DLN: 93493135009300 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization SIOUX FALLS AREA COMMUNITY D Employer identification number B Check if applicable □ Address change FOUNDATION INC 31-1748533 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 200 N CHERAPA PLACE ☐ Amended return ☐ Application pending (605) 336-7055 City or town, state or province, country, and ZIP or foreign postal code SIOUX FALLS, SD  $\,$  571032205  $\,$ G Gross receipts \$ 68,480,509 Name and address of principal officer H(a) Is this a group return for ANDREW T PATTERSON ☐Yes **☑**No subordinates? 200 N CHERAPA PLACE H(b) Are all subordinates SIOUX FALLS, SD 571032205 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SFACF ORG L Year of formation 1984 M State of legal domicile SD K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SFACE IS A PUBLICLY-SUPPORTED COMMUNITY FOUNDATION ITS PRIMARY ACTIVITY IS GRANTMAKING Activities & Governance 2 Check this box ► ☐ 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) . 16 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 11 300 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 -3 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 23,985,945 40,728,771 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 8,970,562 6,807,862 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -13,224 -21,632 32,943,283 47,515,001 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 17,791,934 18,672,965 **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) 844,766 888,196 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶500,007 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,265,350 646,530 19,902,050 20,207,691 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 27,307,310 Revenue less expenses Subtract line 18 from line 12 . 13,041,233 Net Assets or Fund Balances Beginning of Current Year End of Year 150,102,385 179,302,241 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 25,428,544 34,663,754 22 Net assets or fund balances Subtract line 21 from line 20 . 124,673,841 144,638,487 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 2020-05-13 Signature of officer Sign Here ANDREW T PATTERSON PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00319083 Paid self-employed Firm's name RSM US LLP Firm's EIN ► 42-0714325 Preparer Use Only Firm's address ▶ 110 SOUTH PHILLIPS AVE SUITE 300 Phone no (605) 336-9955 SIOUX FALLS, SD 571046721 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form                                       | 990 (2018   | )   |   |   |   | Page <b>2</b>   |
|--|---|---|---|---|---|---|
| Pa   | ri III St   | atement of Program S  | ervice Accomplis  | hments  |   |   |
|  | <br>Ch  | eck if Schedule O contains a  | response or note to a   | any line in this Part III .   |   | 🗹   |
| 1  |   | scribe the organization's mis   |   | ·   |   |   |
| THE<br>GENI<br>SFAC<br>DEVE<br>GRO'<br>FOR | QUALITY OF<br>RATIONS OF<br>F MANAGES<br>LOPMENT,<br>WING LONG<br>GENERATIO | F LIFE IN OUR AREA, FOR GO<br>DF DONORS TO NURTURE SI<br>S AND GROWS ENDOWMENT<br>AND ENVIRONMENTAL ACTI<br>G-TERM CHARITABLE ENDOW | OD, FOR EVER THE<br>DUX FALLS' POSITIOI<br>S AND DIRECTS CHA<br>/ITIES THAT ADDRES<br>MENTS ASSURES TH.<br>ES OR BAD SFACF SE | COMMUNITY FOUNDATI<br>N AS A NATIONALLY REC<br>RITABLE GRANTS TO SE<br>ST THE AREA'S EMERGIN<br>AT THE STABILITY AND<br>RVES MINNEHAHA, LIN | E") PROVIDES PHILANTHROPIC LEAI ON CULTIVATES PHILANTHROPY BY COGNIZED CHARITABLE FRONTRUN DCIAL, CULTURAL, EDUCATIONAL, F NG NEEDS AND OPPORTUNITIES TH QUALITY OF LIFE WE ENJOY TODAY COLN, MCCOOK, AND TURNER COUTAL | INSPIRING NEW NER TO THAT END, RELIGIOUS, COMMUNITY HIS EMPHASIS ON WILL BE SUSTAINED |
|  |   |   |   |   |   |   |
| 2  | the prior F   | ganization undertake any sig<br>Form 990 or 990-EZ?<br>Jescribe these new services o  |   | - ·   |   | □Yes ☑No  |
| 3  | services?   | ganization cease conducting   |   | _   | cts, any program  | ☐ Yes ☑ No  |
| 4  | Describe to<br>Section 50   | the organization's program s  | ervice accomplishmer<br>lizations are required  | to report the amount o  | largest program services, as measu<br>f grants and allocations to others, tl  |   |
| 4a   | (Code<br>See Additio  | ) (Expenses \$<br>inal Data   | 19,478,674  | including grants of \$  | 18,672,965 ) (Revenue \$  | )   |
| 4b   | (Code   | ) (Expenses \$  |   | including grants of \$  | ) (Revenue \$   | )   |
|  |   |   |   |   |   |   |
| 4c   | (Code   | ) (Expenses \$  |   | including grants of \$  | ) (Revenue \$   | )   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| 4d   | Other pro-  | gram services (Describe in S<br>s \$  | chedule O )<br>including grants of  | \$  | ) (Revenue \$   | )   |
| 46   | Total pro   | ogram service expenses  | 19 478 6  | 74  |   |   |

| Por | tiV Checklist of Required Schedules   |     |         | rage 3   |
|-----|---|-----|---------|----------|
| Par | Checklist of Required Schedules   |     | Yes     | No       |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes     |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏   | 2   | Yes     |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |         | No       |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4   |         | No       |
| 5   | 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 $98-19$ ?  If "Yes," complete Schedule C, Part III   | 5   |         | No       |
| 6   | 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?  If "Yes," complete Schedule D, Part I   | 6   | Yes     |          |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |         | No       |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  | 8   |         | No       |
| 9   | 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? If "Yes," complete Schedule D, Part IV             | 9   |         | No       |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  | Yes     |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable   |     |         |          |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes     |          |
| Ь   | 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? If "Yes," complete Schedule D, Part VII 🕏   | 11b |         | No       |
| С   | 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? If "Yes," complete Schedule D, Part VIII 2   | 11c |         | No       |
| d   | 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? If "Yes," complete Schedule D, Part IX 🕏  | 11d |         | No       |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e | Yes     |          |
| f   | 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)? If "Yes," complete Schedule D, Part X  | 11f | Yes     |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII **  | 12a |         | No       |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | Yes     |          |
| 13  | Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E  | 13  |         | No       |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |         | No       |
| Ь   | 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? If "Yes," complete Schedule F, Parts I and IV | 14b |         | No       |
| 15  | 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? If "Yes," complete Schedule F, Parts II and IV  | 15  |         | No       |
| 16  | 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? If "Yes," complete Schedule F, Parts III and IV  | 16  |         | No       |
| 17  | 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? If "Yes," complete Schedule G, Part I(see instructions)  | 17  |         | No       |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes     |          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |         | No       |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |         | No       |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |         |          |
| 21  | 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? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes     |          |
| 22  | 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? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes     |          |
|     |   |     | Form 90 | 0 (2018) |

|     | 990 (2018)  |             |                   | Page <b>4</b> |
|-----|---|-------------|-------------------|---------------|
| Par | Checklist of Required Schedules (continued)   |             |                   |               |
| 23  | 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? If "Yes," complete Schedule J.   | 23          | <b>Yes</b><br>Yes | No            |
| 24a | 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a                             | 24a         |                   | No            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b         |                   |               |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c         |                   |               |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d         |                   |               |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a         |                   | No            |
| 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? If "Yes," complete Schedule L, Part I                                       | 25b         |                   | No            |
| 26  | 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? If "Yes," complete Schedule L, Part II                                 | 26          |                   | No            |
| 27  | 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? If "Yes," complete Schedule L, Part III | 27          |                   | No            |
| 28  | 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)  |             |                   |               |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |             |                   |               |
| h   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  | 28a         |                   | No            |
|     | Part IV   | 28b         |                   | No            |
| С   | 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>   | <b>28</b> c |                   | No            |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒  | 29          | Yes               |               |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30          |                   | No            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31          |                   | No            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32          |                   | No            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33          | Yes               |               |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34          |                   | No            |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a         |                   | No            |
| 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 $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2  | 35b         |                   |               |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36          |                   | No            |
| 37  | 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? If "Yes," complete Schedule R, Part VI   | 37          |                   | No            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38          | Yes               |               |
| Pa  | Statements Regarding Other IRS Filings and Tax Compliance   |             |                   |               |
|     | Check if Schedule O contains a response or note to any line in this Part V  |             |                   |               |

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

No

Yes

21

0

1a

1b

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

No

No

Nο

Nο

No

No

Form **990** (2018)

7g

7h

8

9a

9h

12a

13a

14a

14b

15

10a

10b

11a

11b

12b

13b

13c

Page 6

| Pa         | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2  | _       | •                    | " resp | onse to | lines    |
|------------|--|---------|----------------------|--------|---------|----------|
|            | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schei<br>Check if Schedule O contains a response or note to any line in this Part VI  |         |                      |        |         | <b>✓</b> |
| Se         | ection A. Governing Body and Management  |         |                      |        |         |          |
|            |  |         |                      |        | Yes     | No       |
| <b>1</b> a | Enter the number of voting members of the governing body at the end of the tax year  | 1a      | 16                   |        |         |          |
|            | 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          | Enter the number of voting members included in line 1a, above, who are independent   | 1b      | 16                   |        |         |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?  |         |                      | 2      |         | No       |
| 3          | Did the organization delegate control over management duties customarily performed be of officers, directors or trustees, or key employees to a management company or other                                      |         |                      | 3      |         | No       |
| 4          | Did the organization make any significant changes to its governing documents since the   | prior F | orm 990 was filed? . | 4      |         | No       |
| 5          | Did the organization become aware during the year of a significant diversion of the organization   | nizatio | n's assets?          | 5      |         | No       |

|   |   | 1b      | 16                   |   |  |
|---|---|---------|----------------------|---|--|
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?                                      |         |                      | 2 |  |
| 3 | Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p |         |                      | 3 |  |
| 4 | Did the organization make any significant changes to its governing documents since the p  | orior F | orm 990 was filed? . | 4 |  |
| 5 | Did the organization become aware during the year of a significant diversion of the organ   | ızatıo  | n's assets? .        | 5 |  |
| 6 | Did the organization have members or stockholders?  |         | [                    | 6 |  |
|   |   |         |                      |   |  |

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

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)

►MIKE FINNEGAN CFO 200 N CHERAPA PLACE SIOUX FALLS, SD 571032205 (605) 336-7055

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Section C. Disclosure

19

20

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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

Nο 7a No 7b No

16a

16b

Nο

Form 990 (2018)

|     | the following  |        |     |    |  |
|-----|--|--------|-----|----|--|
| а   | The governing body?  | 8a     | Yes |    |  |
| Ь   | Each committee with authority to act on behalf of the governing body?  | 8b     | Yes |    |  |
| 9   | 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               | 9      |     | No |  |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue   | e Code | ⊋.) |    |  |
|     |  |        | Yes | No |  |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a    |     | No |  |
| Ь   | 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? | 10b    |     |    |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a    |     | No |  |
| ь   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |        |     |    |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    | Yes |    |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    | Yes |    |  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c    | Yes |    |  |
| 13  | Did the organization have a written whistleblower policy?  | 13     | Yes |    |  |
| 14  | Did the organization have a written document retention and destruction policy?   | 14     | Yes |    |  |

| С  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c | Yes |  |  |  |
|----|--|-----|-----|--|--|--|
| 13 | Did the organization have a written whistleblower policy?  | 13  | Yes |  |  |  |
| 14 | Did the organization have a written document retention and destruction policy?   | 14  | Yes |  |  |  |
| 15 | 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? |     |     |  |  |  |
| а  | The organization's CEO, Executive Director, or top management official   | 15a | Yes |  |  |  |
| ь  | Other officers or key employees of the organization  | 15b | Yes |  |  |  |
|    | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |     |  |  |  |

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 former officers, key employees, or highest compensated employees who received more than \$100,000
- 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 (E) (A) (B) (D) (F) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation compensation amount of other hours per than one box, unless week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual to or director ΨŪ emplovee organizations MISC) MISC) Ē related Institutional 호 below dotted nest organizations employ 3 line) con: trustee P pensat Ě 2.00 (1) SCOTT CHRISTENSEN Х CHAIR OF THE BOARD 2 00 (2) SUSIE PATRICK Χ 0 VICE CHAIR OF THE BOARD 2 00 (3) TODD ERNST Х Х n SECRETARY 2 00 (4) JEFF STRAND Х TREASURER.CHAIR OF FINANCE 2 00 (5) TOM MCDOWELL Х Χ 0 PAST CHAIR OF THE BOARD 2 00 (6) AMANGE AWARE MEMBER 0 2.00 (7) HOLLY BRUNICK CHAIR OF AUDIT 2 00 (8) GREG CARMON Х 0 MEMBER 2 00 (9) JAY HUIZENGA 0 0

CHAIR OF GRANTS 2.00 (10) LINDA LARSON VICE CHAIR OF GRANTS

• 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 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

2 00 (11) ANGELINE LAVIN 0 Х CHAIR OF INVESTMENTS 2 00 (12) SARAH MADISON 0 MEMBER 2.00 (13) MARY JO MURRAY MEMBER 2 00 (14) STEVE SARBACKER 0 Х 2 00 (15) MATT TOBIN Х CHAIR OF LEGAL 2 00 (16) SUZANNE VEENIS CHAIR OF DEVELOPMENT 50 00 (17) ANDREW PATTERSON Х 136,929 40.403 PRESIDENT/CEO Form 990 (2018)

compensation from the organization ▶ 0

Part VII

Page 8

| (A)<br>Name and Title |  | (B) Average hours per week (list any hours            |                                   | ne bo                 | ox, ι<br>n of | t che<br>unles<br>ficer | s pers   | on     | compensat<br>from the | Reportable Recompensation con from the granization (W- org |                        | (E) Reportable compensation from related organizations |                                | )<br>ated<br>of other<br>sation<br>the |
|-----------------------|--|---|-----------------------------------|-----------------------|---------------|-------------------------|----------|--------|-----------------------|--|------------------------|--|--------------------------------|--|
|                       |  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer       | key employee            |          | Former |                       |  | (W- 2/1099<br>MISC)    |  | organizat<br>relat<br>organiza | ion and<br>ed                          |
|                       | MIKE FINNEGAN<br>NANCE/CFO   | 50 00   | l                                 |                       | x             |                         |          |        | 9                     | 7,343  |                        | 0  |                                | 9,734                                  |
|                       | REGINA JAHRTHRU 1419<br>EVELOPMENT   | 40 00   |                                   |                       | х             |                         |          |        | 9                     | 2,529  |                        | 0  |                                | 19,259                                 |
| (20) N                | MARY KOLSRUD<br>HILANTHROPY  | 50 00   |                                   |                       | ×             |                         |          |        | 7                     | 4,460  |                        | 0  |                                | 5,925                                  |
|                       |  |   |                                   |                       |               |                         |          |        |                       |  |                        |  |                                |  |
|                       |  |   |                                   |                       |               |                         |          |        |                       |  |                        |  |                                |  |
|                       |  |   |                                   |                       |               |                         |          |        |                       |  |                        |  |                                |  |
|                       |  |   |                                   |                       |               |                         |          |        |                       |  |                        |  |                                |  |
|                       | Sub-Total  |   |                                   |                       | <u> </u>      | •                       | <u> </u> |        |                       |  |                        |  |                                |  |
|                       | Total from continuation sheets to Part Victal (add lines 1b and 1c)                                    | •   |                                   |                       |               | •                       | •        |        | 401,261               |  | (                      | 0  |                                | 75,321                                 |
| 2                     | Total number of individuals (including but of reportable compensation from the orga                    |   | those lis                         | sted a                | abov          | e) v                    | ho red   | ceive  | ed more than          | \$100,   | 000                    |  |                                |  |
| 3                     | Did the organization list any <b>former</b> offic<br>line 1a? <i>If "Yes," complete Schedule J for</i> |   |                                   |                       |               |                         |          | ıghe   | est compensal         | ted em   | nployee on             | 3  | Yes                            | No<br>No                               |
| 4                     | For any individual listed on line 1a, is the organization and related organizations grandividual       |   |                                   |                       |               |                         |          |        |                       |  | ne                     | 4  | Yes                            |  |
| 5                     | Did any person listed on line 1a receive o services rendered to the organization? If "                 |   |                                   |                       |               |                         |          |        | janization or i       | ndıvıd   | ual for                | 5  |                                | No                                     |
| Se                    | ection B. Independent Contractors  | 1   |                                   |                       |               |                         |          |        |                       |  |                        |  | 1 1                            |  |
| 1                     | Complete this table for your five highest of from the organization. Report compensation                | compensated in  |                                   |                       |               |                         |          |        |                       |  |                        | npen   | sation                         |  |
|                       | Name and b   | (A)<br>pusiness address                               |                                   |                       |               |                         |          |        | D                     | escript  | (B)<br>ion of services |  | (C)<br>Compen                  |  |
|                       |  |   |                                   |                       |               |                         |          |        |                       |  |                        |  |                                |  |

