

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2017

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

### A For the 2017 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WASHINGTON PAVILION MANAGEMENT INC.</b>		<b>D</b> Employer identification number <b>46-0435791</b>
	Doing business as		<b>E</b> Telephone number <b>(605) 367-7397</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>SIOUX FALLS, SD 57104</b>		<b>G</b> Gross receipts \$ <b>10,283,253.</b>
<b>F</b> Name and address of principal officer: <b>DARRIN SMITH SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>WWW.WASHINGTONPAVILION.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1994</b>	<b>M</b> State of legal domicile: <b>SD</b>

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>EDUCATE, ENTERTAIN, INSPIRE AND TO ENRICH COMMUNITY BY MAKING ARTS AND SCIENCE PART OF OUR LIVES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>408</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>283</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>478,817.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>79,253.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,023,257.</b>	<b>3,941,260.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,463,987.</b>	<b>5,808,477.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>658.</b>	<b>1,960.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>336,773.</b>	<b>387,823.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,824,675.</b>	<b>10,139,520.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>12,352.</b>	<b>15,846.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,053,276.</b>	<b>4,193,568.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>242,273.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,561,271.</b>	<b>4,517,562.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,626,899.</b>	<b>8,726,976.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>197,776.</b>	<b>1,412,544.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,434,185.</b>	<b>5,368,778.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,714,552.</b>	<b>2,210,965.</b>
		<b>1,719,633.</b>	<b>3,157,813.</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>DARRIN SMITH, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LAURIE HANSON</b>	Preparer's signature <b>LAURIE HANSON</b>	Date <b>11/09/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00851848</b>
	Firm's name ▶ <b>EIDE BAILLY LLP</b>	Firm's address ▶ <b>200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125</b>	Firm's EIN ▶ <b>45-0250958</b>	Phone no. <b>605-339-1999</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE WASHINGTON PAVILION IS TO INSPIRE, EDUCATE, ENTERTAIN AND ENRICH OUR REGION BY CREATING OPPORTUNITIES FOR ALL TO EXPLORE AND EXPERIENCE THE ARTS AND SCIENCE. OUR VISION IS TO BE THE REGION'S PREMIER ARTS AND SCIENCE DESTINATION, INSPIRING LIFELONG

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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? [ ] Yes [X] No 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 (Code: ) (Expenses \$ 4,048,744. including grants of \$ ) (Revenue \$ 4,523,843.) THE HUSBY PERFORMING ARTS CENTER (HPAC) FEATURES THE MARY W. SOMMERVOLD HALL, BELBAS THEATER AND THE SCHULTE ROOM. THESE STATE-OF-THE ART PERFORMANCE FACILITIES ARE HOME TO THE PAVILION PERFORMANCE SERIES, THE WASHINGTON PAVILION'S ANNUAL PRESENTATION OF SIX WORLD-CLASS PERFORMANCES INCLUDING BROADWAY MUSICALS AND A WIDE VARIETY OF OTHER ENTERTAINMENT. IN ADDITION, THE WASHINGTON PAVILION PRESENTS NUMEROUS EXCLUSIVE EXTRA PERFORMANCES AND MISSION RELATED PERFORMING ARTS PRODUCTIONS. HPAC PROVIDES THE STAGE FOR MAJOR PRODUCERS, PROMOTERS AND ORGANIZATIONS TO RENT FACILITIES AT THE WASHINGTON PAVILION TO SHOWCASE ALL THAT THE ARTS HAVE TO OFFER.

2017 WAS A VERY PROSPEROUS YEAR FOR THE HUSBY PERFORMING ARTS CENTER.

4b (Code: ) (Expenses \$ 908,438. including grants of \$ ) (Revenue \$ 337,589.) THE KIRBY SCIENCE DISCOVERY CENTER (KSDC) IS FULLY ACCREDITED BY THE AMERICAN ALLIANCE OF MUSEUMS. THE MUSEUM IS THE REGION'S FOREMOST HANDS-ON SCIENCE EXPERIENCE, FEATURING OVER 110 INTERACTIVE PERMANENT EXHIBITS, NEARLY 20,000 SQUARE FEET OF EXHIBITION SPACE AND THE 160-SEAT WELLS FARGO CINEDOME. IN 2017, 87,000 PATRONS EXPERIENCED THE KIRBY SCIENCE DISCOVERY CENTER AND WELLS FARGO CINEDOME. THOUSANDS OF ADDITIONAL STUDENTS AND FAMILIES WERE EXPOSED TO SCIENCE PROGRAMMING THROUGH THE WASHINGTON PAVILION'S PARTICIPATION IN OFFSITE FESTIVALS, WORKSHOPS AND DEMONSTRATIONS INCLUDING WOMEN IN SCIENCE, THE SIOUX EMPIRE WATER FESTIVAL, JAZZFEST AND THE ANNUAL IT'S ALL ABOUT SCIENCE FESTIVAL.

4c (Code: ) (Expenses \$ 566,898. including grants of \$ ) (Revenue \$ 16,178.) THE VISUAL ARTS CENTER (VAC) IS FULLY ACCREDITED BY THE AMERICAN ALLIANCE OF MUSEUMS. IN 2017 THE VAC CONTINUED ITS TRADITION OF BRINGING FINE ART TO CHILDREN AND ADULTS THROUGH EXHIBITIONS AND RELATED PROGRAMMING, COLLECTIONS (PERMANENT AND EDUCATION COLLECTIONS) AND SPECIAL EVENTS. THE VAC FEATURES SEVEN GALLERIES AND MORE THAN 11,000 SQUARE FEET OF EXHIBITION SPACE IN ADDITION TO 5,000 SQUARE FEET OF LOWER LEVEL WORKSPACE AND ART STORAGE. THE RAVEN CHILDREN'S STUDIO IS A POPULAR DESTINATION FOR BEING BOTH CREATIVE AND IMAGINATIVE THROUGH INTERACTIVE ART AND PLAY. THE VAC WELCOMED 22,000 VISITORS IN 2017.

HIGHLIGHTS

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,916,287. including grants of \$ 15,846.) (Revenue \$ 452,050.)

4e Total program service expenses 7,440,367.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> 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> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 77		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 408		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 21		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(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)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JANE M. HATHAWAY - 605-367-7397**  
**P.O. BOX 984, SIOUX FALLS, SD 57101-0984**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**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 employee."
- 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGIE HAFT CHAIR	5.00	X		X				0.	0.	0.
(2) JULIE WARD VICE CHAIR	1.00	X		X				0.	0.	0.
(3) JEFF HURLEY SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(4) MARCIA CHICOINE TRUSTEE	1.00	X						0.	0.	0.
(5) JULIE DARRINGTON TRUSTEE	1.00	X						0.	0.	0.
(6) RICK GARRY TRUSTEE	1.00	X						0.	0.	0.
(7) JEFF GEDNALSKE TRUSTEE	1.00	X						0.	0.	0.
(8) LIZ GULLICKSON TRUSTEE	1.00	X						0.	0.	0.
(9) BRAD HEEGEL TRUSTEE	1.00	X						0.	0.	0.
(10) EMILY PAULSON TRUSTEE UNTIL APRIL 2017	1.00	X						0.	0.	0.
(11) DAVE KNUDSON TRUSTEE	1.00	X						0.	0.	0.
(12) BRIAN JANS TRUSTEE	1.00	X						0.	0.	0.
(13) BETH JENSEN TRUSTEE	1.00	X						0.	0.	0.
(14) MICHAEL JERSTAD TRUSTEE	1.00	X						0.	0.	0.
(15) JULIE ASHWORTH TRUSTEE	1.00	X						0.	0.	0.
(16) RORY KELLY TRUSTEE	1.00	X						0.	0.	0.
(17) JIM MATTHIS TRUSTEE	1.00	X						0.	0.	0.

