Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

DLN: 93493315017580 OMB No. 1545-0047

> Open to Public Inspection

Use Only

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

Department of the

Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: SOUTH DAKOTA COMMUNITY FOUNDATION ☐ Address change 46-0398115 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite □ Application pending (605) 224-1025 City or town, state or province, country, and ZIP or foreign postal code Pierre, SD $\,$ 57501 $\,$ G Gross receipts \$ 323,689,020 Name and address of principal officer: H(a) Is this a group return for Stephanie Judson □Yes ☑No subordinates? 1714 N Lincoln Ave H(b) Are all subordinates Pierre, SD 57501 ☐ Yes ☐No included? Tax-exempt status: **☑** 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.SDCOMMUNITYFOUNDATION.ORG L Year of formation: 1987 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: RECEIVE AND ADMINISTER GIFTS FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, SCIENTIFIC, AND LITERARY PURPOSES, PRIMARILY FOR THE BENEFIT OF SOUTH DAKOTANS. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 20 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 11 300 Total number of volunteers (estimate if necessary) . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Prior Year Current Year** 19,366,269 71,501,248 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 230,364 202,002 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 9,591,751 8,000,880 -190 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,283 79,703,940 29,200,667 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14,168,857 15,864,250 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,196,827 1,362,419 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶691,206 458,865 538,996 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 15,824,549 17,765,665 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,376,118 19 Revenue less expenses. Subtract line 18 from line 12 . 61,938,275 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 316,548,132 361,930,702 50,099,099 21 Total liabilities (Part X, line 26) . 85,093,065 22 Net assets or fund balances. Subtract line 21 from line 20 . 311,831,603 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 2020-10-20 Signature of officer Sign Here Stephanie Judson President Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if Paid self-employed Firm's name Firm's EIN ▶ Preparer

☐ Yes ☐ No

Form	990 (2019)					Page 2						
Pa	rt III Stateme	nt of Program Se	ervice Accomplis	hments								
-	Check if So	chedule O contains a	response or note to	any line in this Part III		🗆						
1	Briefly describe th	e organization's miss	sion:									
SEE I	PART 1, LINE 1.											
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 99	0 or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe	these new services o	n Schedule O.									
3	•											
	services?											
	If "Yes," describe	these changes on Sc	hedule O.									
4	Section $501(c)(3)$	nization's program se and 501(c)(4) organ renue, if any, for eac	izations are required	I to report the amoun	e largest program services, as mea t of grants and allocations to others,	sured by expenses. , the total						
	(Code:) (Expenses \$	14,223,030	including grants of \$	13,892,757) (Revenue \$	0)						
	See Additional Data											
4b	(Code:) (Expenses \$	1,318,195	including grants of \$	1,318,195) (Revenue \$	0)						
	See Additional Data											
4c	(Code:) (Expenses \$	653,298	including grants of \$	653,298) (Revenue \$	0)						
	See Additional Data											
4d	Other program se	rvices (Describe in S	chedule O.)									
	(Expenses \$	0	including grants of	\$	0) (Revenue \$	0)						
4e	Total program s	ervice expenses >	16,194,5	523								
						Form 990 (2019)						

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Nο

Nο

Nο

Nο

Nο

Nο

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20b

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Yes

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Pai	tiv 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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D,</i> Part 2	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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	Yes	
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.			
а	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line $16?$ If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Par	Checklist of Required Schedules (continued)			
			Yes	No
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		No
	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	Yes	
	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		
С	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		
	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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter}	29	Yes	
	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11h and 192 Note.			

	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 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes		

Yes

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1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

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

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

(gambling) winnings to prize winners? .

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

Part V

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • •	4a		No				
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		No No				
	,,,,,,,,,							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No				
10	Section 501(c)(7) organizations. Enter:							
_	Initiation fees and capital contributions included on Part VIII, line 12 10a							
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	14a		No				
	.4a Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	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.	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" respo	nse to	lines 🗹
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		<u> </u>
30	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	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 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	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	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Yes	
b	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	
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	
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure	<u>'</u>		
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Clayton Cudmore 1714 N LINCOLN AVE Pierre, SD 57501 (605) 224-1025			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the	persons above.	i	-				,	J		
Check this box if neither the organization no (A) Name and title	(B) Average	Positio	n (do	(C)) t che	eck m	ore	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related	pers and	on is	boti	h an or/tr	nless office ustee	er)	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	Misc)	` MÍSC)	related organizations
(1) Stephanie Judson President	55			×				247,155	0	67,173
(2) Clayton Cudmore CFO	55			x				162,873	0	34,778
(3) Jeff Veltkamp Director of Development	55					х		111,341	0	33,019
(4) Jeff Erickson Chair	1	х		х				0	0	0
(5) Beth Benning Vice Chair	1	х		х				0	0	0
(6) Maree Larson Director	1	х						0	0	0
(7) Scott Jones Director	1	х						0	0	0
(8) DeMaris Nesheim Director	1	х						0	0	0
(9) John Porter Director	1	Х						0	0	0
(10) Karl Adam Director	1	х						0	0	0
(11) Mark Buche Director	1	Х						0	0	0
(12) Marilyn Hoyt Director	1	х						0	0	0
(13) Marcia Honomichl Director	1	Х						0	0	0
(14) Bruce Brandner Director	1	Х						0	0	0
(15) Stanley Porch Director	1	Х						0	0	0
(16) Les Lindskov Director	1	х						0	0	0
(17) Anita Nachtigal Director	1	х						0	0	0

(A)

compensation from the organization ▶ 0

(B)

Part VII

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

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne b	ox, ι n of tor/t	t ch unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	am co	mpen: from	ated of other sation
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	-	relat ganiza	ed
	harles Hart	1	x						О		0		C
	eith Moore	,									+		
Direct	or	····	×						0		0		C
20) [Direct	eanna Lien	1	хх						0		О		C
21) [athy Gunderson	1	Х						0		0		C
22) L	oug Sharp		····						0				
os) i	tonnic Battoon		×								0		
Direct		1	×						0		0		C
1b 5	ub-Total	<u> </u>			<u></u>	<u> </u>	<u> </u> ►						
	otal from continuation sheets to Part \ otal (add lines 1b and 1c)	•				,			521,369	0			134,970
2	Total number of individuals (including but of reportable compensation from the organization)	t not limited to				e) v	vho re	ceive	ed more than \$100	,000			
	<u> </u>										Τ,	res	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," complete Schedule J for						e, or h				3		No
4	For any individual listed on line 1a, is the organization and related organizations gr										+		
	individual				•	•					4 '	Yes	
5	Did any person listed on line 1a receive of services rendered to the organization? If								ganization or individ		5		No
Se	ction B. Independent Contractors	<u> </u>											-140
1	Complete this table for your five highest from the organization. Report compensat	compensated in									ensatio	n	
	•	(A) ousiness address	144. 70	-	9					(B)	С	(C)	
	otal number of independent contractors (i	ncluding but no	t limited	d to t	hose	list	ed abo	ove)	who received more	than \$100,000 o	of		

(C)

(D)