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

|   |            | (2018)   |                 |         |                     |  |                  |                                |                                | Page <b>9</b>                                 |
|---|------------|--|-----------------|---------|---------------------|--|------------------|--------------------------------|--------------------------------|---|
| Part  | VII        |  |                 |         |                     |  |                  |                                |                                |   |
|   |            | Check If Schedul   | le O contains i | a respo | onse or note to any | r line in this Pa<br>(A)<br>Total reveni |                  | (B) Related or exempt function | (C) Unrelated business revenue | (D)  Revenue excluded from tax under sections |
|   | 14         | - Fodovstod osmosia  |                 |         | 100.000             |  |                  | revenue                        |                                | 512 - 514                                     |
| st st   |            | a Federated campaig  |                 | 1a      | 100,000             |  |                  |                                |                                |   |
| ran<br>om   |            | <b>b</b> Membership dues                                     |                 | 1b      | 100.405             |  |                  |                                |                                |   |
| A<br>A<br>B   |            | c Fundraising events   |                 | 1c      | 182,125             |  |                  |                                |                                |   |
| ar.   |            | d Related organizatio  |                 | 1d      |                     |  |                  |                                |                                |   |
| m.<br>G   |            | e Government grants (co                                      |                 | 1e      |                     |  |                  |                                |                                |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |            | f All other contributions,<br>and similar amounts n<br>above |                 | 1f      | 40,446,646          |  |                  |                                |                                |   |
| ntrib<br>d Ot   |            | g Noncash contribution in lines 1a - 1f \$                   | ons included    | 12      | <u>,403,872</u>     |  |                  |                                |                                |   |
| ತಿ ಕ  |            | h Total. Add lines 1a  | -1f             |         | •                   | 40,728                                   | 3,771            |                                |                                |   |
| <u>ı</u>  |            |  |                 |         | Business            | s Code                                   |                  |                                |                                |   |
| # -   | 2a         |  |                 | _       |                     |  |                  |                                |                                |   |
| å   | Ŀ          | <b>,</b>   |                 | _       |                     |  |                  |                                |                                |   |
| 35  | c          | :  |                 | _       |                     |  |                  |                                |                                |   |
| 3   | c          | l  |                 | _       |                     |  |                  |                                |                                |   |
| an  | e          | •  |                 |         |                     |  |                  |                                |                                |   |
| Program Service Revenue                                   | f          | All other program se   | ervice revenue  |         |                     | I  |                  | l                              |                                |   |
| \$  | g          | <b>Total.</b> Add lines 2a-2                                 | 2f              |         | <u> </u>            |  |                  |                                |                                |   |
|   |            | Investment income (ii<br>similar amounts) .                  | ncluding divid  |         | interest, and other |  | 3 <b>44,</b> 273 |                                |                                | 5,344,273                                     |
|   |            | Income from investme   |                 |         | ·                   | _  |                  |                                |                                |   |
|   |            | _  |                 |         |                     | •  |                  |                                |                                |   |
|   |            |  | (ı) Rea         | I       | (II) Personal       | j  |                  |                                |                                |   |
|   | 6a         | Gross rents  |                 |         |                     |  |                  |                                |                                |   |
|   | ı          | <b>b</b> Less rental expenses                                |                 |         |                     | 1  |                  |                                |                                |   |
|   |            | c Rental income or   |                 |         |                     | -  |                  |                                |                                |   |
|   |            | d Net rental income o  | L (loss)        |         |                     | _  |                  |                                |                                |   |
|   | •          | u Net rental income o  | (i) Securit     |         | (II) Other          | 1  |                  |                                |                                |   |
|   | <b>7</b> a | Gross amount   |                 |         |                     | $\dashv$                                 |                  |                                |                                |   |
|   |            | from sales of assets other                                   | 22,3            | 86,865  |                     |  |                  |                                |                                |   |
|   |            | than inventory   |                 |         |                     |  |                  |                                |                                |   |
|   | ı          | b Less cost or<br>other basis and                            | 20.9            | 23,276  |                     |  |                  |                                |                                |   |
|   |            | sales expenses   |                 | 63,589  |                     | 4  |                  |                                |                                |   |
|   |            | C Gain or (loss)  d Net gain or (loss) .                     |                 |         |                     | _ <br>                                   | 463,589          |                                |                                | 1,463,589                                     |
|   |            | Gross income from fi   |                 |         | <u> </u>            | 1  |                  |                                |                                |   |
|   |            | (not including \$  | 182,125         |         |                     |  |                  |                                |                                |   |
| <u>₹</u>  |            | contributions reporte<br>See Part IV, line 18                |                 | а       | <br>  20,600        |  |                  |                                |                                |   |
| Other Revenue   | ı          | <b>b</b> Less direct expense                                 | s               | b       | 42,232              | 2  |                  |                                |                                |   |
| ē   | •          | c Net income or (loss)                                       | from fundrais   | ing ev  | ents •              |  | -21,632          |                                |                                | -21,632                                       |
| ŧ   | 98         | Gross income from g<br>See Part IV, line 19                  |                 | es      |                     |  |                  |                                |                                |   |
|   |            | See Fait IV, III 23  |                 | а       | }                   |  |                  |                                |                                |   |
|   | ı          | <b>b</b> Less direct expense                                 | s               | ь       |                     | 1  |                  |                                |                                |   |
|   | •          | c Net income or (loss)                                       | from gaming     | activit | ies                 |  |                  |                                |                                |   |
|   | 10         | <b>a</b> Gross sales of invent returns and allowand          |                 |         |                     |  |                  |                                |                                |   |
|   |            | returns and anoward  |                 | а       | }                   |  |                  |                                |                                |   |
|   | ı          | <b>b</b> Less cost of goods s                                | sold            | b       |                     | 1  |                  |                                |                                |   |
|   |            | Net income or (loss)   | from sales of   | invent  | tory ►              | _  |                  |                                |                                |   |
|   |            | Miscellaneous  | Revenue         |         | Business Code       |  |                  |                                |                                |   |
|   | 11         | La   |                 |         |                     |  |                  |                                |                                |   |
|   |            |  |                 |         |                     |  |                  |                                |                                |   |
|   | ı          | ь  |                 |         |                     |  |                  |                                |                                |   |
|   |            |  |                 |         |                     |  |                  |                                |                                |   |
|   | •          | c  |                 |         |                     |  |                  |                                |                                |   |
|   |            |  |                 |         |                     |  |                  |                                |                                |   |
|   |            | d All other revenue .  |                 |         |                     |  |                  | -                              |                                |   |
|   | •          | e Total. Add lines 11a                                       | ı–11d           |         |                     | L  |                  |                                |                                |   |
|   | 12         | <b>2 Total revenue.</b> See                                  | Instructions    |         |                     | 47                                       | 515,001          |                                | 0                              | 0 6,786,230                                   |
|   |            |  |                 |         |                     | 77,.                                     |                  |                                | -                              | Form <b>990</b> (2018)                        |

| Form 990 (20:                      | L8)   |                        |                              |   | Page <b>10</b>             |
|------------------------------------|---|------------------------|------------------------------|---|----------------------------|
|                                    | Statement of Functional Expenses<br>(3) and 501(c)(4) organizations must complete all co  | lumns All other orga   | nizations must comp          | lete column (A)                           |                            |
| Ch                                 | neck if Schedule O contains a response or note to any   | line in this Part IX . |                              |   | 🗆                          |
| Do not inclu                       | de amounts reported on lines 6b,<br>nd 10b of Part VIII.  | (A)<br>Total expenses  | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses |
|                                    | nd other assistance to domestic organizations and governments See Part IV, line 21  | 18,221,544             | 18,221,544                   |   |                            |
| <b>2</b> Grants ar<br>Part IV, III | nd other assistance to domestic individuals. See ne 22  | 451,421                | 451,421                      |   |                            |
|                                    | nd other assistance to foreign organizations, foreign ents, and foreign individuals. See Part IV, line 15   |                        |                              |   |                            |
| 4 Benefits                         | paid to or for members  |                        |                              |   |                            |
|                                    | ation of current officers, directors, trustees, and oyees   | 461,761                | 193,940                      | 92,353                                    | 175,468                    |
| defined u                          | ation not included above, to disqualified persons (as nder section 4958(f)(1)) and persons described in 958(c)(3)(B)  |                        |                              |   |                            |
| <b>7</b> Other sal                 | aries and wages   | 304,002                | 127,681                      | 60,800                                    | 115,521                    |
|                                    | olan accruals and contributions (include section 401 03(b) employer contributions)  | 27,513                 | 11,555                       | 5,503                                     | 10,455                     |
| <b>9</b> Other em                  | ployee benefits   | 41,909                 | 17,602                       | 8,382                                     | 15,925                     |
| 10 Payroll ta                      | xes   | 53,011                 | 22,265                       | 10,602                                    | 20,144                     |
| 11 Fees for s                      | services (non-employees)  |                        |                              |   |                            |
| <b>a</b> Managem                   | ent   |                        |                              |   |                            |
|                                    |   | 8,474                  |                              | 2,034                                     | 6,440                      |
| c Accounting                       | -   | 25,428                 | 8,476                        | 8,476                                     | 8,476                      |
| <b>d</b> Lobbying                  | ·   |                        | -,                           |   |                            |
|                                    | nal fundraising services See Part IV, line 17   |                        |                              |   |                            |
|                                    | · · · · · · · · · · · · · · · · · · ·   |                        |                              |   |                            |
|                                    | nt management fees  |                        |                              |   |                            |
| (A) amou                           | line 11g amount exceeds 10% of line 25, column nt, list line 11g expenses on Schedule O)  | 20.007                 | 10.453                       |   | 60.000                     |
|                                    | ng and promotion  | 82,337                 | 12,457                       |   | 69,880                     |
|                                    | penses  | 49,059                 | 20,605                       | 9,812                                     | 18,642                     |
| 14 Informati                       | on technology   | 50,858                 | 21,360                       | 10,172                                    | 19,326                     |
| <b>15</b> Royalties                |   |                        |                              |   |                            |
| <b>16</b> Occupand                 | :y  | 17,190                 | 7,220                        | 3,438                                     | 6,532                      |
| <b>17</b> Travel .                 |   | 1,747                  | 664                          | 349                                       | 734                        |
| ,                                  | s of travel or entertainment expenses for any<br>tate, or local public officials .  |                        |                              |   |                            |
| 19 Conferen                        | ces, conventions, and meetings  | 15,116                 | 6,348                        | 3,024                                     | 5,744                      |
| 20 Interest                        |   |                        |                              |   |                            |
| 21 Payments                        | s to affiliates   |                        |                              |   |                            |
| 22 Depreciat                       | ion, depletion, and amortization  | 52,858                 | 22,200                       | 10,572                                    | 20,086                     |
| 23 Insurance                       | ·   | 11,630                 | 4,885                        | 2,326                                     | 4,419                      |
| miscellan<br>exceeds :             | penses Itemize expenses not covered above (List<br>eous expenses in line 24e If line 24e amount<br>10% of line 25, column (A) amount, list line 24e<br>on Schedule O) |                        |                              |   |                            |
| a LIFE IN:                         | SURANCE PREMIUM   | 169,246                | 169,246                      |   |                            |
|                                    |   |                        |                              |   |                            |
| b SPECIA                           | L PROJECTS EXPENS   | 82,471                 | 82,471                       |   |                            |
| c DIRECT                           | FUND EXPENSES   | 53,522                 | 53,522                       |   |                            |
| d SCHOLA                           | ARSHIP AND GRANTMA  | 20,763                 | 20,763                       |   |                            |
| e All othe                         | r expenses  | 5,831                  | 2,449                        | 1,167                                     | 2,215                      |
| 25 Total fur                       | nctional expenses. Add lines 1 through 24e  | 20,207,691             | 19,478,674                   | 229,010                                   | 500,007                    |
| reported                           | sts. Complete this line only if the organization<br>in column (B) joint costs from a combined<br>ial campaign and fundraising solicitation                            |                        |                              |   |                            |

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

2

Assets

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14

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16

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18

19

20

21

23

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26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Cash-non-interest-bearing .

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

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

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

### End of year Beginning of year

Page **11** 

36.374

1,529,479

144.136

7.879.023

76.071

399.850

34.187.833

34.663.754

133.677.582

10.960.905

144,638,487

179,302,241

Form **990** (2018)

179.302.241

130,417,406

|   | 1 |            |
|---|---|------------|
| ; | 2 | 27,988,459 |
|   | 3 | 80,270     |
|   |   |            |

7

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9

10c

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17

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19 20

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22 23

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27 28

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31

32

33

34

17.178

1,492,541

206.774

8.364.350

74.207

376.250

24.978.087

25,428,544

114,121,387

10.552.454

124.673.841

150,102,385

150.102.385

111,952,813

# 37,341,153

Savings and temporary cash investments . . 1,954,670 3 Pledges and grants receivable, net . . Accounts receivable, net . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L . . . . . 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) 6

1,900,893

371,414

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 31-1748533

Name: SIOUX FALLS AREA COMMUNITY FOUNDATION INC.

Form 990 (2018)

AND OPPORTUNITIES

Form 990, Part III, Line 4a:

SIOUX FALLS AREA COMMUNITY FOUNDATION IS A PUBLICLY SUPPORTED COMMUNITY FOUNDATION THAT ATTRACTS. MANAGES. AND DISTRIBUTES CHARITABLE CAPITAL ITS PRIMARY SERVICE AREA IS THE SIOUX FALLS MSA, A FOUR-COUNTY AREA WITH A POPULATION OF APPROXIMATELY 250,000, AND OTHER COMMUNITIES WITHIN A 25-MILE RADIUS OF THE CITY OF SIOUX FALLS, SOUTH DAKOTA SFACF'S PRIMARY ACTIVITY IS GRANTMAKING AIMED AT IMPROVING THE OUALITY OF LIFE IN THE SERVICE AREA, FOR GOOD, FOR EVER IN FY 2019, OF MORE THAN 2,400 GRANTS MADE, 150 STUDENTS BENEFITED FROM COMPETITIVELY AWARDED SCHOLARSHIPS AND NEARLY 100 COMPETITIVELY AWARDED GRANTS WERE MADE TO ORGANIZATIONS THAT SOUGHT TO ADDRESS THE AREA'S MOST PRESSING NEEDS

| efile                              | e GR/          | APHIC prii   | nt - DO NO                      | T PROCESS                         | As Filed Data -  |                                       |                                     | DLN: 9  | 3493135009300                                   |
|------------------------------------|----------------|--|---------------------------------|-----------------------------------|--|---------------------------------------|-------------------------------------|---|---|
|                                    | m 99           | OULE A   | Com                             |                                   | Charity Staturganization is a sect<br>4947(a)(1) nonexe  |                                       | 2018                                |   |   |
|                                    |                | f the Treasury   |                                 | ► Go to                           | www.irs.gov/Form   |                                       |                                     |   | Open to Public<br>Inspection                    |
| lam                                | of the         | <del>nie Service</del><br><b>he organiza</b><br>AREA COMMU | tion<br>NITY                    |                                   |  |                                       |                                     | Employer identific                                | <del></del>                                     |
|                                    | OATION         |  |                                 |                                   | (41)   | <u>.</u>                              |                                     | 31-1748533  |   |
|                                    | rt I<br>rganiz |  |                                 |                                   | <b>us</b> (All organization<br>e it is  (For lines 1 thro  |                                       |                                     | see instructions.                                 |   |
| 1                                  |                |  | •                               |                                   | ssociation of churches   | •                                     |                                     | (A)(i).   |   |
| 2                                  |                | ,  |                                 | ,                                 | 1)(A)(ii). (Attach Sch   |                                       |                                     |   |   |
| 3                                  |                |  |                                 |                                   | vice organization desc   | ,                                     | , ,                                 |   |   |
| 4                                  |                | ·  | •                               | ·                                 | ed in conjunction with   |                                       |                                     | •   | inter the hospital's                            |
| _                                  |                | name, city,  | and state                       | •                                 |  | <u>.</u>                              |                                     |   |   |
| 5                                  | Ш              | -  | ation operated<br>(iv). (Comple |                                   | t of a college or unive  | rsity owned or of                     | perated by a gov                    | ernmental unit descr                              | bed in <b>section 170</b>                       |
| 6                                  |                | A federal, s   | tate, or local                  | government or                     | governmental unit de   | scribed in <b>sectio</b>              | on 170(b)(1)( <i>A</i>              | ۸)(v).  |   |
| 7                                  | <b>✓</b>       | section 17   | '0(b)(1)(A)(                    | vi). (Complete                    |  |                                       | _                                   | ınıt or from the gener                            | al public described in                          |
| 8                                  |                | A communi  | ty trust descr                  | ıbed ın <b>sectioı</b>            | 170(b)(1)(A)(vi)   | (Complete Part I                      | I)                                  |   |   |
| 9                                  |                |  |                                 |                                   | escribed in <b>170(b)(1)</b><br>ee instructions Enter  |                                       |                                     |   | lege or university or a                         |
| 0                                  |                | from activit   | ies related to<br>income and i  | ıts exempt fur<br>ınrelated busır | (1) more than 331/39<br>actions—subject to cer<br>less taxable income (le<br>amplete Part III )          | taın exceptions,                      | and (2) no more                     | than 331/3% of its s                              | upport from gross                               |
| 1                                  |                |  |                                 |                                   | d exclusively to test fo   | r public safety S                     | See section 509                     | (a)(4).   |   |
| 2                                  |                | more public  | ly supported                    | organizations                     | d exclusively for the be<br>described in <b>section 5</b><br>the type of supporting                      | <b>09(a)(1)</b> or se                 | ction 509(a)(2                      | ). See <b>section 509</b> (a                      |   |
| a                                  |                | <b>Type I.</b> A so  | supporting org<br>n(s) the powe | janization oper                   | ated, supervised, or cappoint or elect a majo  | ontrolled by its s                    | upported organi                     | zation(s), typically by                           |   |
| b                                  |                | manageme   | nt of the supp                  |                                   | pervised or controlled in ation vested in the sare and C.  |                                       |                                     |   |   |
| С                                  |                |  |                                 |                                   | supporting organizatio<br>ions) <b>You must com</b>  |                                       |                                     |   | ated with, its                                  |
| d                                  |                | Type III n   | on-function                     | ally integrate<br>he organizatio  | <ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul> | ization operated<br>fy a distribution | in connection wi<br>requirement and | th its supported orga                             |   |
| e                                  |                | Check this   | <i>,</i><br>box if the org      | anızatıon recei                   | ved a written determir   | nation from the I                     |                                     | pe I, Type II, Type II                            | I functionally                                  |
| f                                  | Enter          |  |                                 | on-runctionally<br>organizations  | integrated supporting  | organization                          |                                     |   |   |
| g                                  | Provi          | de the follow  | ing information                 | on about the su                   | upported organization(   | s)                                    |                                     |   |   |
| (i) Name of supported organization |                |  |                                 | (ii) EIN                          | (iii) Type of organization (described on lines 1- 10 above (see instructions))                           |                                       | anization listed<br>ling document?  | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|                                    |                |  |                                 |                                   |  | Yes                                   | No                                  |   |   |
|                                    |                |  |                                 |                                   |  |                                       |                                     |   |   |
| otal                               |                |  |                                 |                                   |  |                                       |                                     |   |   |
|                                    |                | work Reduc   | tion Act Noti                   | ice, see the I                    | nstructions for  | Cat No 11285                          | 5F :                                | Schedule A (Form 9                                | 90 or 990-EZ) 2018                              |