**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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIM PATRICK TRUSTEE	1.00	X						0.	0.	0.
(19) STEVE SANFORD TRUSTEE	1.00	X						0.	0.	0.
(20) TOM SIMMONS TRUSTEE	1.00	X						0.	0.	0.
(21) JILL WEIMER TRUSTEE UNTIL JULY 2017	1.00	X						0.	0.	0.
(22) JASON LEMKE TRUSTEE FROM AUG 2017	1.00	X						0.	0.	0.
(23) JULIE WESTRA TRUSTEE	1.00	X						0.	0.	0.
(24) DARRIN SMITH PRESIDENT	40.00			X				150,780.	0.	36,332.
(25) JANE HATHAWAY CHIEF FINANCIAL OFFICER	40.00			X				88,739.	0.	26,522.
<b>1b Sub-total</b>								239,519.	0.	62,854.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								239,519.	0.	62,854.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	100,471.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,849,929.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,990,860.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		4,250.			
	<b>h Total.</b> Add lines 1a-1f .....		3,941,260.			
	<b>Program Service Revenue</b>	<b>2 a</b> PERFORMANCE TICKETS .....	<b>Business Code</b> 711110	3,741,428.	3,741,428.	
<b>b</b> SALE OF SERVICES .....		711300	490,343.	65,737.	424,606.	
<b>c</b> CAFE INCOME, NET COGS .....		722210	387,311.	333,100.	54,211.	
<b>d</b> EDUCATIONAL .....		711300	339,688.	339,688.		
<b>e</b> FACILITY RENTALS .....		711190	317,972.	317,972.		
<b>f</b> All other program service revenue .....		711300	531,735.	531,735.		
<b>g Total.</b> Add lines 2a-2f .....			5,808,477.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,960.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 100,471. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	160,673.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	45,554.		
<b>c</b> Net income or (loss) from fundraising events .....			115,119.			115,119.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	368,770.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	98,179.			
	<b>c</b> Net income or (loss) from sales of inventory .....		270,591.			270,591.
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS .....		900099	2,113.			2,113.
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....			2,113.		
<b>12 Total revenue.</b> See instructions. ....			10,139,520.	5,329,660.	478,817.	389,783.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	15,846.	15,846.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,182.	103,134.	162,545.	37,503.
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 Other salaries and wages	3,220,254.	2,568,426.	513,919.	137,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,136.	27,347.	4,534.	1,255.
9 Other employee benefits	311,717.	234,046.	56,355.	21,316.
10 Payroll taxes	325,279.	263,820.	49,841.	11,618.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	128,573.	14,427.	113,444.	702.
12 Advertising and promotion	549,274.	549,274.		
13 Office expenses	258,667.	206,454.	46,233.	5,980.
14 Information technology				
15 Royalties				
16 Occupancy	412,014.	403,774.	8,240.	
17 Travel	42,833.	27,944.	12,896.	1,993.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,178.	88,604.	7,574.	
23 Insurance	47,142.	39,576.	7,566.	
24 Other expenses. Itemize expenses not covered 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.)				
a <b>PROGRAM EXPENSE</b>	2,449,927.	2,448,675.	1,252.	
b <b>ALL OTHER EXPENSES</b>	272,899.	205,839.	43,063.	23,997.
c <b>EQUIP REPAIRS/PURCHASES</b>	157,583.	142,369.	15,214.	
d <b>SECURITY</b>	102,472.	100,812.	1,660.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,726,976.	7,440,367.	1,044,336.	242,273.
26 <b>Joint costs.</b> Complete this line only if the 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,662,126.	<b>1</b>	1,700,646.
	<b>2</b> Savings and temporary cash investments .....	484,162.	<b>2</b>	535,529.
	<b>3</b> Pledges and grants receivable, net .....	355,884.	<b>3</b>	1,197,191.
	<b>4</b> Accounts receivable, net .....	130,400.	<b>4</b>	185,205.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	52,402.	<b>8</b>	43,803.
	<b>9</b> Prepaid expenses and deferred charges .....	155,079.	<b>9</b>	96,321.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,518,940.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,266,833.	242,266.	<b>10c</b> 252,107.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	251,102.	<b>12</b>	276,738.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,100,764.	<b>15</b>	1,081,238.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,434,185.	<b>16</b>	5,368,778.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	617,838.	<b>17</b>	560,807.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,096,714.	<b>19</b>	1,650,158.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,714,552.	<b>26</b>	2,210,965.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,189,238.	<b>27</b>	1,679,585.
	<b>28</b> Temporarily restricted net assets .....	279,293.	<b>28</b>	1,201,490.
	<b>29</b> Permanently restricted net assets .....	251,102.	<b>29</b>	276,738.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,719,633.	<b>33</b>	3,157,813.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,434,185.	<b>34</b>	5,368,778.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,139,520.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,726,976.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,412,544.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,719,633.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	25,636.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,157,813.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 _____		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,849,078.	2,713,298.	2,855,809.	3,023,257.	3,941,260.	15,382,702.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,849,078.	2,713,298.	2,855,809.	3,023,257.	3,941,260.	15,382,702.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						15,382,702.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	2,849,078.	2,713,298.	2,855,809.	3,023,257.	3,941,260.	15,382,702.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	389.	759.	616.	737.	1,960.	4,461.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	30,464.	30,038.	17,996.	20,003.	80,253.	178,754.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						15,565,917.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	23,044,628.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.82 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	98.62 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

FORM 990, SCHEDULE A, PART II, LINES 14 AND 15

THE PUBLIC SUPPORT PERCENTAGE FOR PURPOSES OF FORM 990, SCHEDULE A, PART II, IS DETERMINED BASED ON CONTRIBUTION INCOME, INVESTMENT INCOME, AND CERTAIN OTHER INCOME. PROGRAM SERVICE REVENUE IS NOT A COMPONENT IN THE PUBLIC SUPPORT TEST. THE PERCENTAGES ON SCHEDULE A, PART II, LINES 14 AND 15 REPRESENT THE PERCENTAGE OF SUPPORT RECEIVED FROM THE GENERAL PUBLIC, INCLUDING THE CITY OF SIOUX FALLS AND OTHER GOVERNMENT GRANTS, OVER TOTAL CONTRIBUTION, INVESTMENT AND CERTAIN OTHER INCOME. THE CALCULATION IS PERFORMED ON A ROLLING FIVE YEAR PERIOD.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

WASHINGTON PAVILION MANAGEMENT INC.

Employer identification number

46-0435791

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>WASHINGTON PAVILION MANAGEMENT INC.</b>	Employer identification number <b>46-0435791</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 113,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,706,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WASHINGTON PAVILION MANAGEMENT INC.</b>	Employer identification number  <b>46-0435791</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>WASHINGTON PAVILION MANAGEMENT INC.</b>	Employer identification number  <b>46-0435791</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization **WASHINGTON PAVILION MANAGEMENT INC.** Employer identification number **46-0435791**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** 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) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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 conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 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 violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 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) and section 170(h)(4)(B)(ii)? .....