		(2019) Statement	of E	Povonuo						Page 9
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
		3.130K II 33.130			, , , ,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1:	a Federated campa	aigns	s	1 a	0	L	revende		312 314
ants		b Membership due:	s.	. [1 b	0				
67.0 m		c Fundraising even	nts .	[1c	0				
ifts, ar A		d Related organiza	tions	5 <u> </u>	1d	0				
		e Government grants	(con	tributions)	1e	1,000,000				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contribution and similar amounts above			1 f	70,501,248				
ntrib d Oth		g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1 g	2,548,380				
3 E		h Total. Add lines	1a-1	f		•	71,501,248			
						Business Code				
an an	2a	Other Administrative	Fees			541900	202,002	202,002	0	U
Program Service Revenue										
Rev	b									
vice	c									
Ser	d									
ranı										
Yog	е									
	f	All other program	serv	ice revenue.			0	0	0	0
	g	Total. Add lines 2	2a-2	f	>	202,002				
		Investment income similar amounts)		luding divide		nterest, and other	8,010,386		0	8,010,380
		Income from invest				ond proceeds	•		0	0
	5	Royalties				•	•		0	0
				(i) Rea	l	(ii) Personal	-			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	6c							
		or (loss) I Net rental income					0			
				(i) Securi		(ii) Other				
	7a	Gross amount from sales of assets other	7a	243,9	75,580)	0			
	b	than inventory Less: cost or					-			
		other basis and sales expenses	7b	243,9	85,080		0			
	С	Gain or (loss)	7 c		-9,500)	0			
		Net gain or (loss)		· · ·	_	· · · •	-9,500		0	-9,500
Other Revenue	Od	Gross income from fu (not including \$ contributions reporte	d on	0 of line 1c).						
}e√		See Part IV, line 18			8a		_			
er f		Less: direct expen Net income or (los			8b na ev	ents 🕨				
	9a	Gross income from See Part IV, line 19			9a					
	ŀ	Less: direct expen	ises		9b		1			
	(Net income or (los	ss) fr	om gaming a	ctivit	ies	_			
	10	aGross sales of inve	entoi	rv, less						
		returns and allowa	nce	s	10a					
	ł	Less: cost of good	s so	ld	10 b					
	(Net income or (los Miscellaneo			nvent	Business Code	1			
	11	-aChange in CSV/A			ous	90009	9 -190		0	-190
	ŀ	,								
	ď									
		All other revenue Total. Add lines 1			. 7	•			0	0
		Total revenue. S					-190			
			11			•	79,703,940	202,002	2 0	8,000,690

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c				ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,864,250	15,864,250		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	410,028	42,016	219,719	148,293
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	603,260	132,993	254,690	215,577
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	140,522	26,144	60,894	53,484
9 Other employee benefits	141,695	26,975	66,511	48,209
10 Payroll taxes	66,914	12,014	31,611	23,289
11 Fees for services (non-employees):				
a Management				
b Legal	12,819		12,819	
c Accounting	37,134		37,134	
d Lobbying	21,205		21,205	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	98,590	27,904	5,578	65,108
13 Office expenses	36,972	6,517	17,189	13,266
14 Information technology	33,093	5,833	15,386	11,874
15 Royalties				
16 Occupancy	25,052	4,416	11,647	8,989
17 Travel	45,961	13,788	4,596	27,577
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				_
19 Conferences, conventions, and meetings	31,117		31,117	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,986	15,728	23,650	37,608
23 Insurance	25,735	4,536	11,965	9,234
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		,,,,,		
a Printing	28,198	4,970	13,110	10,118
b Dues/fees/Subscriptions	20,485	3,611	9,524	7,350
c Telephone	16,045	2,828	7,460	5,757
d Impact Study	17,317	0	17,317	0
e All other expenses	12,287	0	6,814	5,473
25 Total functional expenses. Add lines 1 through 24e	17,765,665	16,194,523	879,936	691,206
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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Liabilities 22

Fund Balances

٥ 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

11,108,960

46,077

1,174,950

2,000,000

4,109,277

166,846

38,300

50.099.099

311.654.608

311,831,603

361,930,702

Form 990 (2019)

176,995

361,930,702

343,491,438

(B)

End of year

Page **11**

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

Cash-non-interest-bearing					
Savings and temporary cash investments	•				

Pledges and grants receivable, net . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use . Prepaid expenses and deferred charges .

10a

10b

Investments—other securities. See Part IV, line 11 .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities . 12

Assets

Investments—program-related. See Part IV, line 11

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

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

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and

1,652,729 477,779

Beginning of year

17,156,215

2,321,433

17,321 893,201 290,411,313

11 12 2,000,000

3,748,649

131,988

316,548,132

84,916,727

44,350

85.093.065

231,258,220

231,455,067

316,548,132

196,847

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19 20 21 49,893,953 22 23

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

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

Audit Act and OMB Circular A-133? 3a

No

Form 990 (2019)

3h

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.

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 46-0398115

Name: SOUTH DAKOTA COMMUNITY FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a: THE SOUTH DAKOTA COMMUNITY FOUNDATION IS THE ONLY COMMUNITY FOUNDATION IN SOUTH DAKOTA WITH A STATEWIDE FOCUS. ESTABLISHED AS A PUBLIC NONPROFIT IN 1987 UNDER THE VISION OF GOVERNOR MICKELSON, THE FOUNDATION PROVIDES GRANTS TO NONPROFIT AND CHARITABLE ORGANIZATIONS ACROSS THE STATE IN SUPPORT OF CHARITABLE, ECONOMIC DEVELOPMENT, HUMAN SERVICES, HEALTH, EDUCATION, AND CULTURAL PROGRAMS.

Form 990, Part III, Line 4b: COMMUNITY SAVINGS ACCOUNTS-WORK WITH OVER 75 COMMUNITIES ACROSS THE STATE, RANGING IN POPULATION FROM 200 TO OVER 30,000, TO CREATE PERPETUAL FUNDING STREAMS TO ASSIST WITH LOCAL CHARITABLE CAUSES, GRANTS WERE AWARDED TO SUPPORT NONPROFIT AND CHARITABLE CAUSES THAT

ENABLE THE FOUNDATION TO DIRECTLY IMPACT NECESSARY CHANGE AS DETERMINED BY LOCAL LEADERS.

Form 990, Part III, Line 4c: SCHOLARSHIP PROGRAM-MAINTAINS NEARLY 275 SCHOLARSHIP FUNDS FOR THE BENEFIT OF HIGH SCHOOL GRADUATES ACROSS THE STATE. THE FOUNDATION WORKS WITH DONORS TO IMPROVE ACCESS FOR SOUTH DAKOTA'S YOUTH TO OBTAIN HIGHER EDUCATION. THE FOUNDATION AWARDED OVER 700 SCHOLARSHIPS TO ASSIST

STUDENTS WITH HIGHER EDUCATION

efil	le GRAPHIC print - DO NOT PROCESS As Filed Data - DLN			DLN: 9	: 93493315017580					
SCHEDULE A Publ			Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
(Form 990 or 990EZ)			Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	r a section	2019		
		the Treasury	► Go to <u>www.irs</u>	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Open to Inspe						
Nam	e of th	he organiza	tion Y FOUNDATION				Employer identific	ation number		
							46-0398115			
	rt I		for Public Charity Stat a private foundation because				See instructions.			
1	nganiz		onvention of churches, or a	•	•		(Δ)(i).			
2		·	scribed in section 170(b)							
3			or a cooperative hospital ser		,	, ,				
4		·	esearch organization operat	-			•	nter the hospital's		
•	Ш	name, city,		ied in conjunction with	a nospital descri	ibed iii sectioii :	170(b)(1)(A)(III). L	inter the hospital s		
5		(b)(1)(A)	ation operated for the benef	-				bed in section 170		
6			tate, or local government o	_						
7			ation that normally receives ' 0(b)(1)(A)(vi). (Complete		s support from a	governmental ι	init or from the gener	al public described in		
8	✓		ty trust described in sectio	•	(Complete Part I	I.)				
9			ural research organization d rant college of agriculture. S					ege or university or a		
10		from activit investment	ation that normally receives lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	nctións—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross		
11		An organiza	ation organized and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operate cly supported organizations through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
а		organizatio	supporting organization oper n(s) the power to regularly Part IV, Sections A and B	appoint or elect a majo						
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled i ation vested in the sar			` ',' '	-		
С		Type III f	unctionally integrated. A programme in the programme in t	supporting organizatio				ited with, its		
d		Type III n	on-functionally integrate integrated. The organization in You must complete Pa	d. A supporting organion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ			
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		of supported organizations		-					
g	Provi	de the follow	ing information about the s	upported organization(s).					
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	tion in your governing document? monetary support other lines (see instructions) e (see			(vi) Amount of other support (see instructions)		
					Yes	No				
Tota			tion Act Notice, see the I	<u> </u>	Cat. No. 11285			 90 or 990-EZ) 2019		