Page 2

|    | (b)(1)(A)(ix)<br>(Complete only if you ch   |                            |  |  |                        |                        | fy under Part    |
|----|---|----------------------------|--|--|------------------------|------------------------|------------------|
| _  | III. If the organization f  | ails to qualify un         | der the tests list                         | ed below, pleas                            | e complete Part        | III.)                  |                  |
|    | Section A. Public Support  Calendar year  |                            |  |  |                        |                        |                  |
| 1  | (or fiscal year beginning in) ►<br>Gifts, grants, contributions, and<br>membership fees received (Do not  | (a) 2014<br>12,101,052     | ( <b>b</b> ) 2015                          | (c) 2016<br>17,542,012                     | (d) 2017<br>23,985,945 | (e) 2018<br>40,728,771 | (f) Total        |
| 2  | include any "unusual grant ")<br>Tax revenues levied for the<br>organization's benefit and either<br>paid to or expended on its behalf  |                            |  |  |                        |                        |                  |
| 3  | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge   |                            |  |  |                        |                        |                  |
| 4  | Total. Add lines 1 through 3  | 12,101,052                 | 15,145,709                                 | 17,542,012                                 | 23,985,945             | 40,728,771             | 109,503,489      |
| 5  | 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 |                            |  |  |                        |                        | 35,065,548       |
| 6  | (f) <b>Public support.</b> Subtract line 5 from line 4  |                            |  |  |                        |                        | 74,437,941       |
|    | Section B. Total Support  |                            |  |  | 1                      |                        |                  |
|    | Calendar year<br>(or fiscal year beginning in) ▶  | (a)2014                    | <b>(b)</b> 2015                            | (c)2016                                    | <b>(d)</b> 2017        | (e)2018                | <b>(f)</b> Total |
| 7  |   | 12,101,052                 | 15,145,709                                 | 17,542,012                                 | 23,985,945             | 40,728,771             | 109,503,489      |
| 8  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources   | 2,880,578                  | 2,974,820                                  | 2,942,695                                  | 3,596,688              | 5,344,273              | 17,739,054       |
| 9  | Net income from unrelated business activities, whether or not the business is regularly carried on  |                            |  |  |                        |                        |                  |
| 10 | Other income Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI)   |                            |  |  |                        |                        |                  |
| 11 | <b>Total support.</b> Add lines 7 through   |                            |  |  |                        |                        | 127,242,543      |
|    | 10 Gross receipts from related activities,  | etc (see instruction       | ne)  |  |                        | 12                     |                  |
|    |   |                            |  |  |                        | 12                     |                  |
| 13 | First five years. If the Form 990 is f  | -                          |  |  | ,                      | ````                   | <b>-</b>         |
|    | check this box and <b>stop here</b>   |                            |  |  |                        | <u></u>                | <u> </u>         |
|    | Section C. Computation of Publi   | • •                        | _  |  |                        | <del></del>            |                  |
|    | Public support percentage for 2018 (In  |                            |  | olumn (f))                                 |                        | 14                     | 58 500 %         |
|    | Public support percentage for 2017 Sc   |                            |  |  |                        | 15                     | 62 740 %         |
| 16 | a <b>33 1/3% support test—2018.</b> If the  | e organization did r       | not check the box o                        | on line 13, and line                       | e 14 is 33 1/3% or     | more, check this       | _                |
| I  | and <b>stop here.</b> The organization qua  | ne organization did        | not check a box o                          | n line 13 or 16a, a                        | nd line 15 is 33 1/    | 3% or more, chec       | _                |
| 17 | box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization in Part VI how the organization meets                               | t— <b>2018.</b> If the org | ganization did not o<br>s-and-circumstance | check a box on line<br>s" test, check this | box and stop her       | <b>·e.</b> Explain     | ▶⊔               |
| ı  | organization  10%-facts-and-circumstances te  |                            |  |  |                        |                        | ▶ □              |

| Р        | Support Schedule for  |                    |                           |                       |                     |                   |                 |
|----------|---|--------------------|---------------------------|-----------------------|---------------------|-------------------|-----------------|
|          | (Complete only if you c   |                    |                           |                       |                     |                   | ler Part II. If |
| - C      | the organization fails to<br>ection A. Public Support                     | quality under t    | ne tests listed           | pelow, please co      | omplete Part II.    | )                 |                 |
| 30       | Calendar year   |                    | 43.554.5                  |                       | 413.004-            |                   | (0) =           |
|          | (or fiscal year beginning in) ▶   | (a) 2014           | <b>(b)</b> 2015           | (c) 2016              | (d) 2017            | (e) 2018          | (f) Total       |
| 1        | Gifts, grants, contributions, and   |                    |                           |                       |                     |                   |                 |
|          | membership fees received (Do not include any "unusual grants")            |                    |                           |                       |                     |                   |                 |
| 2        | 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 Gross receipts from activities that are |                    |                           |                       |                     |                   |                 |
| 3        | not an unrelated trade or business  |                    |                           |                       |                     |                   |                 |
|          | under section 513   |                    |                           |                       |                     |                   |                 |
| 4        | Tax revenues levied for the   |                    |                           |                       |                     |                   |                 |
|          | organization's benefit and either paid                                    |                    |                           |                       |                     |                   |                 |
| _        | to or expended on its behalf The value of services or facilities          |                    |                           |                       |                     |                   |                 |
| 5        | furnished by a governmental unit to                                       |                    |                           |                       |                     |                   |                 |
|          | the organization without charge   |                    |                           |                       |                     |                   |                 |
| 6        | Total. Add lines 1 through 5  |                    |                           |                       |                     |                   |                 |
| 7a       | Amounts included on lines 1, 2, and                                       |                    |                           |                       |                     |                   |                 |
| _        | 3 received from disqualified persons                                      |                    |                           |                       |                     |                   |                 |
| 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   |                    |                           |                       |                     |                   |                 |
| C        | Add lines 7a and 7b   |                    |                           |                       |                     |                   |                 |
| 8        | Public support. (Subtract line 7c   |                    |                           |                       |                     |                   |                 |
|          | from line 6 )   |                    |                           |                       |                     |                   |                 |
| 36       | ection B. Total Support  Calendar year                                    |                    |                           | I                     | 1                   |                   | 1               |
|          | (or fiscal year beginning in) ▶   | (a) 2014           | <b>(b)</b> 2015           | (c) 2016              | (d) 2017            | (e) 2018          | (f) Total       |
| 9        | Amounts from line 6   |                    |                           |                       |                     |                   |                 |
| 10a      | Gross income from interest,   |                    |                           |                       |                     |                   |                 |
|          | dividends, payments received on   |                    |                           |                       |                     |                   |                 |
|          | securities loans, rents, royalties and                                    |                    |                           |                       |                     |                   |                 |
| b        | income from similar sources Unrelated business taxable income             |                    |                           |                       |                     |                   |                 |
| D        | (less section 511 taxes) from   |                    |                           |                       |                     |                   |                 |
|          | businesses acquired after June 30,  |                    |                           |                       |                     |                   |                 |
|          | 1975  |                    |                           |                       |                     |                   |                 |
| C        | Add lines 10a and 10b   |                    |                           |                       |                     |                   |                 |
| 11       | Net income from unrelated business  |                    |                           |                       |                     |                   |                 |
|          | activities not included in line 10b,<br>whether or not the business is    |                    |                           |                       |                     |                   |                 |
|          | regularly carried on  |                    |                           |                       |                     |                   |                 |
| 12       |   |                    |                           |                       |                     |                   |                 |
|          | loss from the sale of capital assets                                      |                    |                           |                       |                     |                   |                 |
|          | (Explain in Part VI )   |                    |                           |                       |                     |                   |                 |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)                      |                    |                           |                       |                     |                   |                 |
| 14       | First five years. If the Form 990 is for                                  | r the organization | ı<br>'s fırst, second, tl | nird, fourth, or fift | :h tax vear as a se | ction 501(c)(3) c | rganization.    |
|          | check this box and <b>stop here</b>                                       | ,                  | , ,                       | , ,                   | ,                   | ( ), ( )          | • □             |
| Se       | ection C. Computation of Public   | Support Perce      | ntage                     |                       |                     |                   | <u> </u>        |
| 15       | Public support percentage for 2018 (lin                                   |                    |                           | column (f))           |                     | 15                |                 |
| 16       | Public support percentage from 2017 S                                     |                    |                           |                       |                     | 16                |                 |
|          | ection D. Computation of Investi  |                    |                           |                       |                     | 1 1               |                 |
| <u> </u> | Investment income percentage for 201                                      |                    |                           | line 13, column (f    | ·))                 | 17                |                 |
| 18       | Investment income percentage from 2                                       | •                  |                           | ,                     | • •                 | 18                |                 |
|          | 331/3% support tests—2018. If the   |                    | ·                         | on line 14 and lin    | ne 15 is more than  |                   | ne 17 is not    |
|          |   |                    |                           |                       |                     |                   | _               |
|          | more than 33 1/3%, check this box and s                                   |                    |                           |                       |                     |                   |                 |
| b        | 33 1/3% support tests—2017. If the  | -                  |                           |                       | •                   |                   | _               |
|          | not more than 33 1/3%, check this box                                     | and stop here.     | The organization          | qualifies as a publ   | icly supported org  | anızatıon         | ▶⊔_             |
| 20       | Private foundation. If the organization                                   | on did not check a | box on line 14, 1         | .9a, or 19b, check    | this box and see    | instructions      | ▶ □             |

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

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)? 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

| >cn | edule A (Form 990 or 990-E2) 2018  |             | F       | age 5 |  |
|-----|--|-------------|---------|-------|--|
| Pa  | rt IV Supporting Organizations (continued)   |             |         |       |  |
|     |  |             | Yes     | No    |  |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |             |         |       |  |
| а   | 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?  | 11a         |         |       |  |
| b   | A family member of a person described in (a) above?  | 11b         |         |       |  |
| C   | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI   | <b>11</b> c |         |       |  |
| S   | ection B. Type I Supporting Organizations  |             |         |       |  |
|     |  |             | Yes     | No    |  |
| 1   | 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. | 1           |         |       |  |
| 2   | 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   | 2           |         |       |  |
| S   | ection C. Type II Supporting Organizations   |             |         |       |  |
|     |  |             | Yes     | No    |  |
| 1   | 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)   | 1           |         |       |  |
| _   | <u> </u>   |             |         |       |  |
|     | ection D. All Type III Supporting Organizations  |             | Yes     | No    |  |
| 1   | 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?   |             | 103     | -140  |  |
|     |  | 1           |         |       |  |
| 2   | 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)   |             |         |       |  |
|     |  | 2           |         |       |  |
| 3   | 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   | 3           |         |       |  |
| S   | ection E. Type III Functionally-Integrated Supporting Organizations  |             | l       |       |  |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ions)       |         |       |  |
|     | The organization satisfied the Activities Test Complete line 2 below   | •           |         |       |  |
|     | b  |             |         |       |  |
|     |  |             |         |       |  |
|     | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see  | instru      | ctions) |       |  |
| 2   | Activities Test Answer (a) and (b) below.  | į           | Yes     | No    |  |
|     | a 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 identify those supported organizations and explain</b> 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  | 2a          |         |       |  |
|     | 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   |             |         |       |  |
| ,   |  | 2b          |         |       |  |
| 3   | Parent of Supported Organizations Answer (a) and (b) below.  | _           |         |       |  |
|     | a 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>  | 3a          |         |       |  |
|     | <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   | 3h          |         |       |  |

| Sched | lule A (Form 990 or 990-EZ) 2018   |            |                           | Page <b>6</b>                  |
|-------|--|------------|---------------------------|--------------------------------|
| Pai   | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O  | rgani      | zations                   |                                |
| 1     | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.                                |            |                           |                                |
|       | Section A - Adjusted Net Income  |            | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1     | Net short-term capital gain  | 1          |                           |                                |
| 2     | Recoveries of prior-year distributions   | 2          |                           |                                |
| 3     | Other gross income (see instructions)  | 3          |                           |                                |
| 4     | Add lines 1 through 3  | 4          |                           |                                |
| 5     | Depreciation and depletion   | 5          |                           |                                |
| 6     | 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) | 6          |                           |                                |
| 7     | Other expenses (see instructions)  | 7          |                           |                                |
| 8     | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                           |                                |
|       | Section B - Minimum Asset Amount   |            | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1     | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | 1          |                           |                                |
| а     | Average monthly value of securities  | 1a         |                           |                                |
| b     | Average monthly cash balances  | <b>1</b> b |                           |                                |
| С     | Fair market value of other non-exempt-use assets   | 1c         |                           |                                |
| d     | Total (add lines 1a, 1b, and 1c)   | 1d         |                           |                                |
| е     | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |            |                           |                                |
| 2     | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                           |                                |
| 3     | Subtract line 2 from line 1d   | 3          |                           |                                |
| 4     | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4          |                           |                                |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                           |                                |
| 6     | Multiply line 5 by 035   | 6          |                           |                                |
| 7     | Recoveries of prior-year distributions   | 7          |                           |                                |
| 8     | Minimum Asset Amount (add line 7 to line 6)  | 8          |                           |                                |
|       | Section C - Distributable Amount   |            | _                         | Current Year                   |
| 1     | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                           |                                |
| 2     | Enter 85% of line 1  | 2          |                           |                                |
| 3     | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                           |                                |
| 4     | Enter greater of line 2 or line 3  | 4          |                           |                                |
| 5     | Income tax imposed in prior year   | 5          |                           |                                |
| 6     | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                           |                                |
| 7     | Check here if the current year is the organization's first as a non-functionally-instructions)   | ntegrat    | ed Type III supporting or | ganızatıon (see                |

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 31-1748533

Name: SIOUX FALLS AREA COMMUNITY FOUNDATION INC

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

| 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) |
|--|
|  |
| Facts And Circumstances Test   |
|  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **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.

DLN: 93493135009300 OMB No 1545-0047

> Open to Public Inspection

Schedule D (Form 990) 2018

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** SIOUX FALLS AREA COMMUNITY FOUNDATION INC 31-1748533 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 Total number at end of year 450 Aggregate value of contributions to (during year) 30,008,590 Aggregate value of grants from (during year) 13,985,405 Aggregate value at end of year 73,794,373 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? ✓ Yes □ No 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? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

| Par        | t III            | Organizations Ma                                      | aintaining Coll                       | ections of       | Art, Histor                | ical T              | reasu     | res, o     | Other S                 | Similar As        | sets (cont    | inued)         |           |
|------------|------------------|---|---------------------------------------|------------------|----------------------------|---------------------|-----------|------------|-------------------------|-------------------|---------------|----------------|-----------|
| 3          |                  | the organization's acq<br>(check all that apply)      | uisition, accession                   | , and other r    | ecords, check              | any of              | the foll  | lowing t   | :hat are a s            | significant u     | se of its col | lection        |           |
| а          |                  | Public exhibition                                     |                                       |                  | d                          |                     | Loan      | or excha   | ange progr              | ams               |               |                |           |
| b          |                  | Scholarly research                                    |                                       |                  | е                          |                     | Other     |            |                         |                   |               |                |           |
| c          |                  | Preservation for future                               | e generations                         |                  |                            |                     |           |            |                         |                   |               |                |           |
| 4          | Provid<br>Part X | e a description of the<br>III                         | organization's colle                  | ections and e    | explain how th             | ey furt             | her the   | organiz    | ation's ex              | empt purpo        | se in         |                |           |
| 5          |                  | g the year, did the org<br>to be sold to raise fur    |                                       |                  |                            |                     |           |            |                         | lar               | ☐ Yes         | □ N            | 0         |
| Pa         | rt IV            | Escrow and Cust<br>Complete if the ord<br>X, line 21. |                                       |                  | on Form 990                | 0, Part             | IV, lır   | ne 9, o    | r reported              | d an amou         | nt on Forn    | າ 990,         | Part      |
| <b>1</b> a |                  | organization an agent<br>ed on Form 990, Part I       |                                       | n or other in    | termediary fo              | r contri            | butions   | s or othe  | er assets n             | ot                | Yes           | □ N            | o         |
| L          | TE 111/2-        | - "   |                                       |                  | - <b>-</b>                 | - 4-61-             |           |            |                         | Δ.                | mount         |                | _         |
| b<br>c     |                  | s," explain the arrange<br>ning balance               | ement in Part XIII                    | and complete     | e the following            | g table             |           |            | 1c                      | Al                | illount       |                | _         |
| d          | -                | ons during the year                                   |                                       |                  |                            |                     |           |            | 1d                      |                   |               |                | _         |
| e          |                  | outions during the year                               | r                                     |                  |                            |                     |           |            | 1e                      |                   |               |                | _         |
| f          |                  | g balance   | •                                     |                  |                            |                     |           |            | 1f                      |                   |               |                | _         |
|            |                  |   | _                                     |                  |                            |                     |           |            |                         | 1                 |               |                | _         |
| 2a         |                  | e organization include                                |                                       |                  |                            |                     |           |            |                         | •                 | _             | ∐ N            | 0         |
| b          |                  | s," explain the arrange                               |                                       |                  |                            |                     |           |            |                         |                   |               |                |           |
| Pa         | rt V             | Endowment Fund  | <b>ds.</b> Complete if                |                  |                            |                     |           |            |                         |                   |               |                |           |
| 1 2        | Reginni          | ng of year balance .                                  | -                                     | (a)Current       | year ( <b>b)</b><br>66,007 | Prior yea<br>87,35: | -         |            | ears back<br>76,749,755 | (d)Three yea      | 175,203       | our year<br>74 | 515,447   |
|            | -                | utions  | • • • •                               |                  | 14,237                     |                     | 9,232     |            | 4,894,556               | •                 | 551,591       |                | 253,937   |
|            |                  |   | as and losses                         | -                | 61,606                     |                     | 3,179     |            | 8,924,857               |                   | 020,119       |                | 158,035   |
|            |                  | estment earnings, gair                                | · · · · · · · · · · · · · · · · · · · |                  | 31,508                     |                     | 2,409     |            | 2,469,368               |                   | 411,362       |                | 026,966   |
|            |                  |   |                                       | 4,0              | 31,306                     | 2,90.               | 2,409     |            | 2,409,306               | ۷,۰               | +11,302       | ۷,             |           |
| е          |                  | xpenditures for facilition                            | es                                    |                  |                            |                     |           |            |                         |                   |               |                |           |
| f          |                  | strative expenses .                                   |                                       | 8                | 28,610                     | 84                  | 5,446     |            | 747,349                 | (                 | 585,796       |                | 725,250   |
|            |                  | year balance  |                                       | 111,5            | 81,732                     | 92,56               | 5,007     |            | 37,352,451              | 76,               | 749,755       | 76,            | 175,203   |
| 2          |                  | e the estimated perce                                 | ntage of the curre                    | nt vear end b    | nalance (line 1            | ام دمایی            | mn (a)    | ) hald a   | <u></u>                 | <u> </u>          |               |                |           |
| a          |                  | designated or quasi-e                                 | =                                     | 92 600 %         | Salarice (iiiie 1          | ig, colu            | ····· (u) | ) neia a   | _                       |                   |               |                |           |
| ь          |                  | nent endowment <b>&gt;</b>                            | 5 900 %                               |                  |                            |                     |           |            |                         |                   |               |                |           |
| _          |                  | prarily restricted endov                              |                                       | 00 %             |                            |                     |           |            |                         |                   |               |                |           |
| С          |                  | ercentages on lines 2a                                |                                       |                  | 6                          |                     |           |            |                         |                   |               |                |           |
| За         | •                | ere endowment funds                                   |                                       | •                |                            | at are h            | eld and   | d admini   | stered for              | the               |               |                |           |
|            |                  | ization by  | The in the possess                    | 31011 01 1110 01 | gamzation the              | at are ri           | cia arra  | a ddiiiiii | istered for             | circ .            |               | Yes            | No        |
|            | (i) un           | related organizations                                 |                                       |                  |                            |                     |           |            |                         |                   | 3a(i)         |                | No        |
|            |                  | lated organizations .                                 |                                       |                  |                            |                     |           |            |                         |                   | 3a(ii)        |                | No        |
|            |                  | s" on 3a(II), are the re                              |                                       |                  |                            |                     |           |            |                         |                   | 3b            |                |           |
| 4          |                  | be in Part XIII the inte                              |                                       |                  | s endowment                | runds               |           |            |                         |                   |               |                |           |
| Pa         | rt VI            | Land, Buildings,<br>Complete if the or                |                                       |                  | on Form 99/                | n Dart              | TV/ lue   | 20 112     | Soo For                 | ო 000 Pa          | rt V lino 1   | Λ              |           |
|            | Descrip          | otion of property                                     | (a) Cost or othe<br>(investmen        | er basıs ı       | (b) Cost or othe           |                     |           |            | umulated de             |                   |               | ook valu       | e         |
| 12         | Land .           |   |                                       |                  |                            | 2.                  | 06,000    |            |                         |                   |               |                | 206,000   |
|            | Building         |   |                                       |                  |                            |                     | 32,014    |            |                         | 202,285           |               | 1              | .,229,729 |
|            | _                |   |                                       | +                |                            | -,-                 | 52,017    |            |                         | 202,203           |               |                | -,223,723 |
|            |                  | old improvements                                      |                                       |                  |                            | 4                   | 64,750    |            |                         | 140 510           |               |                | 24,240    |
|            | Other            | ent   |                                       |                  |                            |                     | 98 129    |            |                         | 140,510<br>28 619 |               |                | 69 510    |
| _          | ITDAL            |   |                                       |                  |                            |                     | 70.1/9 L  |            |                         | 20 0191           |               |                | ווריפס    |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

