

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning, 2016, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SD ASSOCIATION OF PLUMBING HEATING & COOLING CONTRACTORS, INC. 707 EAST 41ST STREET #220 SIOUX FALLS, SD 57105. D Employer identification number 46-0253627. E Telephone number 605-271-7255. G Gross receipts \$ 251,571. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527. J Website: WWW.SDPHCC.ORG. K Form of organization: X Corporation Association Other. L Year of formation. M State of legal domicile: SD.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer KEN MELIUS, EX VICE PRESIDENT. Date. Paid Preparer Use Only: Print/Type preparer's name LUKE EDWARDS, Preparer's signature, Date, Check self-employed, PTIN P01278320. Firm's name STULKEN PETERSEN LINGLE WALTJ & JONES, LLP, Firm's address P.O. BOX 578, PIERRE, SD 57501-0578, Firm's EIN 46-0445954, Phone no. (605) 224-5828.

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

Return of Organization Exempt From Income Tax

2017

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	SD ASSOCIATION OF PLUMBING HEATING & COOLING CONTRACTORS, INC. 707 EAST 41ST STREET #220 SIOUX FALLS, SD 57105	46-0253627
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		605-271-7255
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		290,759.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status	501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.)	4947(a)(1) or 527
J Website: ▶	WWW.SDPHCC.ORG	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: _____
		M State of legal domicile: SD
H(c) Group exemption number ▶ _____		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		11
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		0
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a).....	5		2
	6 Total number of volunteers (estimate if necessary).....	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		12,695.
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b		-990.
Revenue	8 Contributions and grants (Part VIII, line 1h).....		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....			4,360.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		182,463.	184,590.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		20,714.	24,254.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		48,394.	56,811.
			251,571.	270,015.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....			
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		124,597.	94,778.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ _____			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		159,080.	131,581.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		283,677.	226,359.	
19 Revenue less expenses. Subtract line 18 from line 12.....		-32,106.	43,656.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....		510,338.	552,279.
	22 Net assets or fund balances. Subtract line 21 from line 20.....		2,284.	569.
		508,054.	551,710.	

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.

Sign Here	Signature of officer	Date
	<u>KEN MELIUS</u> Type or print name and title	EX VICE PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01278320
	Firm's name	STULKEN PETERSEN LINGLE WALTJ & JONES, LLP			
	Firm's address	P.O. BOX 578 PIERRE, SD 57501-0578			
		Firm's EIN	▶ 46-0445954		
	Phone no.	(605) 224-5828			

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