		grants of \$) (Revenue :	\$ 1	
4e	Total program service expenses ▶	93,764.	<u> </u>	
70	rotal program service expenses	20,104.		



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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets 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	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		×
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A) line 12 #5" Year" (Separallete Schedule I. Parts I and II.	21		×

Part	Checklist of Required Schedules (continued)	_		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	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	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 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	· · · · · · · · · · · · · · · · · · ·	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	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	33	l.	×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	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		
37	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, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
-	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı					
•	Statements, filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	_2b	×				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	×				
ь	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O						
4a	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)?	4a		×			
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
-	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	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					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7с					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand]				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15					
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O.		i	'			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management			
4.	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ĺ
_	any other officer, director, trustee, or key employee?	2		×
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 governing documents since the prior Form 990 was filed?	4		<u></u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
4.0			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14	Did 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?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		×
b		15b		<u>×</u> _
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			,
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)	(Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest _l	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red Diane hiles, 604 Root Ave SW, De Smet, SD 57231 (605)203-0059	cords	>	

Earm	aan	(2018)	

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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.
- 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, if any. See instructions for definition of "key employees."
- 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	b of or directo	unles	Pos neck ss pe	rson	than or trust Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Brian Erickson Past President	1.00			×				0.	0.	0.
(2) Jon LaFramboise President	3.00			×				0.	0.	0.
(3) Greg Nordstrom President Elect	2.00			×				0.	0.	0.
(4) Gary Ulmer Executive Director	2.00	×						0.	0.	0.
(5) Diane Jo Hiles Treasurer	4.00			×				1,500.	0.	0.
(6) Kelly Weaver director	1.00	×						0.	0.	0.
(7) Duane Stahl Director	1.00	×						0.	0.	0.
(8) Sheridan LaFramboise Director	1.00	×						0.	0.	0.
(9) Johnny rider Director	1.00	×						0.	0.	0.
(10) Scott Erstad Director	1.00	×						0.	0.	0.
(11) Tim Lund Director	1.00	×						0.	0.	0.
(12) Travis Fischer Director	1.00	×						0.	0.	0.
(13)										
(14)										

-Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos eck s pe d a d	rson	than one that the that the that the that the that the that the the that the the the the the the the the the th	an ee)	(D) Reportable compensation from	(E) Reportable compensation fror related	1	(F) stimate mount other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from th ganizat nd relat ganizati	e ion ed
(15)													
(16)													·
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio		•	•		•	► ► ►	1,500.	0			0.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w					
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc							-	est compensa		Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that										_	×
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mpei	nsat ete :	tion Sch	fron	n any ile J f	un or s	related organiz	ation or individ			×
Section	on B. Independent Contractors	100, 0	,			-							
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress							(B) Description of s	ervices		C) ensation	1
								-					
2	Total number of independent contractor	•	_					th	ose listed abo	ove) who			

	990 (201 • VIII	Statement of Reve	enue						Page 9
	`	Check if Schedule C		a resp	onse or note to	any line in this (A) Total revenue	Part VIII	(C) Unrelated	
•	•					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	22,333.				
s, G	С	Fundraising events .		1c	40,406.				
ar ar	d	Related organizations	3	1d					
iE,	е	Government grants (cor		1e					
tior S r	f	All other contributions, g							
혈美		and similar amounts not inc	l l	1f	6,931.				
d Si	g	Noncash contributions include		-					
	h	Total. Add lines 1a-1	<u>f</u>			69,670.			
를				-	Business Code				
eve	2a	Sno-Plainsman/	Website	}	541800	9,804.	9,804.	0.	0.
ě.	b			}	-				
Ξ̈́	C			}					
Š	d			}	-			<u>-</u> .	
Jrar	e f	All other program ser					+		
Program Service Revenue	g	Total. Add lines 2a-2			•	9,804.	+		
	3	Investment income				3,001.			
		and other similar amo			▶	1,202.	1,202.	0.	0.
	4	Income from investmen	t of tax-exen	npt bo	nd proceeds ▶	2,517.	2,517.	0.	0.
	5	Royalties		-					
			(i) Real		(iı) Personal				
	6a	Gross rents							
	b	Less. rental expenses							
	С	Rental income or (loss)			_				
	d	Net rental income or	<u> </u>	<u> </u>					-
	7a	Gross amount from sales of	(i) Securiti	es	(II) Other				
		assets other than inventory							
	b	Less: cost or other basis							
	c	and sales expenses . Gain or (loss)		-					
	"	rect gain or (1035) .		· · Γ					
Ē	8a	Gross income from fu	ındraısing	1					
Ver		events (not including \$	40,406		İ				
Other Revenue		of contributions reporte	ed on line 1	c).					
Ē		See Part IV, line 18 .		· a					
₹	b	Less: direct expenses		_					
	C	Net income or (loss) f			vents . ►				
	9a	Gross income from ga							
		See Part IV, line 19 .							
		Less: direct expenses		_	141				
	1	Net income or (loss) for Gross sales of in			ities				
	104	returns and allowance							
	Ь	Less: cost of goods s		-					
		Net income or (loss) f		_	ntory ►				
		Miscellaneous R			Business Code				1
	11a								
	b			· · · · ·					
	С			[
	d	All other revenue .		. [
	е	Total. Add lines 11a-							
	12	Total revenue. See in	nstructions		🕨	83,193.	13,523.	0.	0.