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.

1a 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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ 4,250.

(ii) Assets included in Form 990, Part X .....

▶ \$ 1,075,763.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	251,102.	245,981.	264,834.	258,936.	235,966.
b Contributions					
c Net investment earnings, gains, and losses	40,119.	19,567.	-6,055.	17,363.	36,349.
d Grants or scholarships	12,871.	12,913.	12,798.	9,678.	
e Other expenditures for facilities and programs		1,533.			11,668.
f Administrative expenses	1,612.			1,787.	1,711.
g End of year balance	276,738.	251,102.	245,981.	264,834.	258,936.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		290,149.	236,509.	53,640.
d Equipment		1,228,791.	1,030,324.	198,467.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				252,107.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) ASSETS HELD BY COMMUNITY		
(C) FOUNDATION	276,738.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	276,738.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ARTWORK COLLECTION	1,075,763.
(2) DEPOSITS ON EXHIBITS AND GUEST ARTISTS	5,475.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,081,238.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	9,268,703.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	67,226.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-15,846.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	51,380.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	9,217,323.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	922,197.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	922,197.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	10,139,520.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	8,778,356.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	67,226.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	67,226.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,711,130.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	15,846.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	15,846.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	8,726,976.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 4:**

THE VISUAL ARTS CENTER OF THE WASHINGTON PAVILION OF ARTS AND SCIENCE PERMANENT COLLECTION, 1,646 PIECES, ARE MADE UP OF LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL WORKS OF ART AND ARTIFACTS. THE INTENT OF THE VISUAL ARTS CENTER IS TO COLLECT LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL WORKS OF ART OF ALL MEDIUMS, WITH A FOCUS ON ARTISTS FROM THE NORTHERN PLAINS.

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENTS ARE ESTABLISHED BY OUTSIDE DONORS TO HOLD INVESTMENTS IN A POOLED INVESTMENT FUND TO YIELD MORE FAVORABLE INVESTMENT RETURNS. EARNINGS ON THE RELATED ASSETS ARE AVAILABLE FOR USE IN

**Part XIII** Supplemental Information (continued)

OPERATIONS WITH BOARD APPROVAL.

PART X, LINE 2:

WASHINGTON PAVILION MANAGEMENT, INC. IS A NONPROFIT ORGANIZATION OTHER THAN A PRIVATE FOUNDATION THAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION RECEIVED ITS PERMANENT 501(C)(3) STATUS ON JULY 23, 1999. CONTRIBUTIONS TO THE ORGANIZATION ARE ELIGIBLE AS DEDUCTIBLE CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME.

WASHINGTON PAVILION MANAGEMENT, INC. BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING IS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EDUCATION DEPARTMENT SCHOLARSHIPS GIVEN -15,846.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information *(continued)*

INCREASE IN TEMPORARILY RESTRICTED NET ASSET 922,197.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EDUCATION DEPARTMENT SCHOLARSHIPS GIVEN 15,846.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ARTS NIGHT	SIDEWALK ARTS FESTIVAL	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	138,230.	114,098.	8,816.	261,144.
	<b>2</b> Less: Contributions .....	70,630.	24,200.	5,641.	100,471.
	<b>3</b> Gross income (line 1 minus line 2) .....	67,600.	89,898.	3,175.	160,673.
Direct Expenses	<b>4</b> Cash prizes .....	639.			639.
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		8,988.		8,988.
	<b>7</b> Food and beverages .....	9,138.		2,384.	11,522.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	18,391.	5,622.	392.	24,405.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				45,554.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				115,119.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **WASHINGTON PAVILION MANAGEMENT INC.** Employer identification number **46-0435791**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	83	15,846.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE WASHINGTON PAVILION GIVES FINANCIAL AID/SCHOLARSHIPS TO KIDS WHO ARE NOT ABLE TO PAY FULL PRICE FOR THE EDUATIONAL PROGRAMS PUT ON BY THE ORGANIZATION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**WASHINGTON PAVILION MANAGEMENT INC.**

Employer identification number

**46-0435791**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DARRIN SMITH PRESIDENT	(i)	150,780.	0.	0.	3,126.	33,610.	187,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

A MEMBERSHIP AT THE MINNEHAHA COUNTRY CLUB WAS PROVIDED FOR THE CEO FOR NETWORKING PURPOSES WITH DONORS AND POTENTIAL USERS OF THE PAVILION. THE MEMBERSHIP IS PART OF THE PRESIDENT'S TAXABLE COMPENSATION.

PART I, LINE 1B:

THE COUNTRY CLUB MEMBERSHIP WAS INCLUDED IN THE PRESIDENT'S OFFER OF EMPLOYMENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **WASHINGTON PAVILION MANAGEMENT INC.** Employer identification number **46-0435791**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	<input checked="" type="checkbox"/>	3	4,250.	SELLING PRICE
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

WASHINGTON PAVILION MANAGEMENT INC.

Employer identification number

46-0435791

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISCOVERY AND INCLUSIVE EXPERIENCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

JANUARY STARTED WITH A MESMERIZING PRODUCTION OF THE MAGIC OF BILL  
BLAGG LIVE! AND THREE PERFORMANCES OF THE HIT TOURING SPECTACLE, STOMP.

AN INCREDIBLY INNOVATIVE AND HIGH-CONCEPT PRODUCTION OF INTO THE WOODS

DELIGHTED AUDIENCES WITH TWO PERFORMANCES OVER VALENTINE'S DAY. MARCH

WAS A VERY BUSY MONTH WITH TWO ENERGETIC PERFORMANCES OF MAMMA MIA! AND

TWO FAMILY-FRIENDLY PERFORMANCES OF BROWN BEAR, BROWN BEAR AND OTHER

TREASURED STORIES, WHICH CELEBRATED THE STORYTELLING OF ERIC CARLE. THE

BOSTON POPS VISITED WITH A PHENOMENAL CONCERT THAT SAME MONTH. MATILDA

MADE AN EXTENDED STOP FOR SIX PERFORMANCES IN MARCH THAT SIMPLY BLEW

AUDIENCES AWAY WITH ITS TECHNICAL THEATRE MAGIC AND OUTSTANDING

PRODUCTION VALUE. APRIL FEATURED TWO PRODUCTIONS THAT WERE PERFECT FOR

FAMILIES WITH TWO SCHOOL MATINEE PERFORMANCES OF MUFARO'S BEAUTIFUL

DAUGHTERS AND A MARVELOUS PERFORMANCE OF PEPPA PIG LIVE! ALSO IN APRIL,

THREE PERFORMANCES OF RODGERS & HAMMERSTEIN'S CINDERELLA BROUGHT THE

CLASSIC TALE TO LIFE FOR OVER 4,000 PATRONS. MAY BEGAN WITH SEVEN

PERFORMANCES OF THE BROADWAY SENSATION, THE BOOK OF MORMON, WHICH

RECEIVED RAVE REVIEWS AND BROKE THE RECORD FOR TICKET SALES AT THE

WASHINGTON PAVILION. AT THE END OF MAY, DEREK AND JULIANNE HOUGH CAME

THROUGH SIOUX FALLS WITH THEIR INCREDIBLE DANCE SHOW, MOVE LIVE ON

TOUR. IN AUGUST, GAELIC STORM TORE THE HOUSE DOWN WITH THEIR UNIQUE

MUSICAL STYLINGS. THE 2017-18 PAVILION PERFORMANCE SEASON BEGAN WITH

FIVE PERFORMANCES OF THE AWARD-WINNING BROADWAY PRODUCTION OF KINKY

Name of the organization

WASHINGTON PAVILION MANAGEMENT INC.

