Fom 990-T

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[ Part II |

X

Department of the Treasury Internal Revenue Service Check box r address changed

Exempt under section

408(e)

408A

529(a)

501( C)(() 3)

220(e)

530(a)

(See instructions)

		OMB No 1545-0687		
Exempt Organization Business Income T (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 10/01/18, and ending 09	) 9/30/19	2018		
► Go to www irs gov/Form990T for instructions and the latest  ■ Do not enter SSN numbers on this form as it may be made public if your of		Open to Public Inspection for 501(c)(3) Organizations Only		
Name of organization ( Check box if name changed and see instructions)  NE SOUTH DAKOTA COMMUNITY  ACTION PROGRAM, INC.		Employer Identification number (Employees' trust, see instructions)		
or Number, street, and room or suite no. If a PO box, see instructions	46-02	82100		
Type 104 ASH STREET EAST	E Unrelated bus	iness activity code		

57262 900099 SISSETON Book value of all assets Group exemption number (See instructions ) at end of year 8,662,339 G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here ▶ WEATHERIZATION PROGRAM If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation MARCIA ERICKSON 605-698-7654 The books are in care of ▶ Telephone number ▶ **Unrelated Trade or Business Income** (A) Income (C) Net (B) Expenses 23,512 Gross receipts or sales 23,512 Less returns and allowances h c Balance 1c Cost of goods sold (Schedule A, line 7) 2 23,512 23,512 Gross profit Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from partnership and S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule !) 11 Advertising income (Schedule J) 11

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

deductions must be directly connected with the unrelated business 14 Compensation of officers, directors, and trustees (Schedule K) 14 15,269 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 1,178 19 Taxes and licenses 19 20 Chantable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 163 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 1,945 26 Excess exempt expenses (Schedule 1) 26 27 Excess readership costs (Schedule J) 27 See Statement 1 5,581 28 Other deductions (attach schedule) 28 24,136 29 Total deductions. Add lines 14 through 28 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -624

Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions)

12

13

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions,

23,512

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Form 990-T (2018)

-624

31 32 23,512

0



Form	m 990-T (2018) NE SOUTH DAKOTA COMMUNI	ry	4	6-0282:	100		Page	<b>2</b>
Pa	Part III Total Unrelated Business Taxable income	9						_
33	Total of unrelated business taxable income computed from all un		nesses	(see				_
	instructions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(		33		
34	Amounts paid for disallowed fringes					34	<del>                                     </del>	
	•	ofore longery 1 2019	1 (000			34		—
35	Deductions for net operating loss ansing in tax years beginning b	elore January 1, 2016	(see					
	instructions)					35	<del></del>	
36	Total of unrelated business taxable income before specific deduc	tion Subtract line 35	from the	e sum				_
	of lines 33 and 34					36	<del></del>	<u>0</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions	for exceptions)				37	1,00	<u>0</u>
38	Unrelated business taxable income. Subtract line 37 from line	36 If line 37 is greate	r than l	ne 36,				
	enter the smaller of zero or line 36					38	<u> </u>	0
<u>Pa</u>	Part IV Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (	0 21)			•	39		
40	Trusts Taxable at Trust Rates. See instructions for tax compute	tion Income tax on						_
	the amount on line 38 from Tax rate schedule or	Schedule D (Form '	1041)		•	40	<u> </u>	
41	Proxy tax. See instructions				•	41		
42	Alternative minimum tax (trusts only)					42		
43	Tax on Noncompliant Facility Income. See instructions					43		_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applie	s				44		0
	art V Tax and Payments	<del></del>						_
45a		Com 1116)	45a				1	_
		01111 1110)	45b			┦ !		
b	·		-			<b>⊣</b> ∣	İ	
C	,		45c			┥╵	<b>†</b>	
d	, ,		45d			┥ ╵		
е	<u> </u>					45e		_
46	Subtract line 45e from line 44 Other taxes					46		_
47	Check if from Form 4255 Form 8611 Form 8697 Form 8697	m 8866 Other (attis	ch)			47		
48	Total tax. Add lines 46 and 47 (see instructions)					48		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, P	art II, column (k) line 2	2			49		
50a	Payments A 2017 overpayment credited to 2018		50a					
b			50b			7 /		
c			50c		•	7 /		
d		rtione)	50d			<b>-</b> 1		
		30013)	50e	· · · · · · · · · · · · · · · · · · ·		-		
e		m 9044)	50f			┥ !		
f -		•	301			┦ !		
9.								
	Form 4136 Other	Total ►	50g		<del></del>	-		
51	Total payments. Add lines 50a through 50g				r	51	<u> </u>	
52	Estimated tax penalty (see instructions) Check if Form 2220 is a	ttached			▶ _	52		_
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, et	nter amount owed			•	53		<u>0</u>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, an	d 52, enter amount ov	/erpaid		•	54		_
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶			R	efunded 🕨	55		_
Pa	art VI Statements Regarding Certain Activities a	and Other Inform	ration	(see instri	uctions)			
56	At any time during the 2018 calendar year, did the organization ha	ave an interest in or a	signati	re or other	authority		Yes N	lo
	over a financial account (bank, securities, or other) in a foreign co							_
	FinCEN Form 114, Report of Foreign Bank and Financial Account here ▶	ts If "YES," enter the	name o	of the foreigi	n country		x	,
			-				X X	_
57	During the tax year, did the organization receive a distribution from If "YES," see instructions for other forms the organization may ha	n, or was it the granto	r ot, or	transferor to	, a foreign	rust?	<del>    ^</del>	<u>`</u>
58	Enter the amount of tax-exempt interest received or accrued during							
		<u> </u>					<del></del>	_
	Under penalties of perjury, I declare that I have examined this return, including accompa- true, corpect, and complete Declaration of preparer (other than taxpayer) is based on all				lowledge and be	lef, it is		_
Sig	gn(N)	proparer	wij n				May the IRS discuss this return with the preparer shown below (see instructions)?	um W
Her		HIEF EXECUT	'IVE	OFFI				
_	Signature of officer Date Tith			<b></b> _			- X Yes No	<u></u>
	Print/Type preparer's name Preparer's				Date	Check	if PTIN	- !
Paid	d KATHLEEN DOYLE				02/03/20		ployed P01322431	1
	parer Firm's name Wohlenberg Ritzman &	Co., LLC			<u> </u>	's EIN	46-039345	8
	e Only P.O. Box 1018	30., 220			Fani	O LINE		<u> </u>
J 3C	Solly P.O. Box 1018						605-665-440	1