-Part IX- Statement of Functional Expenses

Sectio	Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(c)	<u> </u> (D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,802.	1,802.		-
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,500.	0.	1,500.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	22,007.	22,007.	0.	0.
9	Other employee benefits				
10	Payroll taxes	1,684.	1,684.	0.	0.
11	Fees for services (non-employees):				
а	Management		254		
b	Legal	351.	351.	0.	0.
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	14,187.	14,187.	0.	0.
13	Office expenses	6,061.	6,061.	0.	0.
14	Information technology	0,001.	0,001.	·	0.
15	Royalties				
16	Occupancy				
17	Travel	3,072.	3,072.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,298.	2,298.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	284.	284.	0.	0.
23	Insurance	2,613.	2,613.	0.	0.
24	Other expenses, Itemize expenses not covered	4.89° 1187	si 4 1/4 "	para ymala ia i a	ra, 14 "
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank Fee	124.	124.	0.	0.
b	ISC Expense	4,667.	4,667.	0.	0.
٠ C	Dues	2,672.	2,672.	0.	0.
d	M1SC	3,688. 26,754.	3,688. 26,754.	0.	0.
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	93,764.	92,264.	1,500.	0.
<u>25 </u>	Joint costs. Complete this line only if the	33,704.	32,204.	1,300.	<u></u>
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Balance Sheet

	art-X-	Check if Schedule O contains a response of	r noto	to any line in this Day	+ V	_	
—	•	Check it Schedule O contains a response of	rnote	to any line in this Par			<u>, , , , , , </u>
	•				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			6,551.	1	
	2	Savings and temporary cash investments	[121,928.	2	124,251.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompen	sated employees.			_
		Complete Part II of Schedule L		[5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ai	sons (as	defined under section			
		sponsoring organizations of section 501(c)(9) volum					
S		organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net		_		7	
Asi	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges		—		9	
	10a	Land, buildings, and equipment cost or	i .			-	
		other basis. Complete Part VI of Schedule D	10a	18,226.			
	ь	Less: accumulated depreciation	10b	5,555.	13,145.	10c	12,671.
	11				13/113.	11	12,071.
	12	Investments—other securities. See Part IV, line		<u> </u>		12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets		_	•	14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equation of the second of t			141,624.	16	136,922.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
Ś	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
abi		disqualified persons. Complete Part II of Schedu	ıle L			22	
Ë	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax,	·				
		parties, and other liabilities not included on lines	s 17–24	1). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25				26	
ses		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and	k here ▶ ☐ and				
Net Assets or Fund Balances	27	Unrestricted net assets				27	
3al	28	Temporarily restricted net assets				28	
Þ	29	Permanently restricted net assets				29	
ב		Organizations that do not follow SFAS 117 (ASC 9					1
or l		complete lines 30 through 34.		_			
ts (30	Capital stock or trust principal, or current funds	· 	30			
se	31	Paid-in or capital surplus, or land, building, or ed		31			
Ä	32	Retained earnings, endowment, accumulated in	141,624.	32	136,922.		
Ne.	33	Total net assets or fund balances	141,624.	33	136,922.		
	34	Total liabilities and net assets/fund balances .		<u>-</u>	141,624.	34	136,922.

Form 99	90 (2018)			Pa	ge 1 2
-Part	-XI- Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_	83,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		93,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		10,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41,6	
5	Net unrealized gains (losses) on investments	5	•		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10	1	31,0	53.
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		 Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	piled or			
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		×

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

2018

Open to Public

Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number South Dakota Snowmobile Association 46-0339924 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on 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 education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a 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 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No 9 In Part XIII, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

- Par	Organizations Maintaining	Collections of A	Art, His	torical 1	Freasures	, or Ot	her Similar As	sets (continu	ıed)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a si	gnificant use	of its
· a	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		e	☐ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	and expla	ain how t	hey further	the org	anızatıon's exem	ipt purpose in	Part
5	During the year, did the organization assets to be sold to raise funds rather							r ☐ Yes ☐] No
Par	IV Escrow and Custodial Arra	_					•		
	Complete if the organization 990, Part X, line 21.						•		n
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t □ Yes □] No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:		Ar	nount	
С	Beginning balance					10	;		
d	Additions during the year					1d			
е	Distributions during the year					1e)	<u></u>	
f	Ending balance					1f			
2a	Did the organization include an amour						•		No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	(planatio	n has been	provide	ed on Part XIII .]
Par	t V Endowment Funds.			_					
	Complete if the organization							T	
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
_	programs							<u> </u>	
f	Administrative expenses								
g	End of year balance							l	
2	Provide the estimated percentage of the			e (line 1g	i, column (a	ı)) nela :	as		
a	Board designated or quasi-endowmer		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment	%	2007						
3a	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the	•		zation the	at are held	and ad	munictored for the		
Ja	organization by	possession or th	e organi.	zation the	at are riciu	and ad	illinistered for the	Yes	No.
	(i) unrelated organizations							3a(i)	140
	(ii) related organizations					• •		3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses	•	•			• •			
Part									
	Complete if the organization		on For	m 990 F	Part IV line	e 11a	See Form 990	Part X line 1	0
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book value	
	z z z z z z z z z z z z z z z z z z z	(investme			ther)		epreciation	(-, -30	
1a	Land		0.		0.				0.
b	Buildings			· · · · · · · · ·					
c	Leasehold improvements								
ď	Equipment	18	3,226.					18,2	26.
e	Other	<u> </u>			-				
Total.	Add lines 1a through 1e. (Column (d) m		90, Part)	(, column	(B), line 10)c).		18,2	26.