| Part VII Investments—Other Securities. Complete if the organ   | nızatıon ar          | Pag<br>nswered "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)<br>Book<br>value | Cost or end-of-year market value                     |
| (1) Financial derivatives  |                      |  |
| (A)  | _                    |  |
| (B)  |                      |  |
| (C)  |                      |  |
| (D)  |                      |  |
| (E)  |                      |  |
| (F)  |                      |  |
| (G)  |                      |  |
| (H)  |                      |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  | •                    |  |
| Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 99                                     | 90, Part IV          | , line 11c. See Form 990, Part X, line 13.           |
|  | <b>b)</b> Book val   |  |
| (1)  |                      | Social or year market raine                          |
| (2)  |                      |  |
| (3)  |                      |  |
| (4)  |                      |  |
| (5)  |                      |  |
| (6)  |                      |  |
| (7)  |                      |  |
| (8)  |                      |  |
| (9)  |                      |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  | - F 000              | Port IV June 11th Con Form 000 Port V June 15        |
| Part IX Other Assets. Complete if the organization answered 'Yes' or (a) Description   | 1 FOITH 990,         | (b) Book value                                       |
| (1)  |                      |  |
| (2)  |                      |  |
| (3)  |                      |  |
| (4)  |                      |  |
| (5)  |                      |  |
| (6)  |                      |  |
| (7)  |                      |  |
| (8)  |                      |  |
| (9)  |                      |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization answere | ed '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   |                      |  |
| CHARITABLE GIFT ANNUITIES PAYABLE ASSETS HELD FOR OTHERS   | +                    | 268,138<br>33,919,695                                |
| (3)  |                      | 33/223/223   |
| (4)  |                      |  |
| (5)  | 1                    |  |
| (6)  |                      |  |
| (7)  |                      |  |
| (8)  |                      |  |
| (9)  | +                    |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  | <u> </u>             | 34,187,833   |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo  |                      | organization's financial statements that reports the |

Part XI

2

а

b

c 5

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

-8,519,284

47,449,566

65,435

47,515,001

18,965,636

42,232

18,923,404

1,284,287

20.207.691

Schedule D (Form 990) 2018

| d | Other (Describe in Part XIII ) |  |  |
|---|--------------------------------|--|--|
| e | Add lines 2a through 2d        |  |  |
| 3 | Subtract line 2e from line 1 . |  |  |

| а | Net unrealized gains (losses) on investments . |  |
|---|--|--|
| b | Donated services and use of facilities         |  |
| c | Recoveries of prior year grants                |  |
| d | Other (Describe in Part XIII )                 |  |
| e | Add lines 2a through 2d                        |  |
| 2 | Cubtract line 3e from line 1                   |  |

Other (Describe in Part XIII ) . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

2a 2b

2c

2d

4a 4b

Explanation

2a

2b 2c

107,667 -42,232 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

42,232

1,284,287

1.989.948

-10.509.232

2e 3

4c

2e

3

4c

5

| Schedule D (Form 990) 2018  | Page <b>5</b>      |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference            | Explanation        |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |

Schedule D (Form 990) 2018

#### **Additional Data**

Software ID: Software Version:

**EIN:** 31-1748533

Name: SIOUX FALLS AREA COMMUNITY FOUNDATION INC.

Supplemental Information

Return Reference Explanation

PART X, LINE 2

MENTS

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCE

RTAINTY IN INCOME TAXES THE FOUNDATION ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED JUNE 30, 2010 MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUND ATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATE

| Supplemental Information                |  |  |  |  |
|---|--|--|--|--|
| Return Reference                        | Explanation  |  |  |  |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS | DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE -2,091 AGENCY FUNDS -10,507,141 |  |  |  |

| upplemental Information                 |  |  |  |  |
|---|--|--|--|--|
| Return Reference                        | Explanation                            |  |  |  |
| PART XI, LINE 4B - OTHER<br>ADJUSTMENTS | CITY BLOSSOM FUNDRAISING EVENT -42,232 |  |  |  |

Sι

| upplemental Information                  |                                       |
|--|---------------------------------------|
| Return Reference                         | Explanation                           |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS | CITY BLOSSOM FUNDRAISING EVENT 42,232 |

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| Supplemental Information                 |                                     |
|--|-------------------------------------|
| Return Reference                         | Explanation                         |
| PART XII, LINE 4B - OTHER<br>ADJUSTMENTS | AGENCY ENDOWMENT EXPENSES 1,284,287 |

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OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization SIOUX FALLS AREA COMMUNITY FOUNDATION INC 31-1748533 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Total

DLN: 93493135009300

| che | dule G (Form 990 or 990-EZ) 2018   |                             |   |     |       | F   | Page <b>3</b> |  |  |
|-----|--|-----------------------------|---|-----|-------|-----|---------------|--|--|
| .1  | Does the organization conduct gaming   | activities with nonmember   | rs?   |     | ☐ Yes | □No |               |  |  |
| .2  | Is the organization a grantor, beneficia formed to administer charitable gaming  |                             | a member of a partnership or other entity   |     | □Yes  |     |               |  |  |
| 3   | Indicate the percentage of gaming activ  | vity conducted in           |   |     |       |     |               |  |  |
| а   | The organization's facility  |                             |   | 13a |       |     | %             |  |  |
| b   | An outside facility  |                             |   | 13b |       |     | %             |  |  |
| 4   | Enter the name and address of the person who prepares the organization's gaming/special events books and records   |                             |   |     |       |     |               |  |  |
|     | Name ►   |                             |   |     |       |     |               |  |  |
|     | Address ►  |                             |   |     |       |     |               |  |  |
| 5a  | Does the organization have a contract virevenue?   | with a third party from who | om the organization receives gaming   |     | □Yes  | □No |               |  |  |
| b   | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$                                   |                             |   |     |       |     |               |  |  |
| С   | If "Yes," enter name and address of the  | third party                 |   |     |       |     |               |  |  |
|     | Name ►   |                             |   |     |       |     |               |  |  |
|     | Address ▶  |                             |   |     |       |     |               |  |  |
| 6   | Gamıng manager ınformatıon   |                             |   |     |       |     |               |  |  |
|     | Name ►   |                             |   |     |       |     |               |  |  |
|     | Gaming manager compensation ▶ \$   |                             |   |     |       |     |               |  |  |
|     | Description of services provided ▶   |                             |   |     |       |     |               |  |  |
|     | ☐ Director/officer   | ☐ Employee                  | ☐ Independent contractor  |     |       |     |               |  |  |
| 7   | Mandatory distributions  |                             |   |     |       |     |               |  |  |
| а   | Is the organization required under state retain the state gaming license?  | e law to make charitable d  | istributions from the gaming proceeds to  |     | Yes   | □No |               |  |  |
| b   | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ |                             |   |     |       |     |               |  |  |
| Pai | t IV Supplemental Informatio   | n. Provide the explana      | tions required by Part I, line 2b, column<br>blicable. Also provide any additional info |     |       |     | <br>S.        |  |  |
| _   | Return Reference   |                             | Explanation   |     |       |     |               |  |  |

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493135009300 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SIOUX FALLS AREA COMMUNITY 31-1748533 FOUNDATION INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 203 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2018

(2) (3) (4) (5)

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

Part IV Return Reference PART I, LINE 2 SFACF REVIEWS THE TAX STATUS OF POTENTIAL GRANTEES USING GUIDESTAR CHARITY CHECK, WHICH INTEGRATES DATA FROM IRS PUBLICATION 78 ON A WEEKLY BASIS MONITORING PROCEDURES VARY BASED ON THE GRANTEE'S TAX STATUS, THE PURPOSE OF THE GRANT, AND THE SOURCE OF THE RECOMMENDATION FOR THE GRANT. GRANTS TO ORGANIZATIONS WITHOUT 501(C)(3) OR EQUIVALENT TAX STATUS ARE MADE USING STANDARD EXPENDITURE RESPONSIBILITY PROCEDURES TO ASSURE THAT A PROPOSED ACTIVITY IS EXCLUSIVELY CHARITABLE AND THAT THE ORGANIZATION HAS THE CAPACITY TO PERFORM SUCCESSFULLY, AN ORGANIZATION WITHOUT CHARITABLE TAX STATUS IS SUBJECT TO PRE-GRANT INQUIRY BY THE PRESIDENT, AND/OR PROGRAM OFFICER THE INQUIRY AND ITS OUTCOME ARE DOCUMENTED IN A COMPLIANCE FILE IF IN SFACF'S OPINION, ORGANIZATIONAL CAPACITY IS WEAK, A GRANT WILL BE PAID ONLY AS REIMBURSEMENT FOR DOCUMENTED CHARITABLE EXPENSES OTHERWISE, THE ORGANIZATION IS REQUIRED TO SIGN A GRANT AGREEMENT AND TO REPORT ON THE OUTCOMES OF THE SUPPORTED CHARITABLE ACTIVITIES FOR GRANTS MADE TO 501(C)(3) ORGANIZATIONS AND CHARITABLE EQUIVALENTS. SUCH AS RELIGIOUS ORGANIZATIONS AND GOVERNMENTAL ENTITIES -ALL GRANT RECOMMENDATIONS FROM DONOR-ADVISORS ARE REVIEWED BY THE PROGRAM OFFICER AND PRESIDENT PRIOR TO APPROVAL TO ASSURE THAT NEITHER THE DONOR-ADVISOR NOR PERSONS RELATED TO THE ADVISOR WILL BENEFIT FROM THE GRANT AT THE REQUEST OF THE DONOR-ADVISOR, SFACF WILL REQUIRE, ACCEPT, AND REVIEW POST-GRANT EVALUATIONS -ORGANIZATIONS RECEIVING COMPETITIVELY AWARDED GRANTS FROM SFACF'S GRANTS COMMITTEE FOR A SPECIFIC PURPOSE ARE REQUIRED TO SIGN GRANT AGREEMENTS AND TO REPORT ON THE OUTCOMES OF THE ACTIVITIES SUPPORTED EVALUATIONS ARE REVIEWED BY THE GRANTS COMMITTEE AS THEY ARE RETURNED TO SFACF ADDITIONAL GRANTS ARE NOT MADE TO AN ORGANIZATION THAT FAILS TO REPORT OR THAT FILES AN UNSATISFACTORY REPORT UNTIL THE ORGANIZATION IS IN COMPLIANCE WITH EVALUATION STANDARDS -ORGANIZATIONS BENEFITING FROM ANNUAL DISTRIBUTIONS MADE FROM DESIGNATED AND AGENCY FUNDS RECEIVE A REPORT OF PURPOSE RESTRICTIONS PLACED ON THE GRANT AND EITHER 1) CERTIFY THAT BY CASHING THE CHECK THE PROCEEDS WILL BE USED FOR THE INTENDED PURPOSE OR 2) ARE REQUIRED TO SUBMIT A REPORT TO SFACE VERIFYING THE USE OF THE GRANT ADDITIONAL GRANTS ARE NOT MADE TO AN ORGANIZATION THAT FAILS TO REPORT OR THAT FILES AN UNSATISFACTORY REPORT UNTIL THE ORGANIZATION HAS TAKEN STEPS TO AND DEMONSTRATED IT HAS AND WILL COMPLY WITH GRANT RESTRICTIONS -SCHOLARSHIPS AWARDED BY SFACF ARE APPROVED AND PAID TO EDUCATIONAL INSTITUTIONS ONLY AFTER VERIFYING STUDENT ENROLLMENT. AND IN THE CASE OF SCHOLARSHIP RENEWAL, A STUDENT'S CONTINUING FINANCIAL NEED AND ACADEMIC ELIGIBILITY FOR ASSISTANCE Schedule I (Form 990) 2018

Page 2

## **Additional Data**

ACTIVE GENERATIONS

2300 W 46TH STREET SIOUX FALLS, SD 57105 46-0305500

501(C)(3)

|  |            | Software ID<br>Software Version<br>EIN            | -  |  |   |  |                                    |
|--|------------|---|--|--|---|--|------------------------------------|
|  |            | Name  | : SIOUX FALLS AREA FOUNDATION INC          | COMMUNITY  |   |  |                                    |
| Form 990,Schedule I, Part  (a) Name and address of organization or government            | (b) EIN    | Other Assistance to (c) IRC section If applicable | Domestic Organiza (d) Amount of cash grant | tions and Domest  (e) Amount of non- cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ABIDING SAVIOR FREE<br>LUTHERAN CHURCH<br>4100 S BAHNSON AVENUE<br>SIOUX FALLS, SD 57103 | 46-0406443 | 501(C)(3)   | 15,500                                     |  |   |  | GENERAL SUPPORT                    |

99,029

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance AL SUPPORT,

GENERAL SUPPORT

| ALPHA CENTER          | 36-3347022 | 501(C)(3) | 65,600 |  | GENERAL SUPPORT, |
|-----------------------|------------|-----------|--------|--|------------------|
| 3405 S KIWANIS AVENUE |            |           |        |  | VARIOUS EVENTS   |
| SIOUX FALLS, SD 57105 |            |           |        |  |                  |

29.103

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

AMONG FOUNDATION

4820 E 57TH STREET SIOUX FALLS, SD 57108

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

| AUGUSTANA UNIVERSITY<br>2001 S SUMMIT AVENUE<br>SIOUX FALLS, SD 57197 | 46-0224588 | 501(C)(3) | 327,468 |  | GENERAL SUPPORT,<br>SCHOLARSHIP<br>SUPPORT, VARIOUS<br>EVENTS AND SPORTS |
|---|------------|-----------|---------|--|--|
| AVERA MCKENNAN  | 46-0224743 | 501(C)(3) | 105 640 |  | DARKINSON'S RETREAT  |

AVERA MUNEINNAIN 201(6)(2) 105.640 PARKINSON S RETREAT FOUNDATION FUND, HOSPICE HOUSE, 1325 S CLIFF AVENUE PO BOX GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5045

SIOUX FALLS, SD 57117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-7147797 501(C)(3) 6.100 BEST FRIENDS ANIMAL IGENERAL SUPPORT SOCIETY 5001 ANGEL CANYON ROAD KANAB. UT 84741

TRIOBIKE TAXI

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BETHANY MEADOWS

3008 E ASPEN BOULEVARD BRANDON, SD 57005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-0708577 501(C)(3) 33.333 BETHEL UNIVERSITY IGENERAL SUPPORT

3900 BETHEL DRIVE ST PAUL, MN 55221

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1108 N WEST AVENUE SIOUX FALLS, SD 57104

BIG BROTHERS BIG SISTERS 05-0593016 501(C)(3) 6.455 IGENERAL SUPPORT. IMENTORSHIP PROGRAM OF THE STOUX EMPIRE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BIG HORN GOLF CLUB 20-5377872 501(C)(3) 50 000 IGENERAL SUPPORT

| CHARITIES<br>255 PALOWET DRIVE<br>PALM DESERT, CA 92260 |            | (-)(-)    |        |  |                                      |
|---|------------|-----------|--------|--|--------------------------------------|
| BISHOP DUDLEY HOSPITALITY<br>HOUSE                      | 91-1836528 | 501(C)(3) | 40,000 |  | CAPITAL CAMPAIGN,<br>GENERAL SUPPORT |

HOUSE 101 N INDIANA AVENUE

SIOUX FALLS, SD 57103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance OD OLCODALAN CATHOLIC 46 044 3504 E04(6)(3) 4 4 4 7 0 TUITION ASSISTANCE,

LIVING STONES

TEACHER SUPPORT,

IGENERAL SUPPORT

| SCHOOLS 3100 W 41ST STREET | 46-0413591 | 501(C)(3) | 14,1/8 |  | GENERAL SUPPORT |
|----------------------------|------------|-----------|--------|--|-----------------|
| SIOUX FALLS, SD 57105      |            |           |        |  |                 |
|                            |            |           |        |  |                 |

84.956

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BISHOP O'GORMAN CATHOLIC

SCHOOLS FOUNDATION INC.