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 16,788,202 28,067,101 53,617,215 19,366,269 26,724,144 144,562,931 include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 16,788,202 53,617,215 19,366,269 26,724,144 144,562,931 28,067,101 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 35,749,800 line 1 that exceeds 2% of the amount shown on line 11, column (f). . Public support. Subtract line 5 108,813,131 from line 4. Section B. Total Support Calendar vear (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ 16,788,202 28,067,101 53,617,215 19,366,269 26,724,144 144,562,931 Amounts from line 4. . Gross income from interest. dividends, payments received on 6,378,813 securities loans, rents, royalties 3,170,564 5,209,592 4,840,585 8,010,380 27,609,934 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 263.339 257.973 245,857 242.647 201.812 1.211.628 assets (Explain in Part VI.). . **Total support.** Add lines 7 through 173,384,493 12

Section C. Computation of Public Support Percentage

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

15 Public support percentage for 2018 Schedule A, Part II, line 14

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

62.758 %

58.723 %

14

Schedule A (Form 990 or 990-EZ) 2019

P	art IIII Support Schedule for							
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
		qualify under	tne tests listed t	pelow, please co	mpiete Part II.)		
	ection A. Public Support Calendar year		I	Ī				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
	under section 513 Tax revenues levied for the							
4	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	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								
	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Se	ection B. Total Support					l		
	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
_	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975.							
С	Add lines 10a and 10b.							
11	Add lines 10a and 10b. Net income from unrelated business							
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,							
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is							
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or							
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets							
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c,							
11	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,	
11 12 13	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for	-			•	` , , ,	- <u>-</u>	
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).				•	` , , ,	- <u>-</u>	
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here	Support Perce	entage	<u> </u>	<u> </u>	` , , ,	- <u>-</u>	
11 12 13 14	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here.	Support Perce e 8, column (f) d	entage ivided by line 13,	column (f))			- <u>-</u>	
11 12 13 14 Se 15 16	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here. Public support percentage for 2019 (lin Public support percentage from 2018 S	Support Perce e 8, column (f) d chedule A, Part I	entage ivided by line 13,	column (f))		15	- <u>-</u>	
11 12 13 14 Se 15 16 Se	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is fo check this box and stop here. Public support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investi	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage ivided by line 13, II, line 15 Percentage	column (f))		15 16	- <u>-</u>	
11 12 13 14 Se 15 16 Se 17	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019.	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu	entage ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))		15 16	- <u>-</u>	
11 12 13 14 Se 15 16 Se 17 18	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investment income percentage from 2018 Investment Income Percentage Investment Income Percen	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A,	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))))	15 16 17 18		
11 12 13 14 See 15 16 See 17 18 19a	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Public support percentage for 2019 (line Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019.	Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))))	15 16 17 18 133 1/3%, and line	▶ □	

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ 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

10a

answer line 10b below.

the organization had excess business holdings).

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? 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. 3a 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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 7 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,"