Part VII	Investments - Other Securitie				·
	Complete if the organization ar	nswered "Yes" on F	orm 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or categ (including name of security)	jory	(b) Book value	, ,	hod of valuation -of-year market value
1) Financial	derivatives				
2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)				-	
(C)				·-	
(D)					
(E) (F)					
(G)					
(G) (H)					
	b) must equal Form 990, Part X, col. (B) line 12)	•			
Part VIII	Investments—Program Relat		- 1		
	Complete if the organization ar		orm 990. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation
(1)					-oi-year market value
(2)					
(3)					
(4)					
	<u> </u>				
(5)					
(5) (6)					
(6) (7) (8)					
(6) (7) (8) (9)					
(6) (7) (8) (9) Total. (Column (t	b) must equal Form 990, Part X, col (B) line 13)	>			
(6) (7) (8) (9)	Other Assets.		orm 990 Part IV line	a 11d Soo Form	2000 Part V line 15
(6) (7) (8) (9) Fotal. (Column (b		nswered "Yes" on F	orm 990, Part IV, line	e 11d. See Form	,
(6) (7) (8) (9) Fotal. (Column (t	Other Assets.		orm 990, Part IV, line	a 11d. See Form	990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (t	Other Assets.	nswered "Yes" on F	orm 990, Part IV, line	e 11d. See Form	,
(6) (7) (8) (9) Fotal. (Column (the part IX)	Other Assets.	nswered "Yes" on F	orm 990, Part IV, line	e 11d. See Form	,
(6) (7) (8) (9) Total. (Column (t Part IX (1) (2) (3)	Other Assets.	nswered "Yes" on F	orm 990, Part IV, line	e 11d. See Form	,
(6) (7) (8) (9) (otal. (Column (t Part IX (1) (2) (3) (4)	Other Assets.	nswered "Yes" on F	orm 990, Part IV, line	a 11d. See Form	,
(6) (7) (8) (9) Fotal. (Column (t Part IX (1) (2) (3) (4) (5)	Other Assets.	nswered "Yes" on F	orm 990, Part IV, line	a 11d. See Form	,
(6) (7) (8) (9) (otal. (Column (to Part IX) (1) (2) (3) (4) (5) (6)	Other Assets.	nswered "Yes" on F	orm 990, Part IV, line	e 11d. See Form	,
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Par		-	Return.	
	Complete if the organization answered "Yes" on Form 990,			_
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 (losses) on investments	2a	4	
b	Donated services and use of facilities		4	
C	Recoveries of prior year grants		_	
d	Other (Describe in Part XIII.)			
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		4	
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			_
Part	Reconciliation of Expenses per Audited Financial State		er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	,		1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11		
a	Donated services and use of facilities	2a	-	
þ	Prior year adjustments		-	
C	Other losses		4	
d	Other (Describe in Part XIII.)		 _	
e	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:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4	
b	Other (Describe in Part XIII.)		 _ 	
С 5	Add lines 4a and 4b		4c 5	_
	XIII Supplemental Information.		<u> </u>	_
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2	h: Part V line 4 Part Y line	_
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			•
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Schedule D (For	m 990) 2018	Page .
Part-XIII-	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization Employer identification number South Dakota Snowmobile Association 46-0339924 Pt VI, Line 11b: Organization's process to review form 990. Treasurer supplies a copy for board review. Pt VI, Line 19: Governing documents disclosure explanation. Documents available to the public upon request Pt VI, Line 12c: Board annually conducts a review to determine if any conflict of interest exists. All transactions are reviewed by the board Pt IX, Line 24e: Description: Governor's Ride Total: \$2,305 Program services: \$2,305 Management and general: \$0 Fundraising: \$0 Description: Fundraising Total: \$18,447 Program services: \$18,447 Management and general: \$0 Fundraising: \$0 Description: Grant expense Total: \$199 Program services: \$199 Management and general: \$0 Fundraising: \$0 Description: YETIS expense Total: \$5,612 Program services: \$5,612

Schedule O (Form 990 or 990-EZ) (2018)	
Name of the organization	Employer identification number
South Dakota Snowmobile Association	46-0339924
•	
·Management and general: \$0	
Fundralsing: \$0	
Description: Dues Subscription	
m . 1 . 4101	
Total: \$191	<u>-</u>
Program services: \$191	
riogiam services. 3191	·····
Management and general: \$0	
Fundraising: \$0	
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