3100 W 41ST STREET

SIOUX FALLS, SD 57105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DIACK HILL C CTATE 22 7420240 E01/C1/21 17 200 MOMENIC DACKETRALI

| UNIVERSITY FOUNDATION UNIT 9506 1200 UNIVERSITY STREET SPEARFISH, SD 57799 | 23-7420340 | 501(C)(3) | 17,200 |  | AND SCHOLARSHIP<br>SUPPORT |
|--|------------|-----------|--------|--|----------------------------|
| BOY SCOUTS OF AMERICA -  | 46-0224599 | 501(C)(3) | 26,077 |  | CLIMB WITH US              |

CAMPAIGN, GENERAL

ISUPPORT

BUT SCOUTS OF AMERICA 46-0224599 SIOUX COUNCIL 800 N WEST AVENUE

SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BOVE & CIDIC CITIE OF THE 05-6122600 E01/C1/31 10 0001 CENEDAL CLIDDODT

PIANO LAB, HORIZON

ICLUBHOUSE

| COACHELLA VALLEY 42 - 600 COOK STREET 120 PALM DESERT, CA 92211 | 95-6122699 | 301(C)(3) | 10,000 |  | GENERAL SUPPORT  |
|---|------------|-----------|--------|--|------------------|
| BOYS & GIRLS CLUBS OF THE                                       | 46-0399482 | 501(C)(3) | 68,687 |  | GENERAL SUPPORT, |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

a gikes crops of the SIOUX EMPIRE

100 S SPRING AVENUE

SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0376472 501(C)(3) 11.953 TRAINING BRANDON VOLUNTEER FIRE MANNEQUINS,

DEPARTMENT 401 N STOUX BOULEVARD BRANDON, SD 57005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SIOUX FALLS, SD 57105

IGENERAL SUPPORT BREATHE BRAVELY 47-5334258 501(C)(3) 7.300 IGENERAL SUPPORT 305 W 29TH STREET

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-2370420 501(C)(3) 1,062,973 OCEANS AND BUTTERFLY HOUSE & **ACHARTIIM** OPPORTUNITY

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INFRASTRUCTURE SUPPORT

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

SIOUX FALLS, SD 57104

**(b)** EIN

| 4320 S OXBOW AVENUE<br>SIOUX FALLS, SD 57106 |            |           |        |  | CAMPAIGN, CAPITAL<br>CAMPAIGN, GENERAL<br>SUPPORT |
|--|------------|-----------|--------|--|---|
| CALL TO FREEDOM<br>601 S PHILLIPS AVENUE 105 | 47-5469817 | 501(C)(3) | 37,000 |  | GENERAL SUPPORT,<br>TECHNOLOGY AND                |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| CALVARY CATHEDRAL     | 46-0225354 | 501(C)(3) | 68,757 |  | GENERAL SUPPORT,  |
|-----------------------|------------|-----------|--------|--|-------------------|
| 500 S MAIN AVENUE     |            |           |        |  | NAVE REFURBISHMEN |
| SIOUX FALLS, SD 57104 |            |           |        |  |                   |

636 TAUROMEE AVENUE KANSAS CITY, KS 66101

REFURBISHMENT CARITAS CLINICS INC 48-1009910 501(C)(3) 10,000 GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CASEY LEE BALL FOUNDATION 77-0366725 501(C)(3) 5.000 IGENERAL SUPPORT 50475 VISTA MONTANA

LAQUINTA, CA 92253

CATHOLIC COMMUNITY 46-6068924 501(C)(3) 23,310

FOUNDATION FOR EASTERN SOUTH DAKOTA

SOUTH DAKOTA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

523 N DULUTH AVENUE SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-6000424 501(C)(3) 68.718 PARISH SUPPORT CATHOLIC DIOCESE OF SIOUX FALLS 523 N DUI UTH AVENUE

A RENEWED VISION

15.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CELEBRATE WESLEYAN

1000 S SYCAMORE AVENU SIOUX FALLS, SD 57110

CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0463138 501(C)(3) 5.900 CENTER OF HOPE PUBLIC COMPUTER 225 E 11TH STREET 101 ACCESS, BICYCLE SIOUX FALLS, SD 57104 PROGRAM TRUCK

3102 W RALPH ROGERS ROAD SIOUX FALLS, SD 57106

REPLACEMENT. IGENERAL SUPPORT CENTRAL CHURCH 46-0231577 501(C)(3) 39,800 GENERAL SUPPORT

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

| CHILDREN OF THE NATIONS<br>PO BOX 3970<br>SILVERDALE, WA 98383 | 91-1702551 | 501(C)(3) | 68,000  |  | GENERAL SUPPORT                      |
|--|------------|-----------|---------|--|--------------------------------------|
| CHILDREN'S HOME<br>FOUNDATION<br>801 N SYCAMORE AVENUE PO      | 46-0366277 | 501(C)(3) | 186,872 |  | GENERAL SUPPORT AND VARIOUS PROGRAMS |

BOX 1749

SIOUX FALLS, SD 57101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

FIRE DEPARTMENT FOR

IPERSONAL PROTECTIVE

EQUIPMENT

| CHRIST THE KING CHURCH<br>1501 W 26TH STREET | 46-0247335 | 501(C)(3) | 5,000 |  | GENERAL SUPPORT |
|--|------------|-----------|-------|--|-----------------|
| SIOUX FALLS, SD 57105                        |            |           |       |  |                 |
| 3100X FALLS, 3D 37103                        |            |           |       |  |                 |

7.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVT

46-6000210

CITY OF HUDSON

310 FOURTH STREET

HUDSON, SD 57034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

16-0743916 501(C)(3) 6.269 COLGATE ROCHESTER CROZER ISCHOLARSHIPS FOR DIVINITY SCHOOL IWOMEN ENTERING THE 1100 S GOODMAN STREET SEMINARY ROCHESTER, NY 14620

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAINT JOSEPH, MN 56374

COLLEGE OF SAINT BENEDICT 41-0969244 501(C)(3) 405.000 I ENDOWMENT AND 37 COLLEGE AVENUE S SCHOLARSHIP SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3765706 501(C)(3) 46.000 IGENERAL SUPPORT COLLISIONFIRST PRIORITY OF SIOUX FALLS INC

3815 S WESTERN AVENUE
SIOUX FALLS, SD 57105

COMMUNITY CHURCH OF THE 86-0468658 501(C)(3) 5,000

GENERAL SUPPORT
VERDES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

25603 DANNY LANE RIO VERDE, AZ 85263

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COMMUNITY INDOOR TENNIS 45-2784394 501(C)(3) 31.000 DEBT RETIREMENT CENTER APPEAL PO BOX 5113

IGENERAL SUPPORT

11.800

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SIOUX FALLS, SD 57117 COMMUNITY REFORMED

6800 E 41ST STREET SIOUX FALLS, SD 57110

CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-4077445 501(C)(3) 855.831 COMPASSION CHILD CARE IGENERAL SUPPORT 225 E 11TH STREET

SIOUX FALLS, SD 57104 CRAZY HORSE MEMORIAL 46-0220678 501(C)(3) 7.074

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GENERAL SUPPORT FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 95-6006173 501(C)(3) 33.100 CRU - PRIORITY ASSOCIATES IGENERAL SUPPORT 7013 S EDINBURG PLACE SIOUX FALLS, SD 57108 DAKOTA RESEARCH AND 82-3081592 501(C)(3) 6.500 STARTUP SUPPORT CONSULTING ORGANIZATION 2329 N CAREER AVENUE

SUITE 213 ZEAL CENTER FOR ENTREPRENEURSHIP

SIOUX FALLS, SD 57107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 10,000 DAKOTA ROYAL CHARITY 47-3741864 IGENERAL SUPPORT

| DALCOTABILITIES  | 46 0206246 | E04(C)(2) | 20 546 |  | CENEDAL C |
|--|------------|-----------|--------|--|-----------|
| DRAFT HORSE SHOW<br>48016 RIVERSIDE PLACE<br>SIOUX FALLS, SD 57108 |            |           |        |  |           |

SIOUX FALLS, SD 57105

IGENERAL SUPPORT DAKOTABILITIES 46-0306216 501(C)(3) 30.5461 1116 S FOURTH AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GENERAL SUPPORT

| DAWSON MCALLISTER LIVE | 95-2846179 | 501(C)(3) | 5,000 |  | GENERAL SUPPORT |
|------------------------|------------|-----------|-------|--|-----------------|
| PO BOX 1835            |            |           |       |  |                 |
| SPRING HILL, TN 37174  |            |           |       |  |                 |

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

DIRECT LINE

213 W NINTH STREET SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DORDT COLLEGE 42-0772559 501(C)(3) 55,800 SCHOLARSHIP

| 498 4TH AVENUE NE<br>SIOUX CENTER, IA 51250 |            |           | , in the second of the second |  | SUPPORT, SCIENCE<br>AND TECHNOLOGY<br>FACILITIES<br>RENOVATION |
|---|------------|-----------|---|--|--|
| DOW RUMMEL COMMUNITY                        | 27-0860032 | 501(C)(3) | 20,392  |  | GENERAL SUPPORT  |

ENHANCEMENT FOUNDATION 1321 W DOW RUMMEL STREET

SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 56.299 DOW RUMMEL VILLAGE 46-0271277 CAPITAL CAMPAIGN AND GENERAL SUPPORT

IPOP-UP DOG PARK

1321 W DOW RUMMEL STREET SIOUX FALLS, SD 57104 DOWNTOWN STOUX FALLS INC. 36-3627217 501(C)(4) 7.947

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DOWNTOWN 230 S PHILLIPS AVENUE 102 WAYFINDING. SIOUX FALLS, SD 57104 DOWNTOWN STREET MUSICIANS PROGRAM.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-3152163 501(C)(3) 24.000 STAGE ONE OF THE CAR EARLY FORD V-8 FOUNDATION DISPLAY

& MUSEUM PO BOX 284 2181 GENERAL DOOLITTLE DRIVE AUBURN, IN 46706

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1300 E 10TH STREET SIOUX FALLS, SD 57103

EAST SIDE LUTHERAN 46-0234112 501(C)(3) 11.734 IGENERAL SUPPORT CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance UPPORT

GENERAL SUPPORT AND

VARIOUS PROGRAMS

| ELK POINT-JEFFERSON      | 45-2531813 | 501(C)(3) | 7,674 |  | GENERAL SUP |
|--------------------------|------------|-----------|-------|--|-------------|
| EDUCATIONAL FOUNDATION   |            |           |       |  |             |
| 402 S DOUGLAS PO BOX 578 |            |           |       |  |             |
| ELK POINT, SD 57025      |            |           |       |  |             |

32.830

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

**EMBE** 

300 W 11TH STREET

SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0452261 501(C)(3) 93.149 EPISCOPAL DIOCESE OF IGENERAL SUPPORT

SOUTH DAKOTA 408 N JEFFERSON AVENUE PIERRE, SD 57501

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SIOUX FALLS, SD 57108

FACE IT TOGETHER INC. 27-2501220 501(C)(3) 2.374.500 IGENERAL SUPPORT 5020 S TENNIS LANE 4

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FAITH TEMPLE CHURCH 46-6029728 501(C)(3) 7.400 FOOD GIVEAWAY 2121 W 33RD STREET

GENERAL SUPPORT

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SIOUX FALLS, SD 57105
FALNES LUTHERAN CHURCH

12425 - 426TH A AVENUE LANGFORD, SD 57454

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GENERAL SUPPORT

| FAMILY CONNECTION     | 46-0435140 | 501(C)(3) | 12,100 |  | COUNSELING       |
|-----------------------|------------|-----------|--------|--|------------------|
| PO BOX 100            |            |           |        |  | PROGRAM, GENERAL |
| SIOUX FALLS, SD 57101 |            |           |        |  | SUPPORT          |

5.450

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FAMILY VISITATION CENTER

311 E 14TH STREET SIOUX FALLS, SD 57104

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FFEDING SOUTH DAKOTA 36-3293534 501(C)(3) 52.996 GENERAL SUPPORT

1601 E 69TH STREET SUITE

SIOUX FALLS, SD 57108

301

| 4701 N WESTPORT AVENUE<br>SIOUX FALLS, SD 57107 | 30 323333  | 332(3)(3) | 32,755 |  | BACK PACK PROGRAM,<br>COMMUNITY APPEAL<br>CAMPAIGN |
|---|------------|-----------|--------|--|--|
| FELLOWSHIP OF CHRISTIAN ATHLETES                | 43-1469296 | 501(C)(3) | 16,600 |  | RETREAT EXPENSES<br>AND SCHOLARSHIPS,              |

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-1966375 501(C)(3) 32.915 LEGACY SOCIETY. FIRST BAPTIST CHURCH -SIOUX FALLS IGENERAL SUPPORT 1401 S COVELL AVENUE SIOUX FALLS, SD 57105

IGENERAL SUPPORT

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FIRST CHRISTIAN REFORMED

2901 E 26TH STREET SIOUX FALLS, SD 57103

CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0225435 501(C)(3) 21.419 IGENERAL SUPPORT FIRST CONGREGATIONAL CHURCH OF SIOUX FALLS 300 S MINNESOTA AVENUE

IGENERAL SUPPORT

38.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FIRST EVANGELICAL FREE

2601 W 69TH STREET SIOUX FALLS, SD 57108

CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0232600 501(C)(3) 25.189 FIRST LUTHERAN CHURCH IGENERAL SUPPORT. 327 S DAKOTA AVENUE ORGAN AND MUSIC SIOUX FALLS, SD 57104 PROGRAM

FIRST LUTHERAN CHURCH OF 41-0826789 501(C)(3) 10,000 GENERAL FUND AND PIPESTONE BUILDING FUND

401 SEVENTH AVENUE SW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PIPESTONE, MN 56164

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FIRST PRESBYTERIAN CHURCH 46-0229140 501(C)(3) 13,511 COMPUTER

| 2300 S WEST AVENUE<br>SIOUX FALLS, SD 57105 |            |           |        |  | REPLACEMENT FUND,<br>PROPERTY<br>MAINTENANCE,<br>GENERAL SUPPORT |
|---|------------|-----------|--------|--|--|
| FIRST UNITED METHODIST                      | 46-0230392 | 501(C)(3) | 30,453 |  | GENERAL SUPPORT  |

CHURCH

401 S SPRING AVENUE SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance EIDET LINITED METHODICT 46-0355004 E01/C1/31 20 200 CENEDAL SLIDDODT

FOUNDATION

NORTH BEND, NE 68649

PO BOX 500

| CHURCH FOUNDATION OF<br>SIOUX FALLS          | 46-0333004 | 501(C)(3) | 55,55 |  | GENERAL SUPPORT |
|--|------------|-----------|-------|--|-----------------|
| 401 S SPRING AVENUE<br>SIOUX FALLS, SD 57104 |            |           |       |  |                 |
| FREMONT AREA COMMUNITY                       | 47-0629642 | 501(C)(3) | 5,000 |  | NORTH BEND AREA |

COMMUNITY

FOUNDATION FOR

FLOOD VICTIMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF SOUTH DAKOTA 23-7310698 501(C)(3) 228.051 IGENERAL SUPPORT. PUBLIC BROADCASTING CAPITAL CAMPAIGN

POBLIC BROADCASTING
PO BOX 5000
BROOKINGS, SD 57006

FRIENDS OF THE BIG SIOUX 47-3343873 501(C)(3) 5,800

GENERAL SUPPORT
RIVER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 2341

SIOUX FALLS, SD 57101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 61-1699910 501(C)(3) 120.040 IGENERAL SUPPORT FRIENDS OF THE LEVITT SHELL SIOUX FALLS 524 N MAIN AVENUE 106

IGENERAL SUPPORT

13.650

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SIOUX FALLS, SD 57104
FURNITURE MISSION OF

SOUTH DAKOTA 209 N NESMITH AVENUE SIOUX FALLS, SD 57103 81-0584500

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

DISTRICT 49-4

GARRETSON, SD 57030

PO BOX C

| GARREISON COMMUNITY AMBULANCE CORPORATION 638 N MAIN STREET PO BOX 22 GARRETSON, SD 57030 | 46-042821/ | 501(C)(3) | 7,500 |  | 1 | SYSTEM            |
|---|------------|-----------|-------|--|---|-------------------|
| GARRETSON SCHOOL  | 46-6002580 | GOVT      | 6,000 |  |   | CAMERA SYSTEM FOR |

GYM AND SCHOOL

EVENTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-4282458 501(C)(3) 5.812 GENTLE SPIRIT HORSES IATV REPLACEMENT. THE

RESCUE & SANCTUARY IBUG CLUB CHILDREN'S PROGRAM 4810 W CAYMAN STREET SIOUX FALLS, SD 57107

GIRL SCOUTS - DAKOTA 46-0250744 501(C)(3) 14.122 IGENERAL SUPPORT HORIZONS 1202 F ST FRANCIS ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RAPID CITY, SD 57709

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

| GLORIA DEI LUTHERAN<br>CHURCH<br>5500 E 57TH STREET<br>SIOUX FALLS, SD 57108 | 46-0382186 | 501(C)(3) | 96,230 |  | GENERAL FUND,<br>MORTGAGE REDUCTION |
|--|------------|-----------|--------|--|-------------------------------------|
| GLORY HOUSE OF SIOUX   | 46-0308425 | 501(C)(3) | 6,600  |  | GENERAL SUPPORT                     |

4000 S WEST AVENUE PO BOX 88145

SIOUX FALLS, SD 57109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 5.000 GRACE LIFE CHURCH 41-1917555 PEOPLE DEVELOPMENT PO BOX 406 KINGDOM BUILDING

RECREATIONAL AND

YOUTH

ADAPTIVE ACTIVITIES

FOR UNDERPRIVILEGED

MARSHALL, MN 56258 GREAT BEAR RECREATION 46-0417880 501(C)(4) 53.400 IGENERAL SUPPORT.

PARK INC 2401 W 49TH STREET

SIOUX FALLS, SD 57106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 1.870.733 GREAT PLAINS 700 & 46-6015015 IGENERAL SUPPORT. DELBRIDGE MUSEUM CAPITAL CAMPAIGNS

FAMILIES, GENERAL

SUPPORT

805 S KIWANIS AVENUE SIOUX FALLS, SD 57104

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALCESTER, SD 57001

81-2069424 501(C)(3) 21.850 HEALING HOPE MINISTRIES RETREAT EXPERIENCE & 30185-475TH AVENUE HOPE FOR GRIEVING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 35-1019477 501(C)(3) 5.150 HEIFER PROJECT IGENERAL SUPPORT INTERNATIONAL

HIGH SCHOOL AND COLLEGE CRISIS

TEXTING PROGRAM, IGENERAL SUPPORT

PO BOX 8058 1 WORLD AVENUE LITTLE ROCK, AR 72203 72,700 HELPLINE CENTER 23-7424387 501(C)(3) NETWORK OF CARE,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1000 N WEST AVENUE 310 SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 33-0821743 501(C)(3) 10.000 HIDDEN HARVEST IGENERAL SUPPORT CORPORATION

PO BOX 266 COACHELLA, CA 92236

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ARNOLDS PARK, IA 51331

HISTORIC ARNOLDS PARK INC. 42-1231504 501(C)(3) 10.000 IGENERAL SUPPORT PO BOX 609

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GENERAL SUPPORT

| HOPE HARBOR<br>PO BOX 26<br>MARSHALL, MN 56258 | 20-0652270 | 501(C)(3) | 27,500 |  | CAPITAL CAMPAIGN,<br>GENERAL SUPPORT |
|--|------------|-----------|--------|--|--------------------------------------|
|  |            |           |        |  |                                      |

23,490

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HOPE LUTHERAN CHURCH

1700 S CLIFF AVENUE SIOUX FALLS, SD 57105 46-0253194

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 42-1280031 501(C)(3) 6.000 IGENERAL SUPPORT HUMANE SOCIETY OF

HEARTLAND HOUSE

NORTHWEST IOWA
507 28TH STREET
MILFORD, IA 51351

INTER-LAKES COMMUNITY 46-0282131 501(C)(3) 17,936

GENERAL SUPPORT

17,936

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ACTION PARTNERSHIP INC.