_	1 990-T (2018) <b>NE S</b>					46-0	282100			Page 3
<u>Sch</u>	nedule A - Cost of Go		r meth				· · · · · · · · · · · · · · · · · · ·			
1	Inventory at beginning of	′ <del></del>		6	Inventory at end of	year		6		
2	Purchases	2		7						
3	Cost of labor	3			line 6 from line 5	Enter here	and	-		
4a	Additional sec 263A costs				ın Part I, line 2		l	7		
ь	(attach schedule) Other costs	4a		8	Do the rules of sec	tion 263A	(with respect to		<u>  Y</u>	es No
U	(attach schedule)	4b			property produced	or acquire	ed for resale) apply		-	.
5	Total. Add lines 1 through				to the organization				<u> </u>	
Sch	nedule C - Rent Inco	me (From Real	Prope	rty and Pers	sonal Property L	.eased	With Real Prope	rty)		
<u>(se</u>	ee instructions)									
1 Des	scription of property									
(1)	N/A									
(2)										
(3)										
(4)							,			
		2 Rent receiv	ed or accr	rued						
	(a) From personal property (if the	percentage of rent		(b) From real ar	nd personal property (if the		3(a) Deductions di	rectly co	nnected with the inco	me
	for personal property is more the			-	for personal property exceed	eds in columns 2(a) and 2(b) (attach schedul			b) (attach schedule)	
	more than 50%	·)		50% or if the rent	is based on profit or income	)				
(1)	. <u></u> .									
(2)										
(3)						- ·- · ·				
(4)		<del> </del>								
Total			Total				(b) Total deductions	3.		
(c) T	otal income. Add totals of	columns 2(a) and 2(	b) Ente	r			Enter here and on page			
here	and on page 1, Part I, line	6, column (A)			<b>•</b>		Part I, line 6, column (	B) ▶		
Sch	edule E - Unrelated	Debt-Financed	Incom	e (see instru	ctions)		·			
				2 0000			3 Deductions directly co	nnected	with or allocable to	
	1 Description of debt-	-financed property			2 Gross income from or allocable to debt-financed		debt-finan	ced property		
		, , ,			property	ty (a) Straight line depre			(b) Other deduction	ons
							(attach schedule)		(attach schedule	*)
(1)	N/A							1_		
(2)										
(3)										
(4)										
	4 Amount of average	5 Average adjusted			6 Column	1	l		8 Aliocable deduct	ions
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop			4 divided	1	iross income reportable column 2 x column 6)	(	column 6 x total of co	olumns
	property (attach schedule)	(attach schedule	)	Ь	y column 5	, "	Social 2 x column o)		3(a) and 3(b))	
(1)					9	<b>%</b>				
(2)					9	/o				
(3)					9,	/6				
(4)					9	6				
						Enter	here and on page 1,	Ent	er here and on	page 1,
							I, line 7, column (A)		art I, line 7, colui	
Total	ls				•					
Total	dividends-received dedu	uctions included in c	olumn 8				<b>•</b>			

