

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SIoux FALLS AREA COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>200 N. CHERAPA PLACE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SIoux FALLS, SD 57103-2205</b> <b>F</b> Name and address of principal officer: <b>ANDREW T. PATTERSON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>31-1748533</b> <b>E</b> Telephone number <b>(605) 336-7055</b> <b>G</b> Gross receipts \$ <b>65,389,623.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SFACF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>SD</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SFACF IS A PUBLICLY-SUPPORTED COMMUNITY FOUNDATION. ITS PRIMARY ACTIVITY IS GRANTMAKING.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 17,522,062.
<b>9</b>		Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,224,689.	8,970,562.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	365.	-13,224.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,747,116.	32,943,283.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,832,409.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	824,488.	844,766.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>542,250.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,270,374.	1,265,350.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,927,271.	19,902,050.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	10,819,845.	13,041,233.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 137,217,178.	<b>End of Year</b> 150,102,385.
	<b>21</b>	Total liabilities (Part X, line 26)	24,941,850.	25,428,544.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	112,275,328.	124,673,841.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>ANDREW T. PATTERSON, PRESIDENT/CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY A. PETERSON</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00267335</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Firm's address ▶ <b>110 SOUTH PHILLIPS AVE., SUITE 300 SIoux FALLS, SD 57104-6721</b>		
					Phone no. <b>605-336-9955</b>

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

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IN PARTNERSHIP WITH DONORS, SIOUX FALLS AREA COMMUNITY FOUNDATION ("SFACF") PROVIDES PHILANTHROPIC LEADERSHIP THAT ASSURES THE QUALITY OF LIFE IN OUR AREA, FOR GOOD, FOR EVER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 19,138,762. including grants of \$ 17,791,934. ) (Revenue \$ ) SIOUX FALLS AREA COMMUNITY FOUNDATION IS A PUBLICLY SUPPORTED COMMUNITY FOUNDATION THAT ATTRACTS, MANAGES, AND DISTRIBUTES CHARITABLE CAPITAL. ITS PRIMARY SERVICE AREA IS THE SIOUX FALLS MSA, A FOUR-COUNTY AREA WITH A POPULATION OF APPROXIMATELY 250,000, AND OTHER COMMUNITIES WITHIN A 25-MILE RADIUS OF THE CITY OF SIOUX FALLS, SOUTH DAKOTA.

SFACF'S PRIMARY ACTIVITY IS GRANTMAKING AIMED AT IMPROVING THE QUALITY OF LIFE IN THE SERVICE AREA, FOR GOOD, FOR EVER. IN FY 2018, OF MORE THAN 2,200 GRANTS MADE, 150 STUDENTS BENEFITED FROM COMPETITIVELY AWARDED SCHOLARSHIPS AND NEARLY 70 COMPETITIVELY AWARDED GRANTS WERE MADE TO ORGANIZATIONS THAT SOUGHT TO ADDRESS THE AREA'S MOST PRESSING NEEDS AND OPPORTUNITIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 19,138,762.

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b>	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>		<b>X</b>
<b>6</b> 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, Part I</i> .....	<b>6</b>	<b>X</b>	
<b>7</b> 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> .....	<b>7</b>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b>	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>		<b>X</b>
<b>c</b> 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> .....	<b>11c</b>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>		<b>X</b>

**SIoux FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<b>X</b>	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		<b>X</b>
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	<b>X</b>	

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
<b>2a</b>	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>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		<input checked="" type="checkbox"/>
<b>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<input checked="" type="checkbox"/>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<input checked="" type="checkbox"/>
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<input checked="" type="checkbox"/>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	15		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	15		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>			<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **MIKE FINNEGAN, CFO - (605) 336-7055**  
**200 N. CHERAPA PLACE, SIOUX FALLS, SD 57103-2205**