505 N WESTERN AVENUE SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance JUNIOR ACHIEVEMENT OF 46-0306352 501(C)(3) 18.050 IGENERAL SUPPORT SOUTH DAKOTA INC 1000 N WEST AVENUE 110 SIOUX FALLS, SD 57104

IGENERAL SUPPORT

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

KIMBALL ECONOMIC

PO BOX 16 KIMBALL, SD 57355

DEVELOPMENT CORPORATION

82-2132326

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-3757255 501(C)(3) 5.000 KIMBALL PUBLIC SCHOOL IGENERAL SUPPORT **EQUINDATION** 

IGENERAL SUPPORT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| PO BOX 479              |            |           |  |
|-------------------------|------------|-----------|--|
| KIMBALL, SD 57355       |            |           |  |
| LEADERSHIP SOUTH DAKOTA | 82-0880122 | 501(C)(3) |  |

PO BOX 91533

SIOUX FALLS, SD 57109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

A V GLOBAL, GENERAL

SUPPORT

| LEND-A-HAND INC           | 06-1048878 | 501(C)(3) | 5,000 |  | GENERAL SUPPORT |
|---------------------------|------------|-----------|-------|--|-----------------|
| ARGUS LEADER PO BOX 5034  |            |           |       |  |                 |
| SIOUX FALLS, SD 571179975 |            |           |       |  |                 |

18,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LIFELIGHT COMMUNICATIONS

420 S DULUTH AVENUE

SIOUX FALLS, SD 57104

46-0460742

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RAL SUPPORT

| LIFESCAPE<br>2501 W 26TH STREET | 23-7072116 | 501(C)(3) | 33,586 |  | GENERA |
|---------------------------------|------------|-----------|--------|--|--------|
| SIOUX FALLS, SD 57105           |            |           |        |  |        |

2011 W 26TH STREET 201 SIOUX FALLS, SD 57105

LIFESCAPE FOUNDATION 46-0353254 501(C)(3) 8.095 GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LUTHERAN CHURCH - ST 43-0658188 501(C)(3) 5,000 HURRICANE FLORENCE

| LOUIS MISSOURI SYNOD     |            |           |        |  | RELIEF            |
|--------------------------|------------|-----------|--------|--|-------------------|
| 1333 S KIRKWOOD ROAD     |            |           |        |  |                   |
| ST LOUIS, MO 63122       |            |           |        |  |                   |
| LUTHERAN SOCIAL SERVICES | 46-0224731 | 501(C)(3) | 20,405 |  | USUCCEED, GENERAL |

OF SOUTH DAKOTA SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

705 E 41ST STREET 200 SIOUX FALLS, SD 57105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0375953 501(C)(3) 13,259 MAKE-A-WISH FOUNDATION IGENERAL SUPPORT

| SIOUX FALLS, SD 57104 MAYO CLINIC     | 41-6011702 | 501(C)(3) | 15.000 |  | GENERAL SUPPORT |
|---------------------------------------|------------|-----------|--------|--|-----------------|
| OF SOUTH DAKOTA<br>1400 W 17TH STREET |            |           |        |  |                 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 450

ALBERT LEA, MN 56007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 15.000 MCCROSSAN BOYS RANCH 46-0311913 IGENERAL SUPPORT

47135 - 260TH STREET
SIOUX FALLS, SD 57107

MEMORIAL LUTHERAN 46-6003751 501(C)(3) 23,300

GENERAL SUPPORT,
OFFICE EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5000 S WESTERN AVENUE SIOUX FALLS, SD 57108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 47-6026578 501(C)(3) 6.000 IGENERAL SUPPORT MIDWEST DISTRICT

MISSIONARY CHURCH 1518 O STREET PLEASANT DALE, NE 68423

46-6058891 501(C)(13) 6.000 GENERAL

MOUNT ZION CEMETERY SOCIETY 55 RAMBI ING BROOK ROAD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHAPPAQUA, NY 10514

MAINTENANCE OF PUBLIC AREAS OF THE

CEMETERY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance MOUNT ZION CONCDECATION 46 0262602 E01(C)(2) 12014 CENERAL CURRORT

INTERPRETING

SERVICES

| 523 W 14TH STREET PO BOX<br>756<br>SIOUX FALLS, SD 57101 | 46-0362692 | 501(C)(3) | 12,814 |  | GENERAL SUPPORT      |
|--|------------|-----------|--------|--|----------------------|
| MULTI-CULTURAL CENTER OF                                 | 46-0445034 | 501(C)(3) | 7,500  |  | FULL CIRCLE HEALING, |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SIOUX FALLS

515 N MAIN AVENUE

SIOUX FALLS, SD 57104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEBRASKA WESLEYAN 47-0376524 501(C)(3) 25.078 SCHOLARSHIP SUPPORT

| UNIVERSITY<br>5000 ST PAUL AVENUE<br>LINCOLN, NE 68504 |            |           |        |  |          |
|--|------------|-----------|--------|--|----------|
| NOTRE DAME DE NAMUR                                    | 94-1156646 | 501(C)(3) | 20,000 |  | SAVE RAL |

BELMONT, CA 94002

ALSTON HALL UNIVERSITY CAMPAIGN 1500 RALSTON AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

MERIWETHER PRODUCTIONS

| OAK HILLS BAPTIST CHURCH | 46-0406168 | 501(C)(3) | 8,000 |  | GENERAL SUPPOR |
|--------------------------|------------|-----------|-------|--|----------------|
| 6201 S LYNCREST AVENUE   |            |           |       |  |                |
| SIOUX FALLS, SD 57108    |            |           |       |  |                |

OPERA SOUTH DAKOTA 20-5799609 501(C)(3) 5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6404 S KILLARNEY CIRCLE SIOUX FALLS, SD 57108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0443398 501(C)(3) 5.000 FIRE RESTORATION OUR LADY OF GUADALUPE CHURCH

1220 E EIGHTH STREET
SIOUX FALLS, SD 57103

OUR REDEEMER LUTHERAN 46-0331795

OUR REDEEMER LUTHERAN 46-0331795 501(C)(3) 15,000 GENERAL SUPPORT 2200 S WESTERN AVENUE SIOUX FALLS, SD 57105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 46-0229996 501(C)(3) 11.600 OUR SAVIOR'S LUTHERAN IGENERAL SUPPORT CHURCH 909 W 33RD STREET

909 W 33RD STREET
SIOUX FALLS, SD 57105

PACIFIC LUTHERAN 91-0565571 501(C)(3) 5,287
UNIVERSITY
OFFICE OF DEVELOPMENT
12180 PARK
STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TACOMA, WA 98447

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7003936 501(C)(3) 13.830 PEACE LUTHERAN CHURCH HEARTLAND EPHPHATHA, GENERAL 5509 W 41ST STREET

SIOUX FALLS, SD 57106 SUPPORT PIPESTONE COUNTY 41-0943870 501(C)(3) 5.078 GENERAL SUPPORT HISTORICAL SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

113 S HIAWATHA AVENUE PIPSTONE, MN 56164

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PKD FOUNDATION 43-1266906 501(C)(3) 5.000 IGENERAL SUPPORT

| 1001 E 101ST TERRACE SUITE<br>220<br>KANSAS CITY, MO 64131 |            | , , , ,   | ·      |  |   |                                      |
|--|------------|-----------|--------|--|---|--------------------------------------|
| PRAIRIE HILLS COVENANT<br>CHURCH                           | 51-0140098 | 501(C)(3) | 52,000 |  | 1 | YOUTH MINISTRIES,<br>GENERAL SUPPORT |

2500 S POWDERHOUSE ROAD SIOUX FALLS, SD 57110

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

501(C)(3)

REACH LITERACY

2101 E 41ST STREET SUITE 14

SIOUX FALLS, SD 57105

46-0396579

| PRECEPT MINISTIES<br>INTERNATIONAL | 62-0841438 | 501(C)(3) | 18,400 |  | GENERAL SUPPORT |
|------------------------------------|------------|-----------|--------|--|-----------------|
|                                    |            |           |        |  |                 |
| PO BOX 182218                      |            |           |        |  |                 |
| CHATTANOOGA, TN                    |            |           |        |  |                 |
| 374227218                          |            |           |        |  |                 |

LITERACY PROGRAMS

AND GENERAL SUPPORT

29,609

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IFRAL SUPPORT

| REAL PRESENCE RADIO<br>PO BOX 13703 | 45-0458973 | 501(C)(3) | 150,100 |  | GENER |
|-------------------------------------|------------|-----------|---------|--|-------|
| GRAND FORKS, ND 58208               |            |           |         |  |       |

29484 - 476TH AVENUE BERESFORD, SD 57004

ROMSDAL LUTHERAN CHURCH 46-0438066 501(C)(3) 25.277 GENERAL SUPPORT

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0371152 501(C)(3) 40.194 RONALD MCDONALD HOUSE IGENERAL SUPPORT.

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

TORNADO DISASTERS IN THE UNITED STATES

| CHARITIES OF SOUTH DAKOTA<br>INC<br>825 S LAKE AVENUE<br>SIOUX FALLS, SD 57104 |            |           |       |  | RESTORE AND<br>RENOVATION<br>CAMPAIGN |
|--|------------|-----------|-------|--|---------------------------------------|
| SAMARITANS PURSE   | 58-1437002 | 501(C)(3) | 6,000 |  | GENERAL SUPPO                         |

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

BOONE, NC 28607

(b) EIN

AIGN RAL SUPPORT PO BOX 3000 FLOODING AND

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SANFORD HEALTH 36-3297853 501(C)(3) 2,530,332 GENERAL SUPPORT,

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

| FOUNDATION 2335 E 60TH STREET N PO BOX 5039 SIOUX FALLS, SD 57117  |           |       |  | VARIOUS PROGRAMS,<br>VARIOUS CAPITAL<br>PROJECTS |
|--|-----------|-------|--|--|
| SANFORD SCHOOL OF<br>MEDICINE OF THE UNIVERSITY<br>OF SOUTH DAKOTA | 501(C)(3) | 8,800 |  | GENERAL AND<br>SCHOLARSHIP SUPPORT               |

LEE MEDICAL BUILDING ROOM 101 414 E CLARK STREET

VERMILLION, SD 57069

(a) Name and address of

**(b)** EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SCOTTISH RITE FOUNDATION 46-6015073 501(C)(3) 13.996 IGENERAL SUPPORT

SCULPTUREWALK 2019,

ARC OF DREAMS

| OF SOUTH DAKOTA<br>PO BOX 567<br>MITCHELL, SD 57301 | ( )( ) | · |  |  |
|---|--------|---|--|--|

SCULPTUREWALK INC 501(C)(3) 232.125 IGENERAL SUPPORT. 20-8535871

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

300 S PHILLIPS AVENUE L104

SIOUX FALLS, SD 57104

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SEEDS OF CHANGE 47-1654423 501(C)(3) 5,000 IGENERAL SUPPORT

| FOUNDATION 4615 N LEWIS AVENUE SIOUX FALLS, SD 57104 |            |           |       |  |                 |
|--|------------|-----------|-------|--|-----------------|
| SHATTERPROOF<br>101 MERRITT 7 CORPORATE<br>PARK 1ST  | 45-4619712 | 501(C)(3) | 5,000 |  | GENERAL SUPPORT |

FLOOR

NORWALK, CT 06851

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

GENERAL SUPPORT.

PREVENTION WORK

| SHETEK LUTHERAN        | 41-0726175 | 501(C)(3) | 8,000 |  | CAMP UPGRADE     |
|------------------------|------------|-----------|-------|--|------------------|
| MINISTRIES             |            |           |       |  | CAPITAL CAMPAIGN |
| 14 KEELEY ISLAND DRIVE |            |           |       |  |                  |
| SLAYTON, MN 56172      |            |           |       |  |                  |
|                        |            |           |       |  |                  |

SIGHTLIFE 23-7051021 501(C)(3) 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1200 6TH AVE STE 300

SEATTLE, WA 98101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0389502 501(C)(3) 5.000 IGENERAL SUPPORT SINGING BOYS OF SIOUX FALLS PO BOX 88053

SUMMER CAMPS.

GENERAL SUPPORT

7.616

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SIOUX FALLS, SD 57109 SIOUX EMPIRE COMMUNITY

315 N PHILLIPS AVENUE SIOUX FALLS, SD 57104

THEATRE

80-0074622

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance STOUX EMPIRE UNITED WAY 46-0233701 501(C)(3) 325.044 IGENERAL SUPPORT

| 1000 N WEST AVENUE 120<br>SIOUX FALLS, SD 57104 |            |           | 522,5  |  |                    |
|---|------------|-----------|--------|--|--------------------|
| SIOUX EMPIRE WHEELS TO                          | 06-1722652 | 501(C)(3) | 10,700 |  | AWARENESS CAMPAIGN |

WORK 5400 W 57TH STREET 7

SIOUX FALLS, SD 57106

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46 0430647 E04/61/01 40 054 CENERAL CURRORT

| 100 S SPRING AVENUE<br>SIOUX FALLS, SD 57104  | 46-0430647 | 501(C)(3) | 19,851 |  | GENERAL SUPPORT                            |
|---|------------|-----------|--------|--|--|
| SIOUX FALLS AREA CHAMBER<br>OF COMMERCE FOUNDATION<br>200 N PHILLIPS AVENUE 200<br>PO BOX<br>1425 | 36-3470628 | 501(C)(3) | 29,700 |  | FORWARD SIOUX<br>FALLS, GENERAL<br>SUPPORT |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SIOUX FALLS AREA HUMANE 46-0239786 501(C)(3) 46.402 ICOMMERCIAL WASHING

BUSINESS BASICS FOR

ARTISTS

| SOCIETY<br>3720 E BENSON ROAD<br>SIOUX FALLS, SD 57104 |            | ,,,,      | ·      |  | MACHINE            |
|--|------------|-----------|--------|--|--------------------|
| SIOUX FALLS ARTS COUNCIL                               | 46-0354287 | 501(C)(3) | 18.100 |  | THE WATERING CAN - |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

326 E EIGHTH STREET 106A

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0450382 501(C)(3) 14.064 SIOUX FALLS CARES IGENERAL SUPPORT PO BOX 91831

SIOUX FALLS, SD 57109 SIOUX FALLS CHRISTIAN 46-0340024 501(C)(3) 881.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SIOUX FALLS, SD 57108

TOGETHER CAMPAIGN SCHOOLS 6120 S CHARGER CIRCLE

(b) EIN (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance E04/63/33 06 645

(e) Amount of non-

(a) Description of

| , <b>, </b> , <b></b>   |            |           |        |  | PROGRAM, GENERAL<br>SUPPORT |
|-------------------------|------------|-----------|--------|--|-----------------------------|
| SIOUX FALLS, SD 57104   |            |           |        |  | STRONG KIDS                 |
| 220 S MINNESOTA AVENUE  |            | \         | ,      |  | ERICKSON CAMP.              |
| SIOUX FALLS FAMILY YMCA | 46-0225021 | 501(C)(3) | 96,645 |  | I SUPPORT LIEF              |

501(C)(3) 5,750 SIOUX FALLS FIRST ASSEMBLY 46-0368246 ISIOUX FALLS FIRST OF GOD 6300 W 41ST

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

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

| COALITION  920 E JUSTIN DRIVE SIOUX FALLS, SD 57108 | 82-2097994 | 501(C)(3) | 37,500 |  | SUPPORT CHILDREN PRESCHOOL TUITION |
|---|------------|-----------|--------|--|------------------------------------|
| SIOUX FALLS JAZZ & BLUES<br>SOCIETY                 | 46-0418356 | 501(C)(3) | 6,500  |  | JAZZFEST WIFI,<br>GENERAL SUPPORT  |

SIOUX FALLS, SD 5/108

SIOUX FALLS JAZZ & BLUES
SOCIETY
301 S MAIN AVENUE PO BOX
1285
SIOUX FALLS, SD 5/101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 46-0343381 501(C)(3) 7.781 SIOUX FALLS LUTHERAN IGENERAL SUPPORT. SCHOOL ISCHOLARSHIPS. 308 W 37TH STREET EDUCATIONAL SIOUX FALLS, SD 57105 PROGRAMS SIOUX FALLS PUBLIC 501(C)(3) 6.273 DONOR SOFTWARE. 26-3537657 SCHOOLS EDUCATION INNOVATIONS IN FOUNDATION EDUCATION GRANTMAKING PO BOX 560

PROGRAM, GENERAL

SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-6002586 **GOVT** 14.628 IGENERAL SUPPORT AND IVARIOUS PROGRAMS

SIOUX FALLS SCHOOL DISTRICT #49-5 201 F 38TH STREET SIOUX FALLS, SD 57105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SIOUX FALLS, SD 57101

SIOUX FALLS STATE THEATRE 20-3473359 501(C)(3) 8.950 IGENERAL SUPPORT COMPANY PO BOX 481

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(4) 123.199 SIOUX FALLS THRIVE 81-4491870 IGENERAL SUPPORT. 122 S PHILLIPS AVENUE 350 THRIVE COLLABORATION INITIATIVES

SIOUX FALLS, SD 57104 501(C)(3) 51.800 IGENERAL SUPPORT SIOUXLAND HERITAGE 36-3609618

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MUSEUMS 200 W SIXTH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-6000425 **GOVT** 32.242 STOUXLAND LIBRARIES READING BRIDGE 224 W NINTH STREET PROGRAM, BRANDON

5.000

LIBRARY

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SIOUX FALLS, SD 57104

SOUTH DAKOTA COACHES FOUNDATION 801 W FAGLE RIDGE STREET

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

SUPPLIES FOR ALL

THREE SIOUX FALLS

PRISON SWEAT LODGES

| SOUTH DAKOTA COMMUNITY | 46-0398115 | 501(C)(3) | 111,000 |  | TEACH FOR AMERICA   |
|------------------------|------------|-----------|---------|--|---------------------|
| FOUNDATION             |            |           |         |  | ENDOWMENT FUND,     |
| 1714 N LINCOLN AVENUE  |            |           |         |  | TRAIL OF GOVERNORS, |
| PIERRE SD 57501        |            |           |         |  | SOUTH DAKOTA FUND   |

6.840

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVT

SOUTH DAKOTA DEPARTMENT

SIOUX FALLS, SD 571175911

OF CORRECTIONS

1600 NORTH DROVE

46-6000364

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance SOUTH DAKOTA GOLF 46-0449824 501(C)(3) 12 139 GENERAL SUPPORT AND

| ASSOCIATION JUNIOR GOLF<br>FOUNDATION<br>PO BOX 88938<br>SIOUX FALLS, SD 57109 | 10 0113021 | 301(0)(3) | 12,133 |  | FIRST TEE       |
|--|------------|-----------|--------|--|-----------------|
| · · · · · · · · · · · · · · · · · · ·  | 46 0224240 | E01(C)(2) | 40.000 |  | CENERAL CURRORT |
| SOUTH DAKOTA HALL OF FAME  | 46-0324210 | 501(C)(3) | 40,000 |  | GENERAL SUPPORT |

1480 S MAIN AVENUE CHAMBERLAIN, SD 57325

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-4674814 501(C)(3) 72.300 CAPACITY BUILDING, SOUTH DAKOTA NEWS WATCH 3001 W SPRUCELEIGH COURT IGENERAL SUPPORT

