

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning 10/01/21, and ending 09/30/22**

<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 <p style="text-align: center;"><b>EAST DAKOTA TRANSIT INC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>PO BOX 199</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>MADISON SD 57042</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>46-0448566</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>605-256-6518</b></p> <b>G</b> Gross receipts \$ <span style="float: right;"><b>216,408</b></span>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>JIM IVERSON</b> <b>PO BOX 199</b> <b>MADISON SD 57042</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<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(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>N/A</b>		<b>L</b> Year of formation: <b>M</b> State of legal domicile: <b>SD</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO PROVIDE SUBSIDIZED PUBLIC TRANSPORTATION IN AND AROUND MADISON, SD</b></p>		
	<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>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</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>200,757</b>	<b>203,833</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>14</b>	<b>12,435</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>140</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>200,771</b>	<b>216,408</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>163,216</b>	<b>194,056</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>163,216</b>	<b>194,056</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>37,555</b>	<b>22,352</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>235,658</b>	<b>245,381</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>0</b>	<b>0</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>7/25/2023</b>		
	<b>JIM IVERSON</b> Type or print name and title <b>CHAIR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATHLEEN DOYLE</b>	Preparer's signature <b>KATHLEEN DOYLE</b>	Date <b>07/25/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01322431</b>
	Firm's name ▶ <b>Wohlenberg Ritzman &amp; Co., LLC</b>		Firm's EIN ▶ <b>46-0393458</b>	
	Firm's address ▶ <b>P.O. Box 1018 Yankton, SD 57078</b>		Phone no. <b>605-665-4401</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning **10/01** 2021, and ending **9/30** 20**22**

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2021**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**EAST DAKOTA TRANSIT INC**

EIN or SSN  
**46-0448566**

Name and title of officer or person subject to tax  
**JIM IVERSON  
CHAIR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>216,408</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **Wohlenberg Ritzman & Co., LLC** to enter my PIN **46566** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **06/30/23**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**46136257078**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **KATHLEEN DOYLE** Date **06/30/23**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **10/01/21**, and ending **09/30/22**

**46-0448566**

### EAST DAKOTA TRANSIT INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>235,658</u>
<b>Revenue</b>		
Contributions	<u>203,833</u>	
Program service revenue	<u>12,435</u>	
Investment income	<u>140</u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>216,408</u>
<b>Expenses</b>		
Program services	<u>146,446</u>	
Management and general	<u>47,610</u>	
Fundraising	<u>          </u>	
<b>Total expenses</b>		<u>194,056</u>
<b>Excess / (deficit)</b>		<u>22,352</u>
Changes		<u>-12,629</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>245,381</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>                          </u>
Less:	
Unrealized gains	<u>                          </u>
Donated services	<u>                          </u>
Recoveries	<u>                          </u>
Other	<u>                          </u>
Plus:	
Investment expenses	<u>                          </u>
Other	<u>                          </u>
<b>Total revenue per return</b>	<u>216,408</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>                          </u>
Less:	
Donated services	<u>                          </u>
Prior year adjustments	<u>                          </u>
Losses	<u>                          </u>
Other	<u>                          </u>
Plus:	
Investment expenses	<u>                          </u>
Other	<u>                          </u>
<b>Total expenses per return</b>	<u>194,056</u>

	Balance Sheet		Differences
	Beginning	Ending	
Assets	<u>235,658</u>	<u>245,381</u>	
Liabilities	<u>          </u>	<u>          </u>	
<b>Net assets</b>	<u>235,658</u>	<u>245,381</u>	<u>9,723</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 08/15/23

Failure to file penalty \_\_\_\_\_

# Federal Diagnostics

## Critical Messages

None

## Electronic Filing

None

## Informational Messages

- Historical Report (990 Return) does not display 2022 column if Tax Projection has not been selected.
- Web site is not entered on Screen 990; "N/A" prints on Form 990, Page 1, Item J
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Preparer email is blank in the electronic record for preparer contact information; preparer's information is updated in Setup > Office Configuration > Preparers
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'KATHLEEN DOYLE'

## Informational: Input Screen Overrides

### Program Service Accomplishments

- Exempt purpose description

## Missing Data

	Prior Year Data
General Options, Prior Year Revenue and Expenses, Penalties	
<input type="checkbox"/> Prior year prog service rev	17,351
Functional Expenses Continued	
<input type="checkbox"/> Noninv property depr force	12,629