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BOOTS IN SEPTEMBER AND FIVE PERFORMANCES OF MOTOWN: THE MUSICAL IN OCTOBER. BOTH PRODUCTIONS WERE A CELEBRATION OF MUSIC AND THE POWER OF PERSEVERANCE. A CHARLIE BROWN CHRISTMAS ENDED THE YEAR, BRINGING HOLIDAY MAGIC TO THE WASHINGTON PAVILION. PAVILION REGIONAL PROMOTERS CONTINUED TO BRING IN RENOWNED ENTERTAINERS DANIEL O'DONNELL, SANDY PATTI, KENNY ROGERS, JASON ISBELL AND JERRY JEFF WALKER, JUST TO NAME A FEW. LORIE LINE, TONIC SOL FA, SHAUN JOHNSON'S BIG BAND EXPERIENCE AND THE HEGG BROTHERS SELECTED THE WASHINGTON PAVILION FOR THEIR HOLIDAY CONCERTS.

THE PERFORMANCE SERIES' SUBSCRIBERS CONTINUED TO GROW! IN 2017, THE NUMBER OF SUBSCRIBERS REACHED OVER 2,750.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

#### MATH MOVES

FROM MAY THROUGH SEPTEMBER OF 2017, THE WASHINGTON PAVILION WELCOMED MATH MOVES, A TEMPORARY EXHIBITION THROUGH THE SCIENCE MUSEUM OF MINNESOTA. THIS EXHIBIT INVITED VISITORS OF ALL AGES TO BUILD THEIR MATH MUSCLE AND CHALLENGED THEM TO WORK TOGETHER IN A PLAYFUL, FULL-BODY EXPLORATION OF RATIOS, PROPORTIONS AND OTHER FUNDAMENTAL MATH CONCEPTS. MATH MOVES USED A VARIETY OF HANDS-ON ACTIVITIES TO MAKE EXPERIMENTING WITH CONCEPTS AT THE HEART OF MATH MEMORABLE AND FUN. IT ENCOURAGED PATRONS TO USE THEIR MINDS, BODIES AND IMAGINATIONS TO INVESTIGATE BASIC MATH IDEAS AND FIND THEIR MEANING AND RELEVANCE.

#### PROGRAMMING AND SPECIAL EVENTS

##### STAGE SCIENCE & MOBILE CART DEMONSTRATIONS

APPROXIMATELY 16,600 PATRONS ATTENDED SCHEDULED 20-MINUTE

Name of the organization

WASHINGTON PAVILION MANAGEMENT INC.

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DEMONSTRATIONS AT AVERA STAGE SCIENCE, SPONSORED BY AVERA AND LOCATED ON THE 3RD FLOOR OF THE KSDC. DEMONSTRATIONS AND SCIENCE ON WHEELS DEMO CART ACTIVITIES WERE LED BY TRAINED SCIENCE CENTER STAFF AND VOLUNTEERS THROUGHOUT THE YEAR AND ALLOWED PATRONS TO EXPLORE A VARIETY OF ROTATING SCIENCE TOPICS.

#### SPOOKY SCIENCE

ON OCTOBER 14, OVER 1,100 PATRONS ATTENDED THE ANNUAL HALLOWEEN EVENT. THE THEME OF SPOOKY SCIENCE 2017 WAS "EXPLORE YOUR SENSES" AND FEATURED SENSATIONAL AND SPOOKY ACTIVITIES FOR ALL AGES AT THE KIRBY SCIENCE DISCOVERY CENTER AND THE VISUAL ARTS CENTER. NEW HALLOWEEN-THEMED ACTIVITIES INCLUDED SCAVENGER HUNTS, FLASHLIGHT TOURS AND TWO DRAWING CLASSES, INCLUDING "HOW TO DRAW A MONSTER" AND "BALLERINA FIGURE DRAWING," FEATURING BALLERINA MARIIA SKORUK FROM THE MOSCOW BALLET.

#### WELLS FARGO CINEDOME EDUCATIONAL FILMS

26,000 PATRONS ENJOYED MISSION FILMS IN THE WELLS FARGO CINEDOME IN 2017. FILMS REGULARLY PRESENTED IN THE CINEDOME INCLUDED:

- "EXTREME WEATHER"

- "AMAZON ADVENTURE"

- "DREAM BIG"

- "WILD AFRICA"

- "THE LIGHT BEFORE CHRISTMAS"

- "JOURNEY TO SPACE"

- "NATIONAL PARKS ADVENTURE"

- "INCREDIBLE PREDATORS"

HOLLYWOOD FILM TITLES WERE SCHEDULED DAILY AT 1:45 P.M.

Name of the organization WASHINGTON PAVILION MANAGEMENT INC.	Employer identification number 46-0435791
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## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

## ARTS NIGHT

2017 ARTS NIGHT WAS A COMMUNITY HIGHLIGHT ONCE AGAIN AS THE EVENT CELEBRATED ITS 56TH YEAR. THE VAC WAS ABLE TO HONOR ROB OLIVER AS THE 2017 EMERITUS AWARD WINNER, WHICH RECOGNIZES OUTSTANDING AND ONGOING SUPPORT AND COMMITMENT TO THE VISUAL ARTS CENTER AS AN ADVOCATE FOR THE VISUAL ARTS AND ARTISTS. THE AUCTION AND GALA, WHICH WAS HELD ON APRIL 29, 2017, SHOWCASED MORE THAN 40 ARTISTS AND RAISED \$47,000 FROM AUCTION AND TICKET SALES. THE GENEROUS SUPPORT OF THE ARTS NIGHT SUSTAINERS GROUP RESULTED IN SECURING ADDITIONAL FUNDS OF \$37,000 FOR THE EVENT.

## SIDEWALK ARTS FESTIVAL

THE WASHINGTON PAVILION WELCOMED 239 ARTISTS, CRAFTERS AND FOOD VENDORS TO ITS 54TH ANNUAL SIDEWALK ARTS FESTIVAL ON SEPTEMBER 9, 2017. SHOPPERS FILLED THE STREETS AROUND THE WASHINGTON PAVILION, ENJOYING HANDMADE CREATIONS, DELICIOUS FOOD AND LIVE ENTERTAINMENT. THE SIDEWALK ARTS FESTIVAL IS A LIVELY CELEBRATION OF THE ARTS AND GATHERS PEOPLE FROM AROUND THE REGION TO SUPPORT THE WASHINGTON PAVILION'S VISUAL ARTS CENTER. THE EVENT RAISED \$116,000 THROUGH BOOTH SPACE RENTAL, SPONSORSHIP AND POP BOOTH SALES. A SHORT RAIN SHOWER DIDN'T DETER THE FESTIVITIES IN ANY WAY IN 2017! IN FACT, THE RAIN ACTUALLY COOLED THINGS OFF AND GAVE HUNDREDS OF PEOPLE THE OPPORTUNITY TO VISIT THE VISUAL ARTS CENTER'S GALLERIES.