8 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
```

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

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	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 .	11c		
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 Part VI 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
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 Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	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.	ſ	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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 Part VI 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? <i>Provide details in Part VI</i> .	3a		
	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 Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

other distributions (describe in Fare V2). See mistractions					
7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 99	Paç	ge 8
Section Part IV	mental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV 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 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 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 ons).	
	Facts And Circumstances Test	
990 Schedule A,	Supplemental Information	
Return Refe	ence Explanation	
Schedule A Part II	ine 10 Includes program services revenue of administrative fees along with changes in cash surrender value and spli	lit

interest agreements.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493315017580

2019

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

► 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.

Na	me of the organization JTH DAKOTA COMMUNITY FOUNDATION		Employer identification number
300	TH DAKOTA COMMONITY FOUNDATION		46-0398115
Pa	organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Y	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	120	
2	Aggregate value of contributions to (during year)	51,480,779	
3	Aggregate value of grants from (during year)	13,209,014	
1	Aggregate value at end of year	85,252,552	
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's e		
5	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose c	
Pa	rt II Conservation Easements. Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the orga	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation	on or education) \square Preservation of an	historically important land area
	Protection of natural habitat	☐ Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified history	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferr tax year ▶	red, released, extinguished, or terminated by t	the organization during the
1	Number of states where property subject to conservati	ion easement is located >	<u></u>
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling ods?	of violations,
5	Staff and volunteer hours devoted to monitoring, insper	ecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial state	nse statement, and
ar	t III Organizations Maintaining Collections Complete if the organization answered "Y	s of Art, Historical Treasures, or Oth	er Similar Assets.
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to report in its revenue star public exhibition, education, or research in fi	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i	i)Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		 ▶ \$

Par	i IIII	Organizations M	aintaining Coll	ections o	f Art, Hi	stori	cal Tı	reası	ıres, or	Other	Similar As	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		, and other	records, c	heck a	any of	the fo	llowing t	hat are a	significant u	use of its coll	ection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
4	Provi Part :	de a description of the XIII.	organization's coll	ections and	explain ho	ow the	y furth	ner the	e organiz	ation's ex	empt purpo	se in		
5		ng the year, did the org ts to be sold to raise fur										☐ Yes	□ N-	o
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Form	1 990,	, Part	IV, li	ne 9, or	r reporte	ed an amou	ınt on Form	1 990,	Part
1a		e organization an agent ded on Form 990, Part										Yes	☑ N	o
h	TE "V	os " ovalain the arrange	mont in Bart VIII	and comple	to the follo	owina	table:		ſ		^	mount		_
b c		es," explain the arrange nning balance		•		_			ŀ	1c		ount		_
d	-	ions during the year .								1d				_
e		ibutions during the year							ľ	1e				_
f		ng balance							ŀ	1f				_
		he organization include									. Lilit. / O			_
2a													L N₁	0
	rt V	es," explain the arrange Endowment Fund		Check here	e ir the exp	lanati	on nas	been	provided	in Part	KIII			
I-C	ILV	Complete if the or		ered "Yes	" on Form	990	, Part	IV. li	ne 10.					
				(a) Currer			rior yea		(c) Two y	ears back	(d) Three ye	ars back (e) F	our year	rs back
1 a	Beginr	ning of year balance .		208	,782,026	2	219,644	,029	16	3,178,018	132,	101,317	131,	194,917
b	Contril	butions			,592,028		11,427			88,983,576	·	027,320		940,742
С	Net in	vestment earnings, gair	ns, and losses		,056,121		-12,636	<u> </u>		24,204,015		077,088	· ·	093,811
		or scholarships	ļ.	18	,589,063		7,915	,376		5,253,372	4,	754,441	4,7	744,006
е		expenditures for facilitions ograms	es		0			0		0		0		0
f	Admin	istrative expenses .		1	,826,195		1,737	7,343		1,468,208	1,	273,266	1,:	196,525
g	End of	year balance	[296	,014,917	2	208,782	2,026	21	9,644,029	163,	178,018	132,	101,317
2	Provi	de the estimated perce	ntage of the curre	nt year end	balance (l	line 1g	g, colu	mn (a)) held a	s:				
а		d designated or quasi-e	***************************************	99 %										
b	Perm	anent endowment ►	0 %											
c	Temp	porarily restricted endo	wment ► 1	%										
_	,	percentages on lines 2a												
3а		here endowment funds nization by:	not in the possess	sion of the o	organizatio	n that	are h	eld an	d admini	stered fo	r the		Yes	No
	_	nrelated organizations										3a(i)		No
	(ii) r	related organizations .										3a(ii)		No
b	If "Ye	es" on 3a(ii), are the re	lated organizations	s listed as r	equired on	Sche	dule R	?.				3b		
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endowr	nent f	unds.					<u>-</u>		
Pa	rt VI				. –								•	
	Descr	Complete if the orginization of property	ganization answ (a) Cost or othe (investmer	er basis	(b) Cost or						epreciation		ook value	e
_	1 1						2.0	TE 000						255 000
	Land			0				55,000			200 214			355,000
		ngs		0			92	13,983 0			208,311			735,672
		nold improvements		0			21	53,746			269,468			84,278
a	⊏quipr	ment		U			3:	,,,40	I		209,408			04,2/8

0

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

0

1,174,950

Part VII		Dest N.C.	0 11h C 5 000	Dowt V Jine 12
	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)), Part IV, lin (b) Book value	(c) Metho	Part X, line 12. d of valuation: -year market value
	al derivatives			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum Part VIII	In (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	<u> </u>		
. a.c v	Complete if the organization answered 'Yes' on Form 990	, Part IV, lin		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
(1)				value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	▶ 2 11d. See Form 990, Pai	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			•
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV, line	e 11e or 11f.See Form	990, Part X, line 25. (b) Book value
	income taxes			0
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>	38,300
	or uncertain tax positions. In Part XIII, provide the text of the footr	note to the org		ments that reports the
organization	s' liability for uncertain tax positions under FIN 48 (ASC 740). Chec	k here if the t	ext of the footnote has be	een provided in Part XIII 🔽

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, , ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009572 Software Version: v1.00

EIN: 46-0398115

Name: SOUTH DAKOTA COMMUNITY FOUNDATION

Supplemental Information

	Evalanation

Return Reference EXPIANATION Schedule D, Part IV, Line 2b The Foundation acts as agent for certain donors by receiving assets under agreements in wh ich the donor has named itself as the nonprofit beneficiary. For financial statement/GAAP, the Foundation recognizes a liability to the donor. For income tax reporting, the Foundat ion records contributions received.

upplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4	See Form 990, Part 1, line 1.

Sı

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	At December 31, 2019, the Foundation believes that no significant uncertain tax positions or liabilities exist. In accordance with the applicable statute of limitations, the Founda tion's tax returns could be audited by the Internal Revenue Service for the years ended De cember 31, 2016 to 2019.

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

DLN: 93493315017580

Open to Public Inspection

reasury nternal Revenue Service	► Go to <u>www.irs.gov/Form990</u> for the latest information.						Inspection	
ame of the organization					Employer identi	Employer identification number		
OUTH DAKOTA COMMU	NITY FOUNDATION					46-0398115		
Part I General :	Information on Grants	and Assistance						
	tion maintain records to sub ria used to award the grants				for the grants or assistance,	and	☑ Yes ☐ N	
	/ the organization's procedu						⊈ fes ∟ N	
	l Other Assistance to Doned more than \$5,000. Part I			ents. Complete if the o	rganization answered "Yes" o	on Form 990, Part IV, li	ne 21, for any recipient	
(a) Name and addre organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
1) See Additional Data								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
							202	
• Enter total number	i of other organizations liste	u iii the line I table.				· · · · · · · · · · · · · · · · · · ·	0	

(Form 990)

Page 2

Schedule I (Form 990) 2019

(2) (3) (4)

> Scholarship distributions are approved only after being recommended by independent selection committee with predetermined criteria, with both committee and criteria having previously been disclosed and approved by the Foundation's Board of Directors. Scholarship distributions are paid directly to the educational institution. Finally,

charitable organizations receiving distributions from designated funds certify that funds will be used only for the designated and charitable purpose.

(5) (6)

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

(7)

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

Schedule I (Form 990) 2019

Return Reference **Explanation** Schedule I, Part I, Line 2 The Foundation reviews the tax status of prospective grantees by using Guidestar Charity Check, which integrates data from IRS Publication 78 on a continual basis. For 501c3 organizations, governmental entities, and religious organizations, verification is conducted prior to grant issuance. If the organization cannot be verified, no grant is awarded. The monitoring procedures used vary based on the grantee's tax status, fund type of distribution, and grant purpose. Donor advised funds can only make grants to 170(B)(1)(A) organizations or to other donor advised funds and are done through written recommendation with signature certifying the purpose of the grant is only for a charitable purpose. Unrestricted grantmaking requires a due diligence form prior to grant verifying the proceeds will be used only for the purpose stated in the application. In addition, a full program evaluation is required upon completion of the grant/program. Future grants will be denied to grantee if not received.

Additional Data

Providence, RI 02908 East Dakota Educational

