

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

**2019**  
Open to Public Inspection

▶ 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.

**A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20**

<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>BROOKINGS AREA TRANSIT AUTHORITY</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>418 WESTERN AVENUE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>BROOKINGS SD 57006</b></p>	<b>D</b> Employer identification number <p><b>46-0420571</b></p> <b>E</b> Telephone number <p><b>605-692-5416</b></p> <b>G</b> Gross receipts \$ <b>2,370,447</b>
<b>F</b> Name and address of principal officer: <p><b>BRENDA SCHWEITZER</b>  <b>418 WESTERN AVENUE</b>  <b>BROOKINGS SD 57006</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>www.brookingsareatransit.com</b>		<b>L</b> Year of formation: <b>1990</b> <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>	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>THE BROOKINGS AREA TRANSIT AUTHORITY WAS ESTABLISHED TO PROVIDE PUBLIC TRANSPORTATION ACTIVITIES AND OPERATIONS FOR ALL CITIZENS OF THE BROOKINGS AREA OF SOUTH DAKOTA.</b></p> 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>3</td><td>10</td></tr> <tr><td>4</td><td>10</td></tr> <tr><td>5</td><td>53</td></tr> <tr><td>6</td><td>3</td></tr> </table>	3	10	4	10	5	53	6	3																
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	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>7a</td><td>0</td></tr> <tr><td>7b</td><td>0</td></tr> </table>	7a	0	7b	0																				
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<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td>1,435,096</td><td>1,938,391</td></tr> <tr><td>9</td><td>511,757</td><td>374,538</td></tr> <tr><td>10</td><td>1,059</td><td>20,820</td></tr> <tr><td>11</td><td>35,543</td><td>36,698</td></tr> <tr><td>12</td><td>1,983,455</td><td>2,370,447</td></tr> </tbody> </table>		Prior Year	Current Year	8	1,435,096	1,938,391	9	511,757	374,538	10	1,059	20,820	11	35,543	36,698	12	1,983,455	2,370,447						
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<b>Expenses</b>	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) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>13</td><td></td><td>0</td></tr> <tr><td>14</td><td></td><td>0</td></tr> <tr><td>15</td><td>1,154,759</td><td>1,160,965</td></tr> <tr><td>16a</td><td></td><td>0</td></tr> <tr><td>b</td><td>0</td><td></td></tr> <tr><td>17</td><td>630,733</td><td>559,586</td></tr> <tr><td>18</td><td>1,785,492</td><td>1,720,551</td></tr> <tr><td>19</td><td>197,963</td><td>649,896</td></tr> </tbody> </table>	13		0	14		0	15	1,154,759	1,160,965	16a		0	b	0		17	630,733	559,586	18	1,785,492	1,720,551	19	197,963	649,896
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<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td>20</td><td>1,444,672</td><td>2,158,893</td></tr> <tr><td>21</td><td>67,043</td><td>131,368</td></tr> <tr><td>22</td><td>1,377,629</td><td>2,027,525</td></tr> </tbody> </table>		Beginning of Current Year	End of Year	20	1,444,672	2,158,893	21	67,043	131,368	22	1,377,629	2,027,525												
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**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 <p style="text-align: center;"><b>BRENDA SCHWEITZER</b></p> Type or print name and title	Date <p style="text-align: center;"><b>EXECUTIVE DIRECTOR</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>JUSTIN SCHNEIDER</b></p> Firm's name ▶ <b>KMWF &amp; Associates, PC</b> Firm's address ▶ <b>301 East 4th Street, Suite 2 Dell Rapids, SD 57022</b>	Preparer's signature  Date <b>8-16-21</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00533095</b> Firm's EIN ▶ <b>46-0387944</b> Phone no. <b>605-428-5694</b>

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