## PALADINO HOHM SCULPTURE GARDEN

THE PALADINO HOHM SCULPTURE GARDEN, WHICH HOUSES VAC PERMANENT COLLECTION PIECES LIKE FRIENDSHIP KNOT #2 BY YUPIN PRAMOTEPIPOP,

Name of the organization

WASHINGTON PAVILION MANAGEMENT INC.

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CHARGING BUFFALO BY RICHARD HUNT, TALLGRASS BY DALE LAMPHERE, AND THE GARDEN GATE BY BOB NATZ, CONTINUED TO BE A FAVORITE LOCATION FOR MANY IN THE DOWNTOWN COMMUNITY AND OVERALL REGION. THE GARDEN IS ACCESSIBLE WITH A LARGE, WELL-LIT FOUNTAIN, SEATING FOR LUNCH, AND THREE ROTATING SCULPTURES MADE POSSIBLE BY THE SIOUX FALLS SCULPTUREWALK AND THE CITY OF SIOUX FALLS. THE GARDEN WILL CONTINUE TO HOST SCULPTURAL EXPLORATION, EVENTS, OUTDOOR LUNCH ACCESS, MUSIC AND MUCH MORE. GENERAL MAINTENANCE AND UPKEEP WAS MADE POSSIBLE BY ENDOWMENT SUPPORT FROM JACK PALADINO.

#### EXHIBIT AND PROGRAMMING HIGHLIGHTS

THE VAC ALWAYS LOOKS TO DO MORE THAN SIMPLY HOST AN EXHIBITION. THE EDUCATIONAL OPPORTUNITIES ASSOCIATED WITH THE EXHIBITION BECOME ALMOST AS IMPORTANT AS THE ARTWORK ITSELF FOR MANY IN THE FACILITY. EXHIBITION AND PROGRAMMING HIGHLIGHTS IN 2017 INCLUDED:

-ARTISTS REINA OKAWA AND TERESA DUNN, WHO CONDUCTED ART WORKSHOPS WITH LOCAL STUDENTS THROUGH THE WASHINGTON PAVILION'S ACTION ARTS AND SCIENCE PROGRAM.

-GALLERY TALKS FOR EXHIBITIONS THROUGHOUT THE YEAR.

-VAC VISITORS AND COMMUNITY MEMBERS CONTRIBUTED TO AN ORIGAMI MURAL OF SIOUX FALLS IN REINA OKAWA'S HOMEGROWN ORIGAMI THROUGH FOLDING PARTIES AT SCHOOLS, COMMUNITY VENUES (INCLUDING QUEEN CITY BAKERY) AND IN THE VISUAL ARTS CENTER'S EVERIST GALLERY.

#### WELCOMED A NEW DIRECTOR

IN AUGUST OF 2017, THE VISUAL ARTS CENTER WELCOMED JASON FOLKERTS AS ITS NEW DIRECTOR. BY LATE DECEMBER OF 2017, IN TANDEM WITH THE WASHINGTON PAVILION'S NEW PROGRAMMING MODEL FOR 2018, JASON MADE THE

Name of the organization WASHINGTON PAVILION MANAGEMENT INC.	Employer identification number 46-0435791
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POSITIVE AND EXCITING TRANSITION TO SERVE AS THE DIRECTOR OF EXHIBITS AND COLLECTIONS. IN HIS NEW ROLE, JASON OVERSEES BOTH THE VISUAL ARTS CENTER AND THE KIRBY SCIENCE AND DISCOVERY CENTER'S EXHIBIT AND COLLECTION WORK. THE MERGING OF THESE AREAS WILL PROVIDE EVEN GREATER GROWTH, PARTNERSHIP OPPORTUNITIES AND ATTENDANCE IN THE COMING YEARS.

#### EXHIBITIONS

##### VISUAL ARTS CENTER 2017 EXHIBITIONS:

-STEVE BORMES | DEEP SEA IMAGINARIUM, EVERIST GALLERY

SEPT. 10, 2016-JAN. 29, 2017

-T.L. SOLIEN | GONE WEST, JERSTAD GALLERY, OCT. 22, 2016-FEB. 19, 2017

-AWAKE, AWARE, PERMANENT COLLECTION GALLERY, JULY 16, 2016-JAN. 8, 2017

-WALTER PORTZ | SHEARING THE SHEPHERD, CORNER GALLERY,

SEPT. 24, 2016-JAN. 22, 2017

-CECA COOPER | ELSEWHERE AND HERE, CONTEMPORARY GALLERY,

DEC. 10, 2016-APR. 9, 2017

-THE LOCAL ARTIST: FALL 2016 ISSUE REVEAL, SHULTZ GALLERY,

DEC. 17, 2016-APRIL 16, 2017

-NEW VOICES IN CONTEMPORARY NORTHERN PLAINS TRIBAL ART, EGGER GALLERY,

DEC. 31, 2016-JULY 9, 2017

-THE ORIGINAL HIPSTER, PERMANENT COLLECTION GALLERY, JAN. 14-JULY 2,

2017

-REPRESENT: ARTS NIGHT 2017, EVERIST GALLERY-EAST, FEB. 4-APRIL 23, 2017

-MARIE BANNEROT MCINERNEY | CUBICULUM NOCTURNUM: BLUE SHIFT, CORNER

GALLERY, FEB. 4-JULY 23, 2017

-CARL GRUPP: ARTIST & COLLECTOR, EVERIST GALLERY-WEST, FEB. 11-JUNE 11,

2017

Name of the organization  WASHINGTON PAVILION MANAGEMENT INC.  -BRIAN FRINK   WIDE OPEN SPACE, JERSTAD GALLERY, FEB. 25-JUNE 25, 2017 -TERESA DUNN   M O T H E R L O A D, CONTEMPORARY GALLERY, APRIL 15-AUG. 6, 2017 -J. CHARLES COX   AMASS/SORT/ADHERE/SEVER, SHULTZ GALLERY, APR. 22-JULY 30, 2017 -REINA OKAWA   HOMEGROWN ORIGAMI: AN INTERACTIVE COMMUNITY INSTALLATION, -EVERIST GALLERY EAST, MAY 5-JUNE 11, 2017 -ABOVE THE FOLD: NEW EXPRESSIONS IN ORIGAMI, EVERIST GALLERY, JUNE 24-SEPT. 17, 2017 -PAUL PETERSON   ADVOCATE VALENCE / A LIMIT CASE SCENARIO, JERSTAD GALLERY, JULY 1-OCT. 15, 2017 -PROVENANCE: ART STORIES, PERMANENT COLLECTION GALLERY, JULY 8, 2017-JAN. 14, 2018 -PERSPECTIVE: ENGAGING THROUGH ART, EGGER GALLERY, JULY 15, 2017-FEB. 11, 2018 -ON MONOTONY: MEDITATIONS IN VIDEO ART, CORNER GALLERY, JULY 29, 2017-JAN. 7, 2018 -ANNA YOUNGERS   IN SEARCH OF BEAUTY: MEDITATIONS ON CLASSICAL THEMES, SHULTZ GALLERY, AUG. 5-NOV. 26, 2017 -EMILY STOKES   CRACKED OPEN, CONTEMPORARY GALLERY, AUG. 12-DEC. 3, 2017 -SOUTH DAKOTA GOVERNOR'S 7TH BIENNIAL ART EXHIBITION, EVERIST GALLERY, SEPT. 30, 2017-JAN. 14, 2018 -HEIDI DRALEY MCFALL   DRAWN TO THE DARKROOM, JERSTAD GALLERY, OCT. 21, 2017-JAN. 28, 2018 -CONNIE HERRING   THE TIRAMISU DIARIES, SHULTZ GALLERY, DEC. 2, 2017-MARCH 18, 2018 -DONALD MONTILEAUX   TRANSITIONS OF LIFESTYLES: DRAWINGS FROM HIDES TO	Employer identification number 46-0435791
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Name of the organization

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LEDGER PAPER, CONTEMPORARY GALLERY, DEC. 9, 2017 - APR. 1, 2018 - APR. 1, 2018

## ACQUISITIONS

THE VISUAL ARTS CENTER (VAC) COLLECTIONS CONTINUED TO GROW WITH THE ACQUISITION OF THE FOLLOWING ARTWORKS IN 2016:

## NEW ACQUISITIONS

## PERMANENT COLLECTION

-DIANA BEHL, RESULTING CLAMOR. DONATED BY BETTY L. BEER FRANKLIN.