3001 W SPRUCELEIGH COURT
SIOUX FALLS, SD 57105

SOUTH DAKOTA PARKS AND
WILDLIFE FOUNDATION
523 E CAPITOL AVENUE FOSS
BUILDING
PIERRE, SD 57501

GENERAL SUPPORT

50,350

PALISADES PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 82-2307913 501(C)(3) 25.000 SOUTH DAKOTA SALUTES IOPERATIONAL SUPPORT 158 SIGNAL HILL ROAD

YANKTON, SD 57078 SOUTH DAKOTA SCHOOL FOR 46-0455984 501(C)(3) 20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SIOUX FALLS, SD 57103

GENERAL SUPPORT THE DEAF FOUNDATION 2001 E EIGHTH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0273801 501(C)(3) 35.720 SOUTH DAKOTA STATE IGENERAL SUPPORT. UNIVERSITY FOUNDATION SCHOLARSHIP

| 815 MEDARY AVENUE PO BOX<br>525<br>BROOKINGS, SD 57007 |            |           |         |  |  |
|--|------------|-----------|---------|--|--|
| SOUTH DAKOTA SYMPHONY                                  | 46-6017026 | 501(C)(3) | 229,257 |  |  |

SIOUX FALLS, SD 57104

SUPPORT, VARIOUS IEVENTS AND SPORTS IGENERAL SUPPORT ORCHESTRA 301 S MAIN AVENUE

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

FOUNDATION

2320 N CAREER AVENUE SIOUX FALLS, SD 57107

| SOUTH DAKOTA YOUTH FOUNDATION 1310 MAIN AVENUE S SUITE 109 BROOKINGS, SD 57006 | 47-4832848 | 501(C)(3) | 41,000 |  | 1 | GENERAL AND<br>PROGRAM SUPPORT |
|--|------------|-----------|--------|--|---|--------------------------------|
| SOUTHEAST TECH   | 36-4112897 | 501(C)(3) | 94,200 |  |   | SCHOLARSHIP SUPPORT            |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0232306 501(C)(3) 27.655 IGENERAL SUPPORT SOUTHEASTERN BEHAVIORAL

HEALTHCARE 2000 S SUMMIT AVENUE SIOUX FALLS, SD 57105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

800 F I-90 LANE SIOUX FALLS, SD 57104

SPECIAL OLYMPICS SOUTH 46-0359776 501(C)(3) 38.050 SUPPORT ATHLETES DAKOTA AND GENERAL SUPPORT

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

IGENERAL SUPPORT AND

VARIOUS PROJECTS

| SPIRIT OF JOY LUTHERAN | 46-0457455 | 501(C)(3) | 15,000 |  | OPERATING SUPPORT |
|------------------------|------------|-----------|--------|--|-------------------|
| CHURCH                 |            |           |        |  | AND CAPITAL       |
| 2208 W LAQUINTA STREET |            |           |        |  | CAMPAIGN          |
| SIOUX FALLS, SD 57108  |            |           |        |  |                   |
|                        |            |           |        |  |                   |

26.735

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SPIRIT OF PEACE - UNITED

CHURCH OF CHRIST

6509 S CLIFF AVENUE SIOUX FALLS, SD 57108 13-1957221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-0423202 501(C)(3) 335.814 ST FRANCIS HOUSE CAPITAL CAMPAIGN. 1301 E AUSTIN STREET IGENERAL SUPPORT

| SIOUX FALLS, SD 57103 | ST JOSEPH'S INDIAN SCHOOL | 46-0235912 | 501(C)(3) | 11,985 | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | ST JOSEPH'S INDIAN SCHOOL | 46-0235912 | 501(C)(3) | 11,985 | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SUPPORT | 1301 N MAIN STREET PO BOX | GENERAL SU

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHAMBERLAIN, SD 57325

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-6026433 501(C)(3) 16.792 IGENERAL SUPPORT ST MARK'S LUTHERAN CHURCH

2001 S FLMWOOD AVENUE SIOUX FALLS, SD 57105 ST NICHOLAS PARISH 46-0384944 501(C)(3) 5.550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IGENERAL SUPPORT 140 W BRIAN STREET PO BOX 116 TEA, SD 57064

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SUPPORT GRADUATE SCHOOL OF BUSINESS.

THE STANFORD FUND

|  |            |           |        |  | 1                                 |
|--|------------|-----------|--------|--|-----------------------------------|
| ST VINCENT DEPAUL SOCIETY 431 N CLIFF AVENUE | 46-0383607 | 501(C)(3) | 11,300 |  | HOLY INNOCENTS<br>DIAPER MINISTRY |
| 431 IN CLIFF AVENUE                          |            |           |        |  | DIAFER HIMISTRI                   |
| SIOUX FALLS, SD 57103                        |            |           |        |  | ı                                 |

11,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

STANFORD UNIVERSITY

PO BOX 20466 STANFORD, CA 90430 20-2699147

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance STRY SUPPORT

GENERAL SUPPORT

| STEIGER INTERNATIONAL<br>PO BOX 236 | 36-3517418 | 501(C)(3) | 18,000 |  | MINIS    |
|-------------------------------------|------------|-----------|--------|--|----------|
| WHEATON, IL 60187                   |            |           |        |  | <u> </u> |
|                                     |            |           |        |  |          |

67.447

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

STOCKYARDS AG EXPERIENCE

SIOUX FALLS, SD 57101

PO BOX 2042

46-5391991

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance SUPPORT

HEALTHY LIVING FOR

PREGNANT WOMEN

| TEACH FOR AMERICA - SOUTH<br>DAKOTA<br>PO BOX 368633<br>MISSION, SD 57555 | 13-3541913 | 501(C)(3) | 45,000 |  | GENERAL SUPPORT  |
|---|------------|-----------|--------|--|------------------|
| TEDDY BEAR DEN  | 31-1802800 | 501(C)(3) | 6,331  |  | GENERAL SUPPORT, |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TEDDY BEAR DEN 500 S MAIN AVENUE

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

INITIATIVE TO END LABOR TRAFFICKING.

NEW ROOTS MINISTRY

| THE BANQUET 900 E EIGHTH STREET SIOUX FALLS, SD 57103 | 46-0387495 | 501(C)(3) | 110,010 |  | GENERAL SUPPORT,<br>CAPITAL CAMPAIGN |
|---|------------|-----------|---------|--|--------------------------------------|

10,100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

THE NAOMI PROJECT

222 NORTH SPRING AVENUE SIOUX FALLS, SD 57104

35-2611927

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

| THE SALVATION ARMY<br>800 N CLIFF AVENUE PO BOX<br>1002<br>SIOUX FALLS, SD 57101 | 36-2167910 | 501(C)(3) | 15,320 |  | GENERAL SUPPORT |
|--|------------|-----------|--------|--|-----------------|
| TRAIL RIDGE RETIREMENT   | 41-0706155 | 501(C)(3) | 5,362  |  | NURSING         |

COMMONTLY ISCHOLARSHIP FUND, 3408 W RALPH ROGERS ROAD WALKING TRAIL 100 SIOUX FALLS, SD 57108

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TUP SUPPORT -

DISTRIBUTION

| TRANSEPT<br>2124 S FIRST AVENUE<br>SIOUX FALLS, SD 57105 | 83-2326004 | 501(C)(3) | 10,500 |  | STARTU<br>2019 SI |
|--|------------|-----------|--------|--|-------------------|
|  |            |           |        |  | 1                 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TRENT, SD 57065

SEASON TRENT BAPTIST CHURCH 46-0284551 501(C)(3) 5.185 GENERAL SUPPORT. IENDOWMENT PO BOX 785

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IFRAL SUPPORT

| TRINITY REFORMED CHURCH | 46-0411730 | 501(C)(3) | 6,500 |  | GENE |
|-------------------------|------------|-----------|-------|--|------|
| 7301 S LOUISE AVENUE    |            |           | · ·   |  |      |
| SIOUX FALLS, SD 57108   |            |           |       |  |      |

701 F 8TH STREET SIOUX FALLS, SD 57103

UNION GOSPEL MISSION 46-0281018 501(C)(3) 13.717 GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-6042488 501(C)(3) 200.000 THE ATHLETIC UNIVERSITY OF MINNESOTA CANADATON FOLIND ATTOM

| 200 OAK STREET SE SUITE 500<br>MINNEAPOLIS, MN 55455 |            |           |        |  | BASKETBALL 8319     |
|--|------------|-----------|--------|--|---------------------|
| UNIVERSITY OF<br>NORTHWESTERNNORTHWESTERN<br>MEDIA   | 41-0711610 | 501(C)(3) | 10,900 |  | FAITH RADIO SUPPORT |

PO BOX 130517 SAINT PAUL, MN 55113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SUPPORT

SIOUX FALLS, SD 57105

UNIVERSITY OF SIOUX FALLS 501(C)(3) 67.900 46-0224600

IGENERAL SUPPORT. 1101 W 22ND STREET ISCHOLARSHIP

> SUPPORT, VARIOUS **IEVENTS AND SPORTS**

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

1309 W 51ST STREET PO BOX

SIOUX FALLS, SD 57109

89306

| UNIVERSITY OF SOUTH DAKOTA FOUNDATION 6900 S LYNCREST PLACE SIOUX FALLS, SD 57108 | 46-6018891 | 501(C)(3) | 455,837 |  | GENERAL SUPPORT,<br>CAPITAL CAMPAIGNS,<br>SCHOLARSHIP SUPPORT |
|---|------------|-----------|---------|--|---|
| VOLUNTEERS OF AMERICA   | 13-1692595 | 501(C)(3) | 124,269 |  | GENERAL SUPPORT AND VARIOUS PROGRAMS                          |

organization if applicable grant cash or government (book, FMV, appraisal, non-cash assistance or assistance other)

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

ONE TEAM, ONE GOAL.

PROJECTS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

(a) Name and address of

WARRIORS NEVER GIVE UP

SIOUX FALLS, SD 57101

984

**(b)** EIN

46-4618690

| 1611 S CLEVELAND AVENUE<br>SUITE D<br>SIOUX FALLS, SD 57103            |            |           | '       |  | I . | ONE MISSION,<br>GENERAL SUPPORT                          |
|--|------------|-----------|---------|--|-----|--|
| WASHINGTON PAVILION OF<br>ARTS AND SCIENCE<br>301 S MAIN AVENUE PO BOX | 46-0435791 | 501(C)(3) | 220,258 |  |     | GENERAL SUPPORT,<br>VARIOUS PROGRAMS,<br>VARIOUS CAPITAL |

12.100

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-8784637 501(C)(3) 24,261 IGENERAL SUPPORT WEGNER ARBORETUM SOCIETY

| 1900 S PERRY PLACE<br>SIOUX FALLS, SD 57110                               |            |      |        |  |   |
|---|------------|------|--------|--|---|
| WEST CENTRAL SCHOOL<br>DISTRICT 49-7<br>705 E SECOND STREET PO<br>BOX 268 | 46-0284421 | GOVT | 31,866 |  | TEACHER GRANT<br>AWARDS, SOUND<br>SHELL |

HARTFORD, SD 57033

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 91.472 WEST NIDAROS LUTHERAN 46-6011973 GENERAL SUPPORT CHURCH 25403 - 471ST AVENUE

CROOKS, SD 57020

| efile GRAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 934931350            |  |  |                         |  |                        |        |        |      |  |
|--|--|--|-------------------------|--|------------------------|--------|--------|------|--|
| Sch  | edule J  | Com  | pensati                 | ion Information  | 40                     | 1B No  | 1545-0 | 0047 |  |
| (For   | n 990)   | For certain Officers,  | Directors, T            | rustees, Key Employees, and Hig  | hest                   |        |        |      |  |
|  |  | ► Complete if the organiz  | Compensa<br>zation answ | ated Employees<br>vered "Yes" on Form 990, Part IV,                              | line 23.               | 20     | 18     | ζ .  |  |
| _  |  |  | ▶ Attach                | to Form 990.   |                        |        | to Pul |      |  |
| •  | tment of the Treasury<br>al Revenue Service  | ► Go to <u>www.irs.gov/r</u>   | <u>огтээо</u> тог       | instructions and the latest inforn   | nation.                |        | ectio  |      |  |
|  | ne of the organiza   |  |                         |  | Employer identificat   | ion nu | ımber  |      |  |
|  | INDATION INC   | MONTE  |                         |  | 31-1748533             |        |        |      |  |
| Pa   | rt I Questi  | ons Regarding Compensation   | 1                       |  |                        |        |        |      |  |
|  |  |  |                         |  |                        |        | Yes    | No   |  |
| 1a   |  |  |                         | the following to or for a person listed<br>y relevant information regarding thes |                        |        |        |      |  |
|  |  | or charter travel  |                         | Housing allowance or residence for p   | •                      |        |        |      |  |
|  | _  | companions   | 님                       | Payments for business use of persor  |                        |        |        |      |  |
|  |  | nification and gross-up payments   | H                       | Health or social club dues or initiation   |                        |        |        |      |  |
| ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) |  |  |                         |  |                        |        |        |      |  |
| b  | b If any of the boxes in 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  |  |  |                         | or allowing expenses incurred by all<br>r, regarding the items checked in line   | . 152                  | 2      |        |      |  |
|  | directors, truste  | es, officers, including the CEO/Exect  | ative Director          | r, regarding the items thetked in line   | : Ia'                  |        |        |      |  |
| 3  |  | f any, of the following the filing orga<br>EO/Executive Director Check all tha |                         | ed to establish the compensation of th   | ne                     |        |        |      |  |
|  |  |  |                         | CEO/Executive Director, but explain i  | n Part III             |        |        |      |  |
|  | <b>✓</b> Compensa  | ation committee  |                         | Written employment contract  |                        |        |        |      |  |
|  | _ '  | ent compensation consultant  | <b>☑</b>                | Compensation survey or study   |                        |        |        |      |  |
|  |  | of other organizations   | <u> </u>                | Approval by the board or compensa  | tion committee         |        |        |      |  |
| 4  |  |  | Part VII, Se            | ction A, line 1a, with respect to the fi   | ling organization or a |        |        |      |  |
|  | related organiza   | tion   |                         |  |                        |        |        |      |  |
| a  |  | ance payment or change-of-control  |                         |  |                        | 4a     |        | No   |  |
| b  | •  | receive payment from, a suppleme   | •                       | •  |                        | 4b     |        | No   |  |
| С  |  | receive payment from, an equity-b<br>If lines 4a-c. list the persons and pro   |                         | nsation arrangement?<br>Ilicable amounts for each item in Part                   | : III                  | 4c     |        | No   |  |
|  | ,  | · · · · · · · · · · · · · · · · · · ·  |                         |  |                        |        |        |      |  |
|  |  | ), 501(c)(4), and 501(c)(29) org   |                         | -  |                        |        |        |      |  |
| 5  |  | ed on Form 990, Part VII, Section A, ontingent on the revenues of              | line 1a, did            | the organization pay or accrue any   |                        |        |        |      |  |
| а  | The organization   |  |                         |  |                        | 5a     |        | No   |  |
| b  | Any related orga   |  |                         |  |                        | 5b     |        | No   |  |
| _  | -  | 5a or 5b, describe in Part III   |                         |  |                        |        |        |      |  |
| 6  |  | d on Form 990, Part VII, Section A, onlingent on the net earnings of           | line 1a, did            | the organization pay or accrue any   |                        |        |        |      |  |
| a  | The organization   |  |                         |  |                        | 6a     |        | No   |  |
| b  | Any related orga   | nization?<br>6a or 6b, describe in Part III                                    |                         |  |                        | 6b     |        | No   |  |
| 7  | •  | •  | line 15 did i           | the organization provide any nonfixed  | 4                      |        |        |      |  |
| ,  | payments not d   | escribed in lines 5 and 6? If "Yes," d   | escribe in Pa           | rt III   | ı                      | 7      |        | No   |  |
| 8  |  | nts reported on Form 990, Part VII,<br>Itial contract exception described in   |                         | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," de     | escribe                | 8      |        | No   |  |
| 9  | If "Yes" on line 5<br>53 4958-6(c)?  | 3, did the organization also follow th   | e rebuttable            | presumption procedure described in   | Regulations section    | 9      |        | INU  |  |
| For I  | Danarwark Badu   | ction Act Notice, see the Instruc  | tions for Ec            | orm 990 Cat No. 5  | 0053T Schedule 1       | /Eorn  | 2 990) | 2018 |  |

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

| For each individual whos                           | se com   | pensation must be repor      | ted on Schedule J, report                                | compensation from the                    |                             |                           |                         |   |
|--|----------|------------------------------|--|--|-----------------------------|---------------------------|-------------------------|---|
| Instructions, on row (II)  Note. The sum of column | Do no    | ot list any individuals that | t are not listed on Form 9<br>dividual must equal the to | 90, Part VII<br>otal amount of Form 990. | Part VII. Section A. line   | 1a. applicable column (D) | and (E) amounts for tha | t individual  |
| (A) Name and Title                                 | 1113 (13 |                              | of W-2 and/or 1099-MIS                                   |  | (C) Retirement and          | (D) Nontaxable            | (E) Total of columns    | (F) Compensation in                                     |
| (A) Name and Mac                                   |          | (i) Base<br>compensation     | (ii) Bonus & incentive compensation                      | (iii) Other reportable compensation      | other deferred compensation | benefits                  | (B)(ı)-(D)              | column (B) reported<br>as deferred on prior<br>Form 990 |
| 1 ANDREW PATTERSON<br>PRESIDENT/CEO                | (i)      | 136,929                      | 0  | 0  | 14,925                      | 25,478                    | 177,332                 | 0   |
|  | (ii)     | 0                            | 0  | 0  | 0                           | 0                         | 0                       | 0   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |
|  |          |                              |  |  |                             |                           |                         |   |