Solutions 715 E 14th St Sioux Falls, SD 57104

Cooperative dba Teachwell

Software ID: 19009572 **Software Version:** v1.00

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	
LaSalle Academy 612 Academy Ave	05-0258897	3	10,009			

7,230

(q) Description of

non-cash assistance

(h) Purpose of grant

Education and youth

Education and youth

or assistance

services

services

(a) Name and address of **(b)** EIN (c) IRC section

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (d) Amount of cash (e) Amount of non- (f) Method of valuation

06-1209235

Name: SOUTH DAKOTA COMMUNITY FOUNDATION

EIN: 46-0398115

(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 or assistance organization grant cash or government assistance other) Spirit of Peace United Church 13-1957221 10.000 Religion of Christ

Education and youth

services

55.000l

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

PO Box 600
Sioux Falls, SD 57101
Teach for America South

PO Box 368 Mission, SD 57555 13-3541913

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 20-3000282 24.735 Northern Star Council Boy Education and youth services

Scouts of America 6202 Bloomington Road Saint Paul, MN 55111

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

Sioux Falls, SD 57104

ARC of Dreams 20-8535871 10.000 Community welfare and 300 South Phillips Ave L104 betterment

(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 or assistance organization grant cash or government assistance other) Community Development 20-8612763 65.734 Community welfare and Foundation betterment 1705 Dakota Ave South

Education and youth

services

24.219

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

23-7002314

Huron, SD 57350

620 15th Ave SE Aberdeen, SD 57401

Foundation

Northern State University

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Peace Lutheran Church 23-7003936 11,000 Religion

5509 West 41st Street Sioux Falls, SD 57106					
Aberdeen Area Boys & Girls Club	23-7062273	3	20,000		Education and youth services

1121 First Ave SE

Aberdeen, SD 57401

(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, non-cash assistance organization grant cash or assistance assistance other) or government 23-7116252 Community welfare and

Services

Rapid City Arts Council Inc 5.191 713 7th Street Rapid City, SD 57701

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

Financial Aid Office PO Box 490

Kyle, SD 57752

betterment Oglala Lakota College 23-7135915 5.942 Education and youth

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Our Home Inc 23-7163006 10.072 |Community welfare and betterment

Community welfare and

betterment

334 3rd Street SW
Huron, SD 57350

Glacial Lakes Area 23-7283707 3 11,072
Development

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

PO Box 62 Britton, SD 57430

(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 or assistance organization grant cash or government assistance other) South Dakota High School 23-7297479 7.000 Education and youth

Coaches Association 801 West Eagle Ridge Street Sioux Falls, SD 57108			·		services
Friends of South Dakota Public	23-7310698	3	37,500		Community

Sioux Falls, SD 57104

tv welfare and Broadcasting betterment PO Box 2025

(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 assistance other) or government

Community welfare and

betterment

Chadron State College	23-7352673	3	22,186		Education and youth
1000 Main Street					services
Chadron, NE 69337					

10.000

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

Helpline Center Inc

Sioux Falls, SD 57104

1000 N West Ave Suite 310

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Cauth Daliata Cantau fau 22 7420240 0 0001 Camana milia malfana and

PO Box 11

White River, SD 57579

Enterprise Opportunity 1200 University Street Unit 9511 Spearfish, SD 57799	23-7428348	3	8,000		betterment
Michael Glynn Memorial Coalition	26-3152733	3	10,000		Community welfare and betterment

(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, non-cash assistance organization grant cash or assistance assistance other) or government on and youth

betterment

Harrisburg Baseball Association PO Box 434 Harrisburg, SD 57032	27-0606157	3	10,000		Education services
					

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

508 North Main Street

Aberdeen, SD 57401

Fallout Creative Community 27-0901853 10.000 Community welfare and

(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 or assistance organization grant cash or government assistance other) Langford School District 27-2050701 14,020 Education and youth DO 0-11 127 200 Charles

Street Langford, SD 57454					services
Chamber Music Festival of the Black Hills	27-4374146	3	10,000		Community welfare and betterment

3213 West Main Suite 209 Rapid City, SD 57702

(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, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Cavalier Corner 32-0210507 7.500 Education and youth 709 Maple Street Iservices Tyndall, SD 57066

Healthcare

54.092

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

Shriners Hospitals for Children

PO Box 31356 Tampa, FL 33607

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 36-3293534 93.244 Feeding South Dakota Community welfare and 4701 North Westport Ave betterment

Sioux Falls, SD 57107 Mitchell Christian Education 36-3326267 17.502 Association services

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

Education and vouth 805 West 18th Ave Mitchell, SD 57301

(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, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 36-3354458 10.000 Community welfare and

Community welfare and

betterment

West River Foundation 730 East Watertown Street betterment Rapid City, SD 57701

25,000

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

Initiative Foundation

Little Falls, MN 56345

405 1st Street SE

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government South Dakota Synod of the 36-3512774 32,500 Religion

United Way of Vermillian	26 2525070	2	10.000		Community
ELCA 51 East Highway 18 Pine Ridge, SD 57770					

Vermillion, SD 57069

|Community welfare and United way of Vermillion 36-35350/8 10,000 PO Box 216 betterment

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Black Hills Area Community 36-3608635 10 0001 Community welfare and

betterment

402 St Joseph Street 8 Rapid City, SD 57701	
' ' ' ' ' ' ' ' ' '	betterment

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

PO Box 53

Parkston, SD 57366

Parkston Commercial Club 15.000l |Community welfare and 36-3665973

(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 or assistance organization grant cash or government assistance other) South Dakota Network Against 36-3792912 10.000 |Community welfare and Family Violence & Sexual betterment

Education and youth

Services

6.425

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

Assault
PO Box 90453
Sioux Falls, SD 57109

36-3803804

Tiger Educational Foundation

PO Box 622

Mobridge, SD 57601

(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 or assistance organization grant cash or government assistance other) Lake Area Technical Institute 36-3860861 1.225.916 Education and youth Financial Aid Office PO Box 730 services Watertown, SD 57201 Wolakota Waldorf Society DBA 36-3957237 15.000l Education and vouth

Watertown, SD 57201

Wolakota Waldorf Society DBA Lakota Waldorf School
Three mile creek road PO Box 527

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

Kyle, SD 57752

(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 or assistance organization grant cash or government assistance other) South Dakota Coaches 36-3958284 24.000 Education and youth Foundation services

801 West Eagle Ridge Street Sioux Falls, SD 57108 Lemmon Area Charitable & 36-3983577 125.000

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

Lemmon, SD 57638

Community welfare and Economic Development Corp betterment 100 3rd Street West

(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 or assistance organization grant cash or government assistance other) Southeast Technical Institute 36-4112897 1.825.397 Education and youth 2320 North Career Ave services

Sioux Falls, SD 57107

South Dakota Agricultural 36-4293293 3 200,000

Foundation 105 Rousseau Ave PO Box 1198

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

Ft Pierre, SD 57532

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

Planned Parenthood Minnesota North Dakota South Dakota 671 Vandalia Street Saint Paul, MN 55114	41-0948382	3	25,000		Community welfare and betterment
Historic Homestake Opera	41-1901385	3	10,000		Community welfare and

House Ibetterment PO Box 412 313 West Main Street

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

Lead, SD 57754

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 41-1962874 7.250 Hope Academy Inc Education and youth 2300 Chicago Ave South services

Education and vouth

services

14.876

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

Minneapolis, MN 55404

Britton-Hecla School District 43-1957001 45-4
759 5th Street PO Box 190

Britton, SD 57430

(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 or assistance organization grant cash or government assistance other) Fellowship of Christian Athletes 44-0610626 10,000 Religion

1601 East 69th Street Suite 301 Sioux Falls, SD 57108					
Village Family Service Center PO Box 9859 1201 25th Street	45-0226423	3	19,150		Community welfare and betterment

South

Fargo, ND 58106

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 45-0231180 20.316 Jamestown College Education and youth 6088 College Lane services

Jamestown, ND 58405 Yankton Area Riverboat Davs 45-0391997 11.000

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

Yankton, SD 57078

Community welfare and Inc betterment PO Box 483

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government YMCA of the Greater Twin 45-2563299 6.725 ICommunity welfare and

Cities				betterment
651 Nicolette Mall Suite 500				
Minneapolis, MN 55402				

Redfield, SD 57469

Spink County Coalition 45-3213082 10.000 Community welfare and 111 East 6th Ave betterment

(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, non-cash assistance organization if applicable grant cash or assistance assistance other) or government Helping with Horsepower 45-3963128 10.000 |Community welfare and

10.000

betterment

betterment

Community welfare and

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

40787 259th St

PO Box 1897

Mitchell, SD 57301

Sioux Falls, SD 57101

The Lost & Found Association

(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 assistance other) or government welfare and

betterment

Sioux Falls Design Center 108 West 11th Street Sioux Falls, SD 57104	45-5383909	3	10,000		Community welfare and betterment
Black Hills Playhouse	46-0215866	3	30.009		Community welfare and

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

PO Box 2513

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 assistance other) Friends of the Middle Border 46-0216722 7,869 Historical education

12151 Avenue of the Chiefs Crazy Horse, SD 57730

Inc PO Box 1071 1300 McGovern Ave Mitchell, SD 57301					
Crazy Horse Memorial Foundation	46-0220678	3	284,032		Historical education

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Children's Home Society of 46-0224542 50.018 |Community welfare and

services

South Dakota PO Box 1749 Sioux Falls, SD 57101					betterment