-DIANA BEHL, STRIPS. VAC PURCHASE.

-TRACY OTTEN, MISTAKEN IDENTITIES. GIFT OF THE ARTIST.

-ALICE NEEL, MOTHER AND CHILD. DONATED BY BETTY L. BEER FRANKLIN.

-EMIL HER MANY HORSES, OTTER BAG. VAC PURCHASE.

-TIM PETERSON, STUDY FOR SELF-PORTRAIT (JACKET). VAC PURCHASE.

-CARL GRUPP, DIOGENES' DREAM. VAC PURCHASE.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WASHINGTON PAVILION'S COMMUNITY LEARNING CENTER (CLC) STRIVES TO PROVIDE OUTSTANDING EDUCATIONAL OPPORTUNITIES FOR PEOPLE IN SIOUX FALLS AND THE SURROUNDING AREA THROUGH OUTREACH, CLASSES, PROFESSIONAL DEVELOPMENT AND SPECIAL EVENTS.

CLC PROGRAMMING REACHES A WIDE CROSS-SECTION OF THE REGION: OVER 30,000 COMMUNITY MEMBERS PARTICIPATED IN CLC PROGRAMMING IN 2017. OVER 22,000 OF THESE WERE YOUTH AND OVER 15,000 PEOPLE SERVED WERE ENGAGED OUTSIDE OF THE PAVILION'S WALLS THROUGH OUTREACH, MAKING THE PAVILION A SHARED EXPERIENCE THROUGHOUT THE WIDER SIOUX FALLS COMMUNITY.

Name of the organization WASHINGTON PAVILION MANAGEMENT INC.	Employer identification number 46-0435791
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THE GRAHAM ACADEMY PRESCHOOL

THIS PRESCHOOL PROGRAM PROVIDES FOR THE "WHOLE CHILD" BY ENCOURAGING EXPLORATION AND PROBLEM-SOLVING SKILLS, CREATIVITY AND SOCIAL AND EMOTIONAL GROWTH COUPLED WITH THE OPPORTUNITY TO INTERACT WITH KIRBY SCIENCE DISCOVERY CENTER EXHIBITS, VISUAL ARTS CENTER EXHIBITIONS AND HUSBY PERFORMING ARTS CENTER PROGRAMMING. FORTY-FOUR STUDENTS ATTENDED THE GRAHAM ACADEMY PRESCHOOL IN THE 2017-2018 SCHOOL YEAR.

INTERNSHIP PROGRAM

SEVEN INTERNS SERVED AT THE WASHINGTON PAVILION IN 2017, PROVIDING OVER 1,400 HOURS OF SERVICE-LEARNING TO THE WASHINGTON PAVILION.

ARTS AND SCIENCE CLASSES, WORKSHOPS AND MORE

-CLASSES AND CAMPS WERE OFFERED IN THE FALL, SPRING AND SUMMER, SERVING OVER 2,300 YOUTH PARTICIPANTS.

-CLASSES OFFERED THROUGH THE OSHER LIFELONG LEARNING CENTER (OLLI) REACHED 395 AREA SENIORS.

-BIRTHDAY PARTIES LED BY WASHINGTON PAVILION STAFF SERVED OVER 1,000 YOUNG GUESTS.

THE DAKOTA ACADEMY OF PERFORMING ARTS (DAPA)

WITH A MISSION TO PROVIDE OPPORTUNITIES FOR YOUNG PEOPLE TO EXCEL IN THE PERFORMING ARTS, THE DAPA MUSIC INSTITUTE OFFERED A SCHOOL YEAR AND SUMMER CHAMBER MUSIC PROGRAM AS WELL AS A JOINT MUSIC SUMMER CAMP WITH THE SOUTH DAKOTA SYMPHONY YOUTH ORCHESTRA. THE DAPA YOUTH THEATRE INSTITUTE FEATURED AN EXPANDED SEASON WITH PERFORMANCES OF CHARLOTTE'S WEB, JUNIE B. JONES THE MUSICAL, SEUSSICAL, JR. AND THE REGIONAL PREMIERE OF A CHRISTMAS STORY: THE MUSICAL. SUMMER CAMP THEATRE OPPORTUNITIES INCLUDED THE NOBLE GNARBLE, SPACE PIRATES, ALADDIN JR. AND ROMEO AND JULIET AS WELL AS THE DROWSY CHAPERONE IN PARTNERSHIP WITH AUGUSTANA UNIVERSITY. SIX PLAYS FROM THE PLAYS FOR LIVING THEATRE

Name of the organization WASHINGTON PAVILION MANAGEMENT INC.	Employer identification number 46-0435791
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COMPANY WERE PERFORMED AS OUTREACH EVENTS THROUGHOUT SCHOOLS AND COMMUNITY CENTERS IN THE SIOUX FALLS REGION.

-OVER 500 YOUNG PERFORMERS PARTICIPATED IN DAPA PROGRAMS AT THE WASHINGTON PAVILION IN 2017.

-STUDENTS FROM THE DAPA PROGRAM BROUGHT PERFORMANCES TO OVER 17,000 AUDIENCE MEMBERS (OVER 8,000 AUDIENCE MEMBERS WERE AREA YOUTH FROM SCHOOL OUTREACH PERFORMANCES)

PERFORMING ARTS OPPORTUNITIES AND OUTREACH THROUGH PERFORMANCE INSIGHTS, OUTREACH EVENTS AND MASTER CLASSES WITH PROFESSIONAL PERFORMERS APPEARING ON THE MARY W. SOMMERVOLD HALL STAGE, THE CLC STRIVES TO PROVIDE HIGH-QUALITY PERFORMING ARTS EDUCATION TO PARTICIPANTS OF ALL AGES AND EXPERIENCE LEVELS.

-787 AUDIENCE MEMBERS ATTENDED PERFORMANCE INSIGHTS PRE-PERFORMANCE DISCUSSIONS IN 2017.

-511 AREA PRESCHOOLERS LEARNED ABOUT FIRE SAFETY AND BURN PREVENTION AT THE BURN AWARENESS PUPPET SHOW AT THE WASHINGTON PAVILION.

-64 FIFTH GRADE STUDENTS FROM LOWELL ELEMENTARY PARTICIPATED IN ETIQUETTE LESSONS AND A PERFORMANCE OF THE DALLAS CHILDREN'S THEATRE'S PRODUCTION OF MUFARO'S BEAUTIFUL DAUGHTERS FOLLOWED BY A FORMAL LUNCH AT THE WASHINGTON PAVILION.