Schedule F – Interest, Ann	uities Boyalt			om Controll	<u> </u>	ranization	C (ooo inotair	otiona)	raye =	
Schedule F - Interest, Ann	uities, Royait	ies, and Ker		npt Controlled			s (see instruc	<u>cuons)</u>		
Name of controlled organization	ıder	2 Employer	3 Net	unrelated income (see instructions)	4 To	otal of specified yments made	5 Part of columnincluded in the organization's gro	controlling	6 Deductions directly connected with income in column 5	
(1) N/A							-			
			<u> </u>							
(2)		<del></del>	-							
(3)		<del></del>	_				-			
(4)						<del></del>	<u> </u>			
Nonexempt Controlled Organiza	ations					- <sub>1</sub>				
7 Taxable income		Net unrelated income ss) (see instructions)		9 Total of specific payments mad		included in	olumn 9 that is the controlling gross income	1	Deductions directly inected with income in column 10	
(1)										
(2)										
(3)								ļ		
(4)										
						Enter here a	ns 5 and 10 nd on page 1, 3, column (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals		1. 5047	\(=\)	) (4 <b>5</b> ) 0		<u> </u>				
Schedule G – Investment In	ncome of a S	ection 501(c	)(7), (9	9), or (17) O 	rganı	zation (see	instructions)			
1 Description of income		2 Amount of in	ncome	directly	ductions connected schedule		4 Set-asides attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A	-									
(1) N/ A (2)									<del></del>	
(3) :								-		
								+		
(4)		Enter here and or Part I, line 9, col		,		1.			oter here and on page 1, art I, line 9, column (B)	
Totals		041								
Schedule I - Exploited Exe	mpt Activity	income, Otno	er ina	in Advertisi	ng in	come (see i	nstructions)		1	
1 Description of exploiled activity	2 Gross unrelated business income from trade or business	3 Expens directly connected producted unrelate business in	with of	4. Net income (I from unrelated to business (col 2 minus column If a gain, compicols 5 through)  4. Net income (I from unrelated to business)  4. Net income (I from unrelated to business)  5 through	rade umn 3) ute	5 Gross income from activity the is not unrelated business income	t attribut	penses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than cotumn 4)	
(1) N/A										
-	<u> </u>	1			<u> </u>		1			
(2)									<del>                                     </del>	
(3)	<del> </del>						<del>-  </del>		<del>                                     </del>	
(4)	Enter here and or page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,						Enter here and on page 1, Part II, line 26	
Totals ► Schedule J – Advertising Ir	1	etruotiono'		I					<del></del>	
			C===	alidated D	noio					
Part I Income From F	eriodicais Re	eported on a	Cons				<del></del>		T	
1 Name of penodical	2 Gross advertising income	3 Direct advertising		4 Advertising gain or (loss) (i 2 minus col 3) a gain, compu cols 5 through	col ) If te	5 Circulation income	6 Rea	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A		T							!	
(2)		1	-		Γ				7 /	
(3)									7	
(4)	1								<b>-1</b>	
Y.7										
Totals (carry to Part II, line (5))	1	-								

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Form 990-T (2018) NE SOUTH DAKOTA COMMUNITY

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 through 7 on a	a line-by-line bas	IS)				<u>-</u>
1 Name of penodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)					_	
Totals from Part I			]			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	L					

Schedule K - Compensation of Officers, Directors	, and Trustees (see instructions)		
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2018)

41085 NE SOUTH DAKOTA COMMUNITY
46-0282100 Federal Statements

FYE: 9/30/2019

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description		 Amount	
Occupancy		\$	25
MATERIALS			3,013
PROGRAM SUPPLIES			25
Other Professional	Fees		2,518
Total		\$ 	5,581

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