Augustana University	46-0224588	3	44,200		Education and youth

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

2001 S Summit ave

Sioux Falls, SD 57197

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Dakota Wesleyan University 46-0224589 101,937 Education and youth

1200 West University Ave Mitchell, SD 57301					services
Sioux Council Boy Scouts of America 800 N West Ave	46-0224599	3	17,196		Education and youth services

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 if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Lutheran Social Services of 46-0224731 32.500 |Community welfare and South Dakota betterment 705 Fast 41st Street Suite 200 Sioux Falls, SD 57105

Healthcare

10.123

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

Avera St Benedict Health

401 West Glynn Drive Parkston, SD 57366

Center

(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 assistance other) or government 46-0227218 20.000 |Community welfare and

20,000

betterment

Religion

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

YMCA of Rapid City
815 Kansas City Street
Rapid City, SD 57701

625 5th Street Brookings, SD 57006

First United Methodist 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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-0233701 10.000 |Community welfare and Sioux Empire United Way Inc

32,559

betterment

Religion

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

1000 N West Ave

820 Main Street Webster, SD 57274

Sioux Falls, SD 57104
St John's Lutheran 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 if applicable grant cash non-cash assistance or assistance assistance other) or government Girl Scoute - Dakota Horizone 46-0250744 42 6201 Education and vouth

1101 South Marion Road Sioux Falls, SD 57106	40-0230744	,	+3,020		services
Behavior Management Systems	46-0251185	3	10,009		Community

Rapid City, SD 57701

itv welfare and Ibetterment Inc 350 Elk 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, non-cash assistance organization grant cash or assistance assistance other) or government Education and youth

betterment

James Valley Christian School	46-0252876	3	16,667	
1550 Dakota Ave North				
Huron, SD 57350				

5 South State Street

Aberdeen, SD 57401

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

Iservices Aberdeen Family YMCA 46-0255779 7.500 Community welfare 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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

betterment

Rapid City, SD 57701 Storybook Island Inc	46-0260003	3	20,018		Community welfare and
United Way of the Black Hills 621 6th Street Suite 100	46-0259754	3	6,000		Community welfare and betterment

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

Rapid City, SD 57709

1301 Sheridan Lake Road

(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 or assistance organization grant cash or government assistance other) 46-0271158 25.312 Religion Dakotas United Methodist

services

Foundation 1331 West University Ave Mitchell, SD 57301 South Dakota State University 46-0273801 127.318 Education and youth

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

Foundation

815 Medary Ave Box 525 Brookings, SD 57007

(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 assistance other) or government and youth

betterment

Red Cloud Indian School	46-0275071	3	10,000		Education a
100 Mission Drive					services
Pine Ridge, SD 57770					
4					

City of Wall 46-0276000 10.500 Community welfare and 501 Main Street PO Box 314

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

Wall, SD 57790

(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 assistance other) or government Rapid City Club for Boys Inc 46-0277778 33.002 Education and youth 320 North 4th Street Iservices Rapid City, SD 57709

Education and youth

Services

5.996

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

Presentation College

Aberdeen, SD 57401

1500 North Main Street

(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 or assistance organization grant cash or government assistance other) Mount Marty College 46-0283336 8.100 Education and youth 1105 West 8th Street services

1105 West 8th Street
Yankton, SD 57078

Capital Area Counseling 46-0305571 3 663,283

Community welfare and betterment

110 South Ree Street PO Box 148

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

Pierre, SD 57501

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government DakotAhilities 46-0306216 10 0001 Community welfare and

1116 S 4th Ave Sioux Falls, SD 57105	40 0300210		10,000		bettermen
Glory House	46-0308425	3	10,000		Community

Sioux Falls, SD 57109

nity welfare and · petterment 88145

(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 assistance other) or government Bon Homme School District 4-2 46-0311996 108.096 Education and youth PO Box 28 1404 Fir Street Iservices Tyndall, SD 57066

Education and youth

services

11.000

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

Sinte Gleska University

Mission, SD 57555

Financial Aid Office PO Box 105

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 46-0316222 19.451 |Community welfare and South Dakota Humanities Council betterment

Education and vouth

services

89.296

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1215 Trail Ridge Rd Suite A Brookings, SD 57006

600 W 16th Avenue South

Brookings, SD 57006

Teen Challenge of the Dakotas

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 46-0324210 20.000 |Community welfare and South Dakota Hall of Fame 1480 South Main Street betterment

Community welfare and

betterment

6.500

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

Chamberlain, SD 57325
Lewis & Clark Theatre
Company

328 Walnut Street Yankton, SD 57078

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Boys & Girls Clubs of the Black 46-0332124 10 0001 Education and youth

betterment

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

Department

PO Box 584 Philip, SD 57567

(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 or assistance organization grant cash or government assistance other) Sioux YMCA 46-0336514 10,736 Community welfare and 224 6th Street 219 DO Boy hottormont

welfare and

Dupree, SD 57623					Detterment
Wessington Springs Area Chamber & Development 113 Main Street East PO Box 132	46-0336659	3	10,000		Community w betterment

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

Wessington Springs, SD 57382

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Corsica Historical Society 46-0337556 8,500 Historical education

PO Box 149 Corsica, SD 57328			·		
The Mammoth Site of Hot Springs South Dakota Inc 1800 US 18 By-Pass PO Box 692	46-0337824	3	20,000		Community welfare an betterment

Hot Springs, SD 57747

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Western Dakota Technical 46-0340050 991.983 Education and youth

betterment

Institute
800 Mickelson Drive
Rapid City, SD 57703

Black Hills Works Inc 46-0341382 3 20.009

Community welfare and

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

3650 Range Road

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, non-cash assistance organization grant cash or assistance assistance other) or government nity welfare and

betterment

Sare Harbor PO Box 41 Aberdeen, SD 57401	46-0344310	3	7,500		betterment
LifeOuest	46-0348946	3	9.963		Community welfare and

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

Mitchell, SD 57301

804 North Mentzer Street

(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 or assistance organization grant cash or government assistance other)

Community welfare and

betterment

Watertown Community	46-0350319	3	6,722		Community welfare and
Foundation					betterment
211 East Kemp Ave PO Box					
116					
Watertown, SD 57201					

8.000

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

Special Olympics South Dakota

800 E I-90 Lane

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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Black Hills Special Services 46-0361575 39.242 Community welfare and betterment

Cooperative 2885 Dickson Drive Sturgis, SD 57785			·		bettermen
Zion Community Church	46-0365386	3	8,480		Religion

502 4th Street Wilmot, SD 57279

(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 or assistance organization grant cash or government assistance other) 46-0366602 10.000 Education and youth South Dakota Guardianship Program Inc services 105 East Capitol Ave Suite B Pierre, SD 57501

Healthcare



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

Rapid City, SD 57701

(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 or assistance organization grant cash or government assistance other) South Dakota State Historical 46-0370475 19.129 Historical education Society

Education and youth

services

71.500

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

900 Governors Drive Pierre, SD 57501 Huron University Foundation PO Box 675 39943 215th

Huron, SD 57350

Street

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Three Rivers Special Services 46-0374890 8.0001 |Community welfare and

Cooperative betterment 100 Fast Pine Street Philip, SD 57567

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

Pierre, SD 57501

South Dakota Highway Patrol 46-0376168 30.000 Community welfare and 118 West Capitol Ave betterment

(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 assistance other) or government Caush Daliesa Bay Farmdation 46 0270140 150 000 Community welfare and

Iservices

111 West Capitol Ave Suite 1 Pierre, SD 57501	46-03/8148	3	150,000		betterment
Abbott House	46-0379896	3	35,000		Education and youth

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909 Court Merrill PO Box 700

Mitchell, SD 57301

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government South Dakota Parks & Wildlife 46-0387968 14.463 |Community welfare and

Community welfare and

betterment

Foundation
523 East Capitol Ave
Pierre, SD 57501

10.000

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

Rural America Initiatives

2112 South Valley Drive

Rapid City, SD 57703

(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 or assistance organization grant cash or government assistance other) 46-0390971 13.839 Mitchell Area Charitable Community welfare and Foundation betterment 601 North Main

Community welfare and

betterment

22.500

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Mitchell, SD 57301

709 Maple Street Tyndall, SD 57066

Inc

Tyndall Development Company

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Brookings Domestic Abuse 46-0395261 30.000 |Community welfare and Shelter betterment

PO Box 36 Brookings, SD 57006

Five Counties Nursing Home 46-0401085 20.169 Healthcare

24437 474th Ave

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

Dell Rapids, SD 57022

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 46-0403398 12.000l |Community welfare and Capital Area United Way

PO Box 1111
Pierre, SD 57501
Heritage Museum of Roberts
46-0404911
3 20,000
Historical education

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

Heritage Museum of Roberts
County
PO Box 215
Sisseton, SD 57262

(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, non-cash assistance organization grant cash or assistance assistance other) or government 46-0406318 52.000 |Community welfare and

Historical education

Booth Society Inc 46-0406318 3 52,000 Community 423 Hatchery Circle Spearfish, SD 57783 Community betterment

200,000

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