ACTION ARTS AND SCIENCE PROGRAM

THE ACTION ARTS AND SCIENCE PROGRAM PROVIDES WEEKLY HANDS-ON ART AND SCIENCE CLASSES FOR AT-RISK YOUTH IN THE REGION AT NO COST. THE ACTION ARTS AND SCIENCE PROGRAM BROUGHT WASHINGTON PAVILION INSTRUCTORS AND RESOURCES TO KIDS THROUGHOUT THE COMMUNITY WITH STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ART AND MATH) PROGRAMMING FOR YOUTH. THE ACTION ARTS AND SCIENCE PROGRAM PROVIDED WEEKLY OUTREACH OPPORTUNITIES TO STUDENTS AT THE MULTICULTURAL CENTER, YOUTH ENRICHMENT SERVICES (TWO

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LOCATIONS), THE BOYS AND GIRLS CLUB, KIDZ COUNT, THE JUVENILE DETENTION CENTER, BOWDEN YOUTH CENTER, THE YMCA AFTER SCHOOL PROGRAM AT THREE MIDDLE SCHOOLS, TEN KIDS INC. SITES AT LOCAL ELEMENTARY SCHOOLS, KIDS STOP AND THE VOLUNTEERS OF AMERICA YOUTH CHEMICAL DEPENDENCY UNIT.

OTHER OUTREACH EFFORTS INCLUDED OFFERING HANDS-ON ARTS AND SCIENCE ACTIVITIES FOR FAMILIES AT COMMUNITY EVENTS. OVER 420 YOUTH PARTICIPATED IN ACTION ARTS AND SCIENCE PROGRAMMING EACH WEEK THROUGHOUT THE SCHOOL YEAR AT OVER 20 PARTNER AFTER-SCHOOL SITES.

VISUAL ARTS AND SCIENCE OUTREACH AND EDUCATION

-159 STUDENTS (PRE-K-8TH GRADE) PARTICIPATED IN THE 2017 DESIGN CHALLENGE, AN ENGINEERING-FOCUSED EVENT WHERE CREATIVITY AND THE SCIENTIFIC PROCESS ALLOWED PARTICIPANTS TO DESIGN AND BUILD MARBLE ROLLER COASTERS.

-446 STUDENTS FROM LOWELL ELEMENTARY PARTICIPATED IN SPECIALLY-DESIGNED INTERACTIVE LABS THROUGH A PARTNERSHIP THAT BRINGS THEM TO THE WASHINGTON PAVILION FOR A SCIENCE CURRICULUM-TIED EXPERIENCE EACH YEAR.

-AG FRIDAY, AN ANNUAL EVENT CELEBRATED AS PART OF NATIONAL AGRICULTURE WEEK, WAS ATTENDED BY 403 THIRD GRADERS AT THE WASHINGTON PAVILION, WHO LEARNED ABOUT SOUTH DAKOTA FARMING AND AGRICULTURAL SCIENCE.

-50 AREA STUDENTS PRESENTED PROJECTS AT THE ANNUAL SCIENCE FAIR SHOWCASE.

-1,300 STUDENTS OF ALL AGES TOOK PART IN DISCOVERY LABS OR ART SMART STUDIO WORKSHOPS WITH THEIR SCHOOL OR COMMUNITY GROUPS.

-THE ARTWORK OF 300 STUDENTS WAS DISPLAYED IN OFF THE FRIDGE ART EXHIBITIONS IN THE WASHINGTON PAVILION'S 2ND FLOOR LOBBY.

-ADULTS FROM LIFESCAPE REGULARLY CREATED AND LEARNED ABOUT ART DURING VISUAL ARTS CLASSES IN THE WASHINGTON PAVILION'S CARVER CLASSROOM.

-249 PATRONS PARTICIPATED IN THE PAVILION'S WEEKLY OPEN CLAY STUDIO

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PROGRAM.

THE WASHINGTON PAVILION BROUGHT HANDS-ON FAMILY ACTIVITIES TO SEVERAL COMMUNITY FESTIVALS, INCLUDING JAZZFEST, JUNETEENTH, SIOUX FALLS PRIDE, SANFORD DISCOVERY DAYS, WOMEN IN SCIENCE, THE WATER FESTIVAL, HOT HARLEY NIGHTS AND THE UNITED WAY READING FESTIVAL.

EXPENSES \$ 1,916,287. INCLUDING GRANTS OF \$ 15,846. REVENUE \$ 452,050.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, VICE-CHAIR AND THE TREASURER/SECRETARY.

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE, WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, THE POWERS OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, EXCEPT THE COMMITTEE MAY NOT ELECT OFFICERS, AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, OR FILL VACANCIES IN THE BOARD OF TRUSTEES.

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE, WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, THE POWERS OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, EXCEPT THAT THE EXECUTIVE COMMITTEE MAY NOT: (A) ELECT OFFICERS, (B) AMEND THE ARTICLES OF INCORPORATION, (C) AMEND THE BYLAWS, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION, (E) OR FILL VACANCIES IN THE BOARD OF TRUSTEES OR COMMITTEES CREATED PURSUANT TO THIS SECTION.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONE CLASS OF MEMBERS CONSISTING OF THE DIRECTORS OF THE BOARD OF TRUSTEES.

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FORM 990, PART VI, SECTION A, LINE 7A:

THREE DIRECTORS SHALL BE APPOINTED BY THE MAYOR OF SIOUX FALLS, SD, WITH ADVICE AND CONSENT OF SIOUX FALLS CITY COUNCIL. ADVISORY BOARDS ELECT THEIR BOARD CHAIRS, WHO THEN SIT ON THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE EXECUTIVE COMMITTEE TYPICALLY MEETS MONTHLY THROUGHOUT THE YEAR TO DISCUSS THE AGENDA FOR UPCOMING BOARD MEETINGS AND TO BRIEF THE COMMITTEE ON CURRENT ACTIVITIES OF THE PAVILION. THE EXECUTIVE COMMITTEE COMPLETED A PERFORMANCE REVIEW ON THE PRESIDENT, WHICH WAS DOCUMENTED AND PLACED IN HIS PERSONNEL FILE. MEETING MINUTES WERE NOT KEPT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS REVIEWED IN DETAIL BY THE PRESIDENT AND VICE PRESIDENT OF FINANCE. IT IS THEN REVIEWED BY THE FINANCE COMMITTEE. A COPY OF THE FORM 990 WILL BE DISTRIBUTED TO THE GOVERNING BODY PRIOR TO THE FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ADMINISTRATIVE ASSISTANT SENDS OUT THE CONFLICT OF INTEREST EVERY YEAR IN JANUARY AND ASKS FOR THE COMPLETED FORMS TO BE RETURNED. IF NOT RETURNED, THE ADMINISTRATIVE ASSISTANT MAKES FOLLOW UP REQUESTS. AT THE START OF EVERY BOARD MEETING, THE CHAIR REVIEWS THE AGENDA AND ASKS THOSE IN ATTENDANCE IF THEY HAVE ANY CONFLICTS OF INTEREST TO DISCLOSE WITH THE AGENDA. DETERMINATION OF WHETHER OR NOT A CONFLICT EXISTS WOULD BE MADE BY THE OFFICERS OF THE BOARD. ACTUAL CONFLICTS WOULD ALSO BE REVIEWED BY THE OFFICERS. ANY PERSON WITH A CONFLICT MAY BE REQUIRED TO LEAVE THE ROOM DURING DISCUSSION OR ANY VOTES TAKEN ON THE ISSUE.