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

| efil     | e GRAPHIC pr   | int - DO NOT PR        | ROCESS                        | As Filed Data -  |   | DLN:   | 9349313                            | 5009       | 300    |
|----------|--|------------------------|-------------------------------|--|---|--|------------------------------------|------------|--------|
|          | EDULE M  |                        |                               | loncash Contri   | ibutions  |  | OMB No 1                           | 545-0      | 047    |
| (For     | m 990)   |                        |                               |  |   |  | 20                                 | 10         |        |
|          |  | l -                    | _                             | ons answered "Yes" on F                                      | orm 990, Part IV, lines 2   | 29 or 30.  | 20                                 | <b>T</b> C |        |
|          |  | ► Attach to Form       |                               | 90 for the latest informa                                    | tion  |  |                                    |            |        |
| Interna  | tment of the Treasury<br>al Revenue Service          |                        | 0 7 7 0 1 111 3               | 101 the latest informa                                       | tion.   |  | Open to<br>Inspe                   | ection     |        |
|          | e of the organizat<br>< FALLS AREA COMM              |                        |                               |  |   | Employer identi                                  | fication n                         | umbe       | r      |
|          | DATION INC   |                        |                               |  |   | 31-1748533                                       |                                    |            |        |
| Pa       | rt I Types   | of Property            |                               | Г  |   |  |                                    |            |        |
|          |  |                        | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed       | (c)  Noncash contribution amounts reported on Form 990, Part VIII, line | noncash cor                                      | (d)<br>of determin<br>ntribution a |            | :s     |
| 1        | Art—Works of art                                     | t                      |                               |  | j   |  |                                    |            |        |
| 2        | Art—Historical tr                                    | easures .              |                               |  |   |  |                                    |            |        |
|          | Art—Fractional in                                    |                        |                               |  |   |  |                                    |            |        |
|          | Books and public                                     |                        |                               |  |   |  |                                    |            |        |
| 5        | Clothing and hou goods                               | isehold                |                               |  |   |  |                                    |            |        |
| 6        | Cars and other v                                     |                        |                               |  |   |  |                                    |            |        |
|          | Boats and planes                                     |                        |                               |  |   |  |                                    |            |        |
| 8        | Intellectual prope                                   | erty                   |                               |  |   |  |                                    |            |        |
| 9        | Securities—Public                                    | cly traded .           | Х                             | 142  | 12,160,01   | 0 AVERAGE MARKE                                  | T VALUE                            |            |        |
| 10       | Securities—Close                                     | ely held stock .       | X                             | 2  | 243,86  | 2 VALUE AT CONT                                  | RIBUTION                           |            |        |
| 11       | Securities—Partr<br>or trust interest                |                        |                               |  |   |  |                                    |            |        |
|          | Securities—Misce                                     |                        |                               |  |   |  |                                    |            |        |
| 13       | Qualified conserv<br>contribution—Hi<br>structures . | istoric                |                               |  |   |  |                                    |            |        |
| 14       | Qualified conserve contribution—Of                   | vation                 |                               |  |   |  |                                    |            |        |
| 15       | Real estate—Res                                      | idential .             |                               |  |   |  |                                    |            |        |
|          | Real estate—Cor                                      |                        |                               |  |   |  |                                    |            |        |
| 17       | Real estate—Oth                                      |                        |                               |  |   |  |                                    |            |        |
| 18       | Collectibles .                                       |                        |                               |  |   |  |                                    |            |        |
| 19<br>20 | Food inventory  Drugs and medic                      |                        |                               |  |   |  |                                    |            |        |
|          | Taxidermy .  | ai supplies .          |                               |  |   |  |                                    |            |        |
|          | Historical artifact                                  | <br>ts                 |                               |  |   |  |                                    |            |        |
|          | Scientific specim                                    |                        |                               |  |   |  |                                    |            |        |
|          | Archeological art                                    |                        |                               |  |   |  |                                    |            |        |
|          | Other ▶ (  |                        |                               |  |   |  |                                    |            |        |
|          | Other ▶ (  |                        |                               |  |   |  |                                    |            |        |
|          | Other ► (  | •                      |                               |  |   | 1  |                                    |            |        |
|          | Other ▶ (  | <u> </u>               |                               |  |   | <del>                                     </del> |                                    |            |        |
| 29       |  |                        |                               | ation during the tax year for<br>3, Part IV, Donee Acknowled |   | 29   |                                    |            |        |
|          | D  | J. J. Li.              |                               |  |   |  |                                    | Yes        | No     |
| 30a      | must hold for at                                     | least three years fr   | om the date                   | y contribution any property e of the initial contribution,   | and which is not required to  | be used for exem                                 | 1pt   30a                          |            | No     |
| b        | If "Yes," describ                                    | e the arrangement i    | n Part II                     |  |   |  | 500                                |            |        |
| 31       | Does the organi                                      | zation have a gift ac  | ceptance p                    | olicy that requires the revie                                | w of any nonstandard contr  | ibutions?  | 31                                 | Yes        |        |
| 32a      |  |                        |                               | or related organizations to s                                |   | ash<br>· · · ·                                   | 32a                                | Yes        |        |
| b        | If "Yes," describ                                    | e ın Part II           |                               |  |   |  |                                    |            |        |
| 33       | If the organizati                                    |                        | amount in                     | column (c) for a type of pro                                 | pperty for which column (a)   | ıs checked,                                      |                                    |            |        |
| For B    |  | on Act Notice, see the | Instruction                   | as for Form 990  | Cat. No. 512271   | Schadi   | ule M (Form                        | 000)       | (2018) |

| Schedule M (Form 990) (2018) | Page <b>2</b>   |
|------------------------------|---|
| I, column (b),               | I <b>Information.</b> Deprivation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part the number of contributions, the number of items received, or a combination of both. Also complete by additional information. |
| Return Reference             | Explanation   |
| PART I, LINE 32B             | SFACF USES VARIOUS BANK TRUST DEPARTMENTS AND BROKERAGE FIRMS TO ACCEPT AND SELL CONTRIBUTIONS OF SECURITIES AND MUTUAL FUNDS   |
|                              | Schedule M (Form 990) (2018)  |

| efile GRAPH   | IC print - DO NOT PROCESS As Filed Data -   | DLN:   | 93493135009300  |
|---|---|--|---|
| SCHEDUL<br>(Form 990 or<br>EZ)                                      | 990-EZ<br>stions on<br>ion.   | OMB No 1545-0047  2018  Open to Public Inspection  |   |
| Name Brthยงโฎ<br>SIOUX FALLS AREA<br>FOUNDATION INC<br>990 Schedule |   | Employer identi<br>31-1748533  | fication number   |
| Return<br>Reference   | Explanation   |  |   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B                     | SENIOR STAFF COMPILES INFORMATION FOR SFACF'S TAX RETURN AND REVII NTING FIRM'S DRAFT DOCUMENT WHEN COMPLETE, SENIOR STAFF PRESENT TION OF SCHEDULE B, SCHEDULE OF CONTRIBUTORS, WHICH IN DEFERENCE VACY IS REVIEWED BY THE CHAIR OF THE BOARD OF DIRECTORS) TO A JOINT ND FINANCE COMMITTEES, THE MEMBERSHIP OF WHICH IS COMPRISED OF BC AND/OR CPAS DRAWN FROM THE COMMUNITY ONCE APPROVED AT THE COM F THE GOVERNING BOARD RECEIVE ELECTRONIC COPIES OF THE TAX RETURI D THE BOARD REVIEWS, DISCUSSES, AND APPROVES THE RETURN THE PREFITHE TAX RETURN THIS REVIEW PROCESS IS CONDUCTED ANNUALLY | THE DRAFT (WITH<br>TO DONORS' DESIF<br>MEETING OF THE A<br>ARD MEMBERS AN<br>MITTEE LEVEL, ALL<br>N, WITH SCHEDULE | THE EXCEP<br>RE FOR PRI<br>AUDIT A<br>D ATTORNEYS<br>MEMBERS O<br>B REDACTE |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | AT THE BEGINNING OF EACH FISCAL YEAR, ALL MEMBERS OF SFACF'S STAFF, ITS BOARD OF DIRECTORS , AND ITS FIVE STANDING COMMITTEES, AND BOARD MEMBERS OF EASTBANK LAND CO , LLC FILE CONFL ICT OF INTEREST FORMS WITH THE PRESIDENT/CEO THE FORMS DISCLOSE EACH INDIVIDUAL'S AFFILIA TIONS WITH OTHER NONPROFIT ORGANIZATIONS AND SFACF VENDORS THESE FORMS ARE COMPILED IN TH E GOVERNING BOARD'S POLICY MANUAL, WHICH IS AVAILABLE ONLINE, AND ARE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST AT THE BEGINNING OF EACH MEETING, THE PERSON PRESIDING CALLS FOR DIS CLOSURE OF CONFLICTS RELATED TO AGENDA ITEMS BOARD AND COMMITTEE MEMBERS ARE REQUIRED TO GIVE NOTICE OF ANY POTENTIAL CONFLICT OF INTEREST AND " SHALL NOT VOTE ON SUCH MATTER, A ND SHALL NOT ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH " IN THE EVENT TH E EXISTENCE OF A CONFLICT OF INTEREST IS UNCLEAR, AFTER DISCLOSING THE INTEREST AND ALL MA TERIAL FACTS, THE PERSON WILL LEAVE THE MEETING WHILE THE REMAINING BOARD OR COMMITTEE MEM BERS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF THE BOARD OR A COMMITTEE PERCEIVE S THAT A PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT WILL I NFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND GIVE THAT PERSON AN OPPORTUNITY TO EXPLA IN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THAT PERSON'S RESPONSE AND AFTER MAK ING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERM INES THE PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE TERMINATION OF EMP LOYMENT OR DISMISSAL FROM THE BOARD OR COMMITTEE FURTHERMORE, THE IMMEDIATE FAMILY OF BOA RD AND STAFF ARE NOT ELIGIBLE TO APPLY FOR ANY AWARD PROGRAM ADMINISTERED BY SFACF AN IMM EDIATE FAMILY MEMBER IS DEFINED AS PARENT OR STEP-PARENT, SPOUSE, CHILD OR STEP-CHILD, GRA NPPARENT, GRANDCHILD OR STEP-GRANDCHILD, SIBLING OR STEP-SIBLING, AUNT OR UNCLE, NIECE OR NEPHEW, IN-LAW (MOTHER, FATHER, SISTER, BROTHER, DAUGHTER |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | SFACF USES THE COUNCIL ON FOUNDATION'S ANNUAL "GRANTMAKER'S SALARY AND BENEFITS REPORT" TO ESTABLISH SALARY RANGES FOR ALL STAFF POSITIONS, INCLUDING THE TOP MANAGEMENT OFFICIALS, WHICH ARE THE CEO, VICE PRESIDENT FOR DEVELOPMENT, AND CHIEF FINANCIAL OFFICER RANGES ARE BASED ON THE NATIONAL SURVEY'S MIDWEST TABLES AND DISCOUNTED BY 6% TO REFLECT WHAT IS ASS UMED TO BE A LOWER COST OF LIVING IN THE SIOUX FALLS AREA SFACF'S FINANCE COMMITTEE REVIE WS ALL PERSONNEL POLICIES IN NOVEMBER THEY REVIEW SALARY RANGES EACH JANUARY THE COMMITTEE'S RECOMMENDATIONS ARE FORWARDED TO THE BOARD OF DIRECTORS FOR FURTHER CONSIDERATION AND RATIFICATION FOLLOWING ANNUAL PERFORMANCE APPRAISALS, THE EXECUTIVE COMMITTEE SETS THE CEO'S ANNUAL SALARY, AND THE CEO ESTABLISHES THE SALARY FOR ALL OTHER STAFF |

## 990 Schedule O, Supplemental Information

Return

| Reference  |  |
|------------|--|
| FORM 990,  | COPIES OF SFACF'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON R |
| PART VI,   | EQUEST AT NO CHARGE TO THE INQUIRER UNAUDITED FINANCIAL STATEMENTS ARE INCLUDED IN ITS AN  |
| SECTION C, | NUAL REPORT AUDITED FINANCIAL STATEMENTS AND SFACF'S FEDERAL TAX RETURNS ARE AVAILABLE UP  |
| LINE 19    | ON REQUEST AT NO CHARGE TO THE INQUIRER AND ONLINE AT WWW SFACF ORG AND WWW GUIDESTAR ORG, |
|            | A NATIONAL CLEARINGHOUSE FOR INFORMATION ON NONPROFITS                                     |

Explanation

Return Explanation

| Reference |   |
|-----------|---|
|           | DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE -2,091 CHANGE IN NET ASSETS HELD FOR OTHERS, NET OF DISTRIBUTIONS -9,222,854 |

LINE 9

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

Name, address, and EIN (if applicable) of disregarded entity

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

(Form 990)

Department of the Treasury

SIOUX FALLS AREA COMMUNITY

Internal Revenue Service Name of the organization

FOUNDATION INC

Part I

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Primary activity

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Legal domicile (state

or foreign country)

Cat No 50135Y

2018

DLN: 93493135009300 OMB No 1545-0047

> Open to Public Inspection

Direct controlling

entity

Schedule R (Form 990) 2018

**Employer identification number** 

31-1748533

(e)

End-of-year assets

Total income

| (1) EASTBANK LAND COMPANY LLC (DISSOLVED 41819)<br>200 N CHERAPA PLACE<br>SIOUX FALLS, SD 57103<br>47-2724439 | SEE PART VII                   | SD  | 0                          |   | 0 SIOUX FALLS AREA COMMUNITY FOUNDATION |                    |   |  |
|---|--------------------------------|---|----------------------------|---|---|--------------------|---|--|
| (2) EASTBANK LAND COMPANY II LLC<br>200 N CHERAPA PLACE<br>SIOUX FALLS, SD 57103<br>47-4549848                | SEE PART VII                   | SD  | 0                          |   | SIOUX FALLS AREA COMMUI<br>FOUNDATION   | √ITY               |   |  |
| (3) EASTBANK LAND III LLC (DISSOLVED 31819) 200 N CHERAPA PLACE SIOUX FALLS, SD 57103 81-0691224              | SEE PART VII                   | SD  | 0                          |   | SIOUX FALLS AREA COMMUI<br>FOUNDATION   | NITY               |   |  |
| (4) EASTBANK LAND IV LLC 200 N CHERAPA PLACE SIOUX FALLS, SD 57103 81-1423793                                 | SEE PART VII                   | SD  | 0                          |   | SIOUX FALLS AREA COMMUI<br>FOUNDATION   | 1ITY               |   |  |
|   |                                |   |                            |   |   |                    | _   |  |
| Part II Identification of Related Tax-Exempt Organizat related tax-exempt organizations during the tax year   |                                | ganızatıon answered                                 | "Yes" on Form 990          | ), Part IV, line 34                             | because it had one o                    | r more             |   |  |
| (a) Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3) |   | Section<br>(13) co | <b>g)</b><br>n 512(b)<br>ontrolled<br>tity? |  |
|   |                                |   |                            |   |   | Yes                | No  |  |
|   |                                |   |                            |   |   |                    |   |  |
|   |                                |   |                            |   |   |                    |   |  |
|   |                                |   |                            |   |   |                    |   |  |
|   |                                |   |                            |   |   |                    |   |  |
|   |                                |   |                            |   |   |                    |   |  |

| (a)<br>Name, address, and EIN of<br>related organization  |   | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country)     | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514) | total income                         |                                       | ( <b>I</b><br>Disprop<br>alloca |                         | (i)<br>Code V-UBI<br>amount in bo<br>20 of<br>Schedule K-1<br>(Form 1065) | Gene<br>man<br>part | j)<br>eral or<br>aging<br>mer? | <b>(k</b><br>Percer<br>owner          | ntag              |
|---|---|-----------------------------------|---|--|---|--------------------------------------|---------------------------------------|---------------------------------|-------------------------|---|---------------------|--------------------------------|---------------------------------------|-------------------|
|   |   |                                   |   |  | 314)  |                                      |                                       | Yes                             | No                      |   | Yes                 | No                             |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       | _                 |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                                   |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
| Identification of Related Organiza because it had one or more related o   | ations Taxable as a C   | Corporation s a corporation       | or Trus   | <b>t</b> Complete<br>st during th      | ıf the organ<br>ne tax year.  | ızatıon ansı                         | wered "Yes                            | " on Fo                         | orm 9!                  | 90, Part IV   | , line              | 34                             |                                       |                   |
| Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization | ations Taxable as a C<br>rganizations treated as<br>(b)<br>Primary activity | L do (state                       | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)                                  | wered "Yes  (f) Share of total Income | Share                           | (g) of end- year assets | -of- Perce  | , line h) entage    | s<br>(:                        | (I)<br>ection 5<br>13) cont<br>entity | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                       | on or tru:<br>(c)<br>egal<br>micile               | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol       |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                       | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                       | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                       | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                       | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | tro<br>y?         |

| Schedule R (Form 990) 2018  | Page <b>3</b> |
|---|---------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.   |               |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  | Yes No        |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |               |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity  | 1a            |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  | 1b            |
| c Gift, grant, or capital contribution from related organization(s)   | 1c            |
| d Loans or loan guarantees to or for related organization(s)  | 1d            |
| e Loans or loan guarantees by related organization(s)   | 1e            |
| f Dividends from related organization(s)  | 1f            |
| g Sale of assets to related organization(s)   | 1g            |
| h Purchase of assets from related organization(s)   | 1h            |
| i Exchange of assets with related organization(s)   | 1i            |
| j Lease of facilities, equipment, or other assets to related organization(s)  | 1j            |
| k Lease of facilities, equipment, or other assets from related organization(s)  | 1k            |
| l Performance of services or membership or fundraising solicitations for related organization(s)  | . 11          |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | 1m            |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n            |
| o Sharing of paid employees with related organization(s)  | 10            |
| p Reimbursement paid to related organization(s) for expenses  | 1p            |
| q Reimbursement paid by related organization(s) for expenses  | 1q            |
| r Other transfer of cash or property to related organization(s)   | 1r            |
| s Other transfer of cash or property from related organization(s)   | 1s            |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |               |

| р | Reimbursement paid to related organization(s) for expenses  |                           |                       |                         | <b>1</b> p |      |
|---|---|---------------------------|-----------------------|-------------------------|------------|------|
| q | Reimbursement paid by related organization(s) for expenses  |                           |                       |                         | <b>1</b> q |      |
|   |   |                           |                       |                         |            |      |
| r | Other transfer of cash or property to related organization(s)   |                           |                       |                         | 1r         |      |
| s | Other transfer of cash or property from related organization(s)   |                           |                       |                         | 1s         |      |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | e, including covered r    | elationships and trai | nsaction thresholds     |            |      |
|   | (a)   | (b)                       | (c)                   | (d)                     |            |      |
|   | Name of related organization  | Transaction<br>type (a-s) | Amount involved       | Method of determining a | mount invo | lved |
|   |   |                           |                       |                         |            | _    |
|   |   |                           |                       |                         |            |      |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | 01  | (e)<br>re all partners<br>section<br>501(c)(3)<br>rganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? | ate | Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) | (1)<br>General o<br>managin<br>partner | g    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|---|-----|---|------------------------------------|--|--------------------------------------|-----|--|--|------|--------------------------------|
|   |                         |   | 514)  | Yes | No  |                                    |  | Yes                                  | No  |  | Yes                                    | No   |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      | _                              |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      | _                              |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   |                         |   |   |     |   |                                    |  |                                      |     |  |  |      |                                |
|   | •                       |   |   |     |   |                                    |  |                                      | •   | Schedul  | e R (Forn                              | 1 99 | 0) 2018                        |

Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART 1, IDENTIFICATION OF EASTBANK LAND COMPANY II, LLC - PRIMARY ACTIVITY TO OWN, MANAGE, SELL, LEASE AND OTHERWISE HOLD TITLE TO AND OPERATE REAL ESTATE FOR THE BENEFIT OF SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. EASTBANK LAND COMPANY IV, LLC - PRIMARY ACTIVITY. TO OWN, MANAGE, SELL, LEASE AND DISREGARDED ENTITIES OTHERWISE HOLD TITLE TO AND OPERATE REAL ESTATE FOR THE BENEFIT OF SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Schedule R (Form 990) 2018