Casev Tibbs Foundation

PO Box 37 Ft Pierre, SD 57532

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Freeman Summer Recreation 46-0413348 10.000 Education and youth services

PO Box 193 Freeman, SD 57029					
South Dakota Lions Eye Bank Inc	46-0413527	3	13,153		

Sioux Falls, SD 57107

Healthcare 4501 West 61st Street

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 40.000 itv welfare and

betterment

St Francis House	46-0423202	3	10,000		Community welfare and
Tipis Box 487 BIA Route 4 Fort Thompson, SD 57339	46-0418841	3	10,000		betterment

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

210 North Sherman Ave

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 (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Badlands RC&D Area 46-0424711 10.000 |Community welfare and

202 West Main Street betterment Martin, SD 57552

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

Huron, SD 57350

HRMC Foundation 46-0437171 32.530 Healthcare 110 4th Street SE Suite B-8

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

Street

Sioux Falls, SD 57101

Aberdeen Aqua Addicts Ski Team 3301 South Hwy 281 Aberdeen, SD 57401	46-0440617	3	10,000		Community welfare and betterment
Health Connect of South Dakota PO Box 1772 2011 West 26th	46-0444328	3	10,000		Healthcare

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

Community welfare and

betterment

Multi-Cultural Center of Sioux	46-0445034	3	15,000		Community welfare and
Falls 515 N Main Ave					betterment
Sioux Falls, SD 57104					

9.786

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

Nordby Center for Recreation

1700 Lincoln Ave SW

Huron, SD 57350

(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 or assistance organization grant cash or government assistance other) South Dakota Golf Association 46-0449824 6,747 Community welfare and Total Call Carried Alakian

PO Box 88938 PO Box 88938 Sioux Falls, SD 57109					petterment
Ipswich Tiger Post Community	46-0450340	3	20,000		Community w

Ipswich, SD 57451

welfare and Education Center Inc Ibetterment PO Box 614 309 N 7th St

(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 or assistance organization grant cash or government assistance other) Mitchell Technical Institute 46-0452950 1,409,069 Education and youth Foundation services

1800 East Spruce Street Mitchell, SD 57301 Vermillion Area Farmers 46-0457227 9.100 |Community welfare and betterment

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

Market PO Box 86

Vermillion, SD 57069

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government St Repedict Health Center 46-0458725 7 5001 Healthcare

betterment

or belieulet lieuleli belieul	10 0 1007 20	·	,,555	1	I Tours Care
Foundation					
401 West Glynn Drive					
Parkston, SD 57366					
Wilmot Care Center	46-0460801	3	10,000		Community welfare and

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

501 4th Street

Wilmot, SD 57279

(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 or assistance organization grant cash or government assistance other) 46-0463077 10.000 Religion Diamond Willow Ministries 22850 North Share Road PO

Box 438 Fort Thompson, SD 57339					
The Keya Foundation Inc	46-0879346	3	10,000		Community

Eagle Butte, SD 57625

itv welfare and 118 S Willow Street PO Box Ibetterment 1824

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government |Community welfare and

Hope Center 46-4167577 10.000 615 Kansas City Street betterment Rapid City, SD 57701 Heartland Rodeo Association 46-5135663 6.256 Community welfare and betterment

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

Inc 20424 403rd Ave

Huron, SD 57350

(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, non-cash assistance organization grant cash or assistance assistance other) or government are

betterment

LifeScape	46-5151247	3	20,248		Healthcare
2501 W 26th Street					
Sioux Falls, SD 57105					
4					

City of Alcester 46-6000025 6.800 Community welfare and

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

106 West 2nd

Alcester, SD 57001

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Marshall County 46-6000063 100.000 Community welfare and

Marshall County
PO Box 130
Britton, SD 57430

City of Huron Park & 46-6000216
Recreation

Community welfare and betterment

Community welfare and betterment

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

333 9th Street SW Huron, SD 57350

(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, non-cash assistance organization grant cash or assistance assistance other) or government welfare and

betterment

City of Irene 110 S Till Ave Irene, SD 57037	46-6000236	3	5,500		betterment
City of Montrose	46-6000325	3	74,911		Community welfare and

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100 Fast Main Street Suite A

Montrose, SD 57048

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government City of Parketon 46-6000348 10 0001 Community welfare and

PO Box 416 Highmore, SD 57345

City of Farkstoff	+0 00003+0	,	10,000		Community wenter and
PO Box 490					betterment
Parkston, SD 57366					
Highmore-Harrold School District	46-6000364	3	13,000		Education and youth services

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

Community welfare and

betterment

50,000

SDSU Extension 46-6000364 3 55,000

Berg Ag SAG 109 Box 2207E
Brookings, SD 57007

Community welfare and betterment

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

South Dakota Art Museum

1036 Medary Ave

Brookings, SD 57007

46-6000364

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government South Dakota Department of 46-6000364 100 0001 Education and vouth es

Court Builded Beparament of	10 00000	1	1 200,000	1	
Education					services
800 Governors Drive					l
Pierre, SD 57501					

South Dakota State University 46-6000364 177.376 Education and vouth PO Box 2201 Admin 106 services Brookings, SD 57007

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

betterment

City of Platte 46-6000374 28.000 |Community welfare and PO Box 236 betterment Platte, SD 57369

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

209 North Fir Ave

Presho, SD 57568

City of Presho 46-6000375 14.000l Community welfare 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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Community welfare and

betterment

City of Sisseton 406 2nd Ave West	46-6000460	3	5,800		Community welfare and betterment
Sisseton, SD 57262					

50,000

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46-6000476

City of Sturais

Sturgis, SD 57785

1040 Harley Davison Way

(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 assistance other) or government welfare and

Community welfare and

betterment

City of Tripp PO Box 428 Tripp, SD 57376	46-6000488	3	18,710		Community v betterment
City of Webster	46-6000530	3	20.000		Community v

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1121 West 7th Street

Webster, SD 57274

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government House Dublic Calend District 46 6000634 0 2001 Education and vouth

betterment

Huron, SD 57350 City of Bristol	46-6000674	3	7,500		Community welfare and
150 5th Street SW PO Box 949					
2-2					services
nuron Public School District	46-6000634	ا	8,300		Education and youth

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

City Hall

Bristol, SD 57219

(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 assistance other) or government tion and youth

Services

Canton School District 41-1 800 North Main Street Canton, SD 57013	46-6002143	3	6,088		Education and youth services
Sioux Falls School District 49-5	46-6002586	3	16,300		Education and youth

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

201 East 38th 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 (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Centerville School District 46-6003121 20.000 Education and youth 610 Lincoln Street PO Box 100 services Centerville, SD 57014 South Dakota School of Mines 46-6011771 27.318 Education and vouth

services

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

South Dakota School of Mines & 46-6011771 & Technology Foundation 306 East St Joseph Street Suite 200

Rapid City, SD 57701

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government nity welfare and

Christ On the Mountain PO Box 987 Spearfish, SD 57783	46-6014879	3	57,979		Communit bettermen
Martin Cemetery Association	46-6015989	3	9,250		Communit

Martin, SD 57551

nity welfare and betterment Inc PO Box 522

(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 if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) South Dakota Symphony 46-6017026 30,000 Community welfare and

Orchestra					betterment
301 South Main Ave Sioux Falls, SD 57104					
Sloax rails, SD 37101					
Youth & Family Services Inc 1920 North Plaza Blvd PO Box	46-6017085	3	10,000		Education and youth services

1920 North Plaza Blvd PO Box 2813

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 (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) South Dakota Lions Foundation 46-6017093 7.000 |Community welfare and betterment Inc 3920 S Western Ave Suite 2

Education and youth

services

16.000l

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

Sioux Falls, SD 57105
University of South Dakota

1110 N Dakota Street Vermillion, SD 57069

Foundation

46-6018891

(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 or assistance organization grant cash or government assistance other) University of South Dakota 46-6018891 19.001 Education and youth School of Education services 414 Fast Clark Street Vermillion, SD 57069 Western South Dakota Catholic 46-6028078 20.018 Religion

Foundation PO Box 984

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 (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) The Shepherd's Gift GM1 for 47-2396354 10.000 Community welfare and betterment 17996 473rd Ave Clear Lake, SD 57226

Historical education

10.000

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

National Historic Site of

Wounded Knee 3927 Clover Street Rapid City, SD 57702 47-4511890

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 47-5469817 10.000 |Community welfare and Call to Freedom Inc.

1915 East 8th Street Suite 100
Sioux Falls, SD 57103

High Plains Western Heritage
Center

51-0142818

3 26,983

Historical education

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

825 Heritage Drive Spearfish, SD 57783

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

betterment

American Red Cross	53-0196605	3	15,000		Community welfare and
World Wildlife Fund 225 West Wacker Drive Suite 1500 Chicago, IL 60606	52-1693387	3	10,000		Community welfare and betterment

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

1221 North Maple Street

Rapid City, SD 57701

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 56-2667948 10.000 |Community welfare and GROW South Dakota 104 Ash Street East betterment Sisseton, SD 57262

104 Ash Street East
Sisseton, SD 57262

Boys and Girls Club of the 73-1630215 3 1,099,497
Northern Plains Inc 1126 Southland Lane

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

Brookings, SD 57006

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Mitchell Area Safehouse 74-3071687 10.000 Community welfare and

1809 N Wisconsin Street
Mitchell, SD 57301

Four Bands Community Fund 74-3190932 3 10,000

Inc Community welfare and betterment

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