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FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION LEVEL OF THE PRESIDENT/CEO IN 2017 WAS APPROVED BY THE EXECUTIVE MEMBERS OF THE BOARD (CHAIR/VICE-CHAIR/SECRETARY-TREASURER.) THE EXECUTIVE COMMITTEE DETERMINED THE PRESIDENT/CEO'S SALARY BASED ON COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS.

THE CFO COMPENSATION IS REVIEWED ANNUALLY BY THE PRESIDENT, WITH TYPICALLY A COST OF LIVING ADJUSTMENT. HOWEVER, COMPARABILITY DATA IS REVIEWED USING INDUSTRY PUBLICATIONS AND SALARY ADJUSTMENTS ARE MADE WHEN NEEDED TO REMAIN COMPETITIVE IN THE INDUSTRY TAKING GEOGRAPHIC LOCATION INTO CONSIDERATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

December 31, 2018

<b>Prepared for</b>	Washington Pavilion Management Inc. 301 S Main Sioux Falls, SD 57104																											
<b>Prepared by</b>	EIDE BAILLY LLP 200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125																											
<b>Amount of tax</b>	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>16,680</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>7,660</td></tr><tr><td>Less amount already paid on 2018 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>9,020</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ None required</td><td></td></tr><tr><td>No. 2</td><td>\$ None required</td><td></td></tr><tr><td>No. 3</td><td>\$ None required</td><td></td></tr><tr><td>No. 4</td><td>\$ 9,020</td><td>December 17, 2018</td></tr></tbody></table>	Total Estimated Tax	\$	16,680	Less credit from prior year	\$	7,660	Less amount already paid on 2018 estimate	\$	0	Balance due	\$	9,020	Installment	Amount	Due Date	No. 1	\$ None required		No. 2	\$ None required		No. 3	\$ None required		No. 4	\$ 9,020	December 17, 2018
Total Estimated Tax	\$	16,680																										
Less credit from prior year	\$	7,660																										
Less amount already paid on 2018 estimate	\$	0																										
Balance due	\$	9,020																										
Installment	Amount	Due Date																										
No. 1	\$ None required																											
No. 2	\$ None required																											
No. 3	\$ None required																											
No. 4	\$ 9,020	December 17, 2018																										
<b>Make check payable to</b>	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).																											
<b>Mail voucher and check (if applicable) to</b>	Not applicable																											
<b>Special Instructions</b>																												



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
December 31, 2017

<b>Prepared for</b>	Washington Pavilion Management Inc. 301 S Main Sioux Falls, SD 57104
<b>Prepared by</b>	EIDE BAILLY LLP 200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125
<b>Amount due or refund</b>	Overpayment of \$7,660. The entire overpayment has been applied to the estimated tax payments.
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	November 15, 2018
<b>Special Instructions</b>	The return should be signed and dated.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>WASHINGTON PAVILION MANAGEMENT INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>301 S MAIN</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SIOUX FALLS, SD 57104</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>46-0435791</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>722100</b></p>
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<p><b>C</b> Book value of all assets at end of year  <b>5,368,778.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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**H** Describe the organization's primary unrelated business activity. ▶ **CAFE, EQUIPMENT RENTAL, PRIVATE PARTIES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JANE M. HATHAWAY** Telephone number ▶ **605-367-7397**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <b>478,817.</b>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1 c</b> <b>478,817.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> <b>84,772.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> <b>394,045.</b>		<b>394,045.</b>
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> <b>394,045.</b>		<b>394,045.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		<b>210,939.</b>
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		<b>22,539.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	<b>3,958.</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>3,958.</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		<b>14,073.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>		<b>62,283.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		<b>313,792.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		<b>80,253.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		<b>80,253.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		<b>79,253.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	15,196.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	15,196.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	15,196.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	15,196.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	627.
<b>b</b> 2017 estimated tax payments	<b>45b</b>	2,253.
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	20,000.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	22,880.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	24.
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	7,660.
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax 7,660. Refunded	<b>50</b>	0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT & CEO** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAURIE HANSON	LAURIE HANSON	11/09/18		P00851848
	Firm's name <b>EIDE BAILLY LLP</b>	Firm's EIN <b>45-0250958</b>			
	Firm's address <b>200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125</b>			Phone no. <b>605-339-1999</b>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1	0.	6	Inventory at end of year .....	6	0.
2	Purchases .....	2	84,772.	7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	84,772.
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5	84,772.				X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B). <b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	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)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II** **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.)

1. Name of periodical	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)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name <b>WASHINGTON PAVILION MANAGEMENT INC.</b>		Employer identification number <b>46-0435791</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	<b>79,253.</b>
2	<b>Adjustments and preferences:</b>	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>79,253.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions	<b>79,253.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>0.</b>
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>79,253.</b>
6	Alternative tax net operating loss deduction. See instructions	
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>79,253.</b>
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>0.</b>
b	Multiply line 8a by 25% (0.25)	<b>0.</b>
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>40,000.</b>
9	Subtract line 8c from line 7. If zero or less, enter -0-	<b>39,253.</b>
10	Multiply line 9 by 20% (0.20)	<b>7,851.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10	<b>7,851.</b>
13	Regular tax liability before applying all credits except the foreign tax credit	<b>15,196.</b>
14	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....		<b>1</b>	<b>79,253.</b>
<b>2</b>	ACE depreciation adjustment:			
<b>a</b>	AMT depreciation .....	<b>2a</b>		
<b>b</b>	ACE depreciation:			
	(1) Post-1993 property .....	<b>2b(1)</b>		
	(2) Post-1989, pre-1994 property .....	<b>2b(2)</b>		
	(3) Pre-1990 MACRS property .....	<b>2b(3)</b>		
	(4) Pre-1990 original ACRS property .....	<b>2b(4)</b>		
	(5) Property described in sections 168(f)(1) through (4) .....	<b>2b(5)</b>		
	(6) Other property .....	<b>2b(6)</b>		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	<b>2b(7)</b>		
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b>	Tax-exempt interest income .....	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts .....	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders) .....	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts .....	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:			
<b>a</b>	Certain dividends received .....	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043) .....	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k) .....	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c) .....	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:			
<b>a</b>	Intangible drilling costs .....	<b>5a</b>		
<b>b</b>	Circulation expenditures .....	<b>5b</b>		
<b>c</b>	Organizational expenditures .....	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments .....	<b>5d</b>		
<b>e</b>	Installment sales .....	<b>5e</b>		
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e .....		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools .....		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts .....		<b>7</b>	
<b>8</b>	Depletion .....		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....		<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....		<b>10</b>	<b>79,253.</b>



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FOOTNOTES

STATEMENT 1

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SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR  
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
OCCUPANCY	18,214.
OFFICE AND SUPPLIES EXPENSE	20,785.
MISCELLANEOUS EXPENSES	4,385.
INSURANCE	1,091.
BANK FEES	3,540.
EMPLOYEE EXPENSES	1,034.
EQUIPMENT	2,783.
MARKETING PROGRAM	2,111.
COMMUNICATIONS	2,976.
STAFF DEVELOPMENT	1,885.
TRAVEL	1,054.
PROFESSIONAL FEE	715.
	1,710.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	62,283.

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