220 East Prairie Road Eagle Butte, SD 57625

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Pierre Tennis Association Inc 76-0742013 10.000 |Community welfare and betterment

112 Sheila Drive Pierre, SD 57501 Snake Creek Development 77-0669352 16.000l Community welfare and betterment

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

Corporation Inc PO Box 458

Faulkton, SD 57438

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Passages Women's Transitional 80-0486496 10.000 |Community welfare and nent

Living 19 E Quincy PO Box 9614 Rapid City, SD 57701			,			betterment
Horizon Health Foundation	81-2678046	3	10.000	1		Healthcare

Horizon Health Foundation 125 South Main Street

Howard, SD 57349

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Fork Real Community Cafe 81-3611770 10.000 Community welfare and 324 St Joseph Street betterment

Community welfare and

betterment

10.000

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

Rapid City, SD 57701

Herreid Area Housing
Development Inc

PO Box 235 Herreid, SD 57632 81-3983000

(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 or assistance organization grant cash or government assistance other) Second Century Habitat Fund 81-4526362 1.000.000 ICommunity welfare and

betterment

Inc					betterment
523 East Capitol Ave Pierre, SD 57501					
Kimball Economic Development	82-2132326	3	10,000		Community welfare and

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

Corporation

PO Box 16 Kimball, SD 57355

(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 if applicable grant cash non-cash assistance or assistance or government assistance other) Winyan Wicayuonihan Oyanke 82-5515021 10,000 |Community welfare and

- Where All Women Are Honored 100 Brotherhood Lane Porcupine, SD 57772					betterment
makeSPACE Spearfish Partnership for Arts Cycling & Equity Inc	83-2418057	3	10,000		Community welfare and betterment

517 West Jackson Blvd Spearfish, SD 57783

(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 or assistance organization grant cash or government assistance other) Magpie Creative 83-4658072 10.000 Community welfare and 406 5th Street betterment

Rapid City, SD 57701

Anne Carlsen Center for Children
701 3rd Street NW PO Box
8000

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

Jamestown, ND 58402

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 87-0787080 45.000 Community welfare and Glacial Lakes Area D ----

PO Box 231					petterment
Britton, SD 57430					
North Olympic Land Trust PO Box 2945 602 East Front	91-1500378	3	6,000		Community welfare and betterment

Street

Port Angeles, WA 98362

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Peninsula College Foundation 91-1589749 61.104 Education and youth

1502 East Lauridsen Blvd services Port Angeles, WA 98362 Oglala Lakota Children's 91-1810732 10.000

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

Pine Ridge, SD 57770

Community welfare and Justice Center (aka OLCASA) betterment 100 Crazy Horse Drive

(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 or assistance organization grant cash or government assistance other) 91-1839312 14.764 Chadron Community Community welfare and Foundation Inc betterment PO Box 1351 Chadron, NE 69337

Historical education

23.616

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

Clallam County Historical

Port Angeles, WA 98362

Society PO Box 1327 91-6054757

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	5017	′580
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-(0047
(For	n 990)	For certain Office	rs, Directors, T	rustees, Key Employees, and Hig	hest			
		➤ Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV	. line 23.	20	119)
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<i>//Form990</i>	instructions and the latest inform	nation.	Open i Insp	ectio	
	me of the organiza				Employer identifica	tion nu	ımber	
SUL	JTH DAKOTA COMMU	INITY FOUNDATION			46-0398115			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	·	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	Teur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ie la?			
3				d to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	✓ Compensa	ation committee	П	Written employment contract				
	_ '	ent compensation consultant	☑	Compensation survey or study				
	·	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol pavment? .			4a		No
b		• • •		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	t III.			
	Only E01(a)(2), 501(c)(4), and 501(c)(29)	organizations	must complete lines F.O				
5			=	the organization pay or accrue any				
		ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any				
а	-	1?				6a		No
b						6 b		No
_	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	escribe			
						8		No
9				presumption procedure described in		9		
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	990)	2019

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

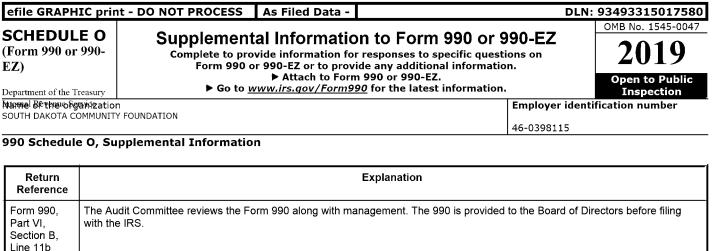
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
. Stephanie Judson resident	(i)	217,949	25,000	4,206	37,500	33,063	317,718	
	(ii)	0	0	0	0	0	0	
Clayton Cudmore	(i)	152,873	10,000	0	24,471	10,307	197,651	
	(ii)	0	0	0	0	0	0	
	+							

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	nation
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.
Return Reference	Explanation
Schedule J, Part I, Line 1a	Charter airfare for President to attend year-end donor meetings, in situation where time and weather were factors. Approved beforehand by Board Chair.
	Schedule 1 (Form 990) 2019

DLN: 93493315017580 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** SOUTH DAKOTA COMMUNITY FOUNDATION 46-0398115 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 16 2,331,380 Average Exchange Price 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Χ 217,000 Appraisal Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
Schedule M, Part I, Line 9	Number of unique contributions
	Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

Return

Reference	•
Form 990, Part VI, Section B, Line 12c	The Foundation has adopted a "Policy governing conflicts of interest transactions" that clearly delineates the circumstances that quality as a conflict of interest and the procedur es for disclosing such conflicts. Board members and staff are required to complete a conflict of interest form each year that requires the individual to disclose any "disqualifying relationships" with other nonprofits or business organizations. Board members are required to abstain from any voting that is related to any relationship with which they have indicated they have a disqualifying relationship, and those instances are documented in the meeting's minutes.

Explanation

Return Explanation Reference

Form 990.	The Executive Committee annually reviews several sources of salary data including from the
	The Executive Committee annually reviews covered courses of calculy acta molaculing normalic
Part VI.	Council on Foundations before recommending compensation for the President. The President
,	Countries of the Canada and the Contribution and Contribution for the three decirit.
Section B.	of the Foundation annually reviews several sources of salary data including from the Counc
occion b,	of the Foundation annually reviews several sources of saidly data moldaling from the country
Line 15	il on Foundations before recommending compensation for staff to the executive committee an
LIIIC IO	in our real real research research reliable growth of real real research committee and
	d to the full Board for approval

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation Reference Available upon request.

Form 990. Part VI, Section C.

Line 19

Return Explanation

990 Schedule O, Supplemental Information

11010101100	
Form 990,	GAAP versus income tax accounting: Agency endowment contributions \$3,943,206; investment i
Part XI, Line	ncome \$1,275,916; unrealized gain \$4,324,631; administrative fees \$332,011; grant expense
9	\$1,610,907. Net of all \$7,600,835.

SCHEDULE R
(Form 990)

As Filed Data Related

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

Related Organizations and Unrelated Partnerships

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

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.

2019

Schedule R (Form 990) 2019

Employer identification number

46-0398115

DLN: 93493315017580 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

SOUTH DAKOTA COMMUNITY FOUNDATION

(b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) LAND GIFTS LLC 217,000 Own, sell, manage, lease SD 217,000 | South Dakota Community Foundation 1714 N LINCOLN AVENUE etc real estate for the PIERRE, SD 57501 benefit of SDCF Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

Cat. No. 50135Y

(a) Name, address, and EIN o related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene		(k) Percenta ownersh
			1 1		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						zation ans	wered "Yes	s" on F	Form 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L	(c) egal micile		(d) controlling Type entity (C co	(e) e of entity rp, S corp,	(f) Share of total income	Share	(g) of end- year	-of- Perce	ntage ership	Sec (13	(i) ction 5) conti entity
related organization		(state	or foreign untrv)			r trust)		a	assets			_	~~
related organization		(state	or foreign untry)			r trust)		ē	assets			Y	es
related organization		(state				r trust)		6	assets			Y	es
related organization		(state				r trust)		ē	assets			Y	es
related organization		(state				r trust)		2	assets			Y	es
related organization		(state				r trust)			assets			Y	es
related organization		(state				r trust)			assets			Y	es
related organization		(state				r trust)			assets			Y	es

Page **3**

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.	
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1 b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1 d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1 g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1 i		
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		
I	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		
О	Sharing of paid employees with related organization(s)	10		
n	Reimbursement paid to related organization(s) for expenses	1p		
2	Reimbursement paid by related organization(s) for expenses	1q		
ч	Reimbursement paid by related organization(s) for expenses			
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

р	Reimbursement paid to related organization(s) for expenses				1 p	
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	
	To the annual to any of the above is 1100 at the inches of an information on the most assemble this line	a including covered	rolationshing and tran	sastion throcholds		
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	relationships and trai	isaction thresholds.		
	If the answer to any of the above is fes, see the instructions for information on who must complete this line	e, including covered	relationships and trai	isaction thresholds.		
	(a)	(b)	(c)	(d)		- J
		, <u>-</u>			amount involve	ed
	(a)	(b) Transaction	(c)	(d)	amount involve	ed
	(a)	(b) Transaction	(c)	(d)	amount involve	ed
	(a)	(b) Transaction	(c)	(d)	amount involve	ed

Schedule R (Form 990) 2019

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

Part VI 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) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019			Page 5
Part VII	Supplemental Info	emental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	