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **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, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM MCDOWELL CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(2) SCOTT CHRISTENSEN VICE CHAIR OF THE BOARD	1.50	X		X				0.	0.	0.
(3) MARTHA CARLSON TREASURER, CHAIR OF FINANCE	1.50	X		X				0.	0.	0.
(4) SUSIE PATRICK SECRETARY, CHAIR OF DEVELOPMENT	1.00	X		X				0.	0.	0.
(5) HOLLY BRUNICK MEMBER	1.00	X						0.	0.	0.
(6) GREG CARMON CHAIR OF GRANTS	1.50	X						0.	0.	0.
(7) TODD ERNST CHAIR OF EASTBANK LAND CO.	1.50	X						0.	0.	0.
(8) JAY HUIZENGA VICE CHAIR OF GRANTS	1.00	X						0.	0.	0.
(9) LINDA LARSON MEMBER	1.00	X						0.	0.	0.
(10) ANGELINE LAVIN CHAIR OF INVESTMENTS	1.50	X						0.	0.	0.
(11) MARY JO MURRAY MEMBER	1.50	X						0.	0.	0.
(12) STEVE SARBACKER MEMBER	1.00	X						0.	0.	0.
(13) JEFF STRAND CHAIR OF AUDIT	2.00	X						0.	0.	0.
(14) MATT TOBIN CHAIR OF LEGAL	2.00	X						0.	0.	0.
(15) SUZANNE VEENIS MEMBER	1.00	X						0.	0.	0.
(16) ANDREW PATTERSON PRESIDENT/CEO	50.00			X				132,690.	0.	39,218.
(17) REGINA JAHR VICE PRESIDENT FOR DEVELOPMENT	45.00			X				85,551.	0.	25,099.

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIKE FINNEGAN CHIEF FINANCIAL OFFICER	50.00			X				94,044.	0.	9,404.
<b>1b Sub-total</b> .....								312,285.	0.	73,721.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								312,285.	0.	73,721.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 120,405.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 190,821.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 23,674,719.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	13,970,016.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 23,985,945.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 3,596,688.			3,596,688.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	37,785,390.			
		<b>c</b> Gain or (loss) .....	32,411,516.			
	<b>d</b> Net gain or (loss) .....	▶ 5,373,874.			5,373,874.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 190,821. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 21,600.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 34,824.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ -13,224.			-13,224.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶				
<b>12 Total revenue.</b> See instructions. .....	▶	32,943,283.	0.	0.	8,957,338.	

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,408,434.	17,408,434.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	383,500.	383,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	394,364.	157,745.	78,874.	157,745.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	334,325.	133,730.	66,865.	133,730.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,235.	10,094.	5,047.	10,094.
<b>9</b> Other employee benefits	40,325.	16,130.	8,065.	16,130.
<b>10</b> Payroll taxes	50,517.	20,207.	10,103.	20,207.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	4,146.			4,146.
<b>c</b> Accounting	24,825.	7,532.	7,532.	9,761.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	116,945.	116,945.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	110,813.	14,563.		96,250.
<b>13</b> Office expenses	55,104.	22,042.	10,347.	22,715.
<b>14</b> Information technology	72,838.	29,135.	14,568.	29,135.
<b>15</b> Royalties				
<b>16</b> Occupancy	13,330.	5,332.	2,666.	5,332.
<b>17</b> Travel	1,297.	519.	259.	519.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,524.	4,609.	2,306.	4,609.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	57,699.	23,080.	11,539.	23,080.
<b>23</b> Insurance	10,776.	4,310.	2,156.	4,310.
<b>24</b> 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.)				
<b>a</b> <b>SPECIAL PROJECTS EXPENS</b>	489,375.	489,375.		
<b>b</b> <b>LIFE INSURANCE PREMIUM</b>	213,823.	213,823.		
<b>c</b> <b>DIRECT FUND EXPENSES</b>	71,210.	71,210.		
<b>d</b> <b>MISCELLANEOUS</b>	8,089.	5,536.	511.	2,042.
<b>e</b> All other expenses	3,556.	911.	200.	2,445.
<b>25</b> Total functional expenses. Add lines 1 through 24e	19,902,050.	19,138,762.	221,038.	542,250.
<b>26</b> 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)

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	16,258,851.	<b>2</b>	27,988,459.	
	<b>3</b> Pledges and grants receivable, net .....	625,270.	<b>3</b>	80,270.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	10,336.	<b>9</b>	17,178.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,815,804.			
	<b>b</b> Less: accumulated depreciation .....	10b 323,263.	1,513,141.	<b>10c</b>	1,492,541.
	<b>11</b> Investments - publicly traded securities .....	109,935,477.	<b>11</b>	111,952,813.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	304,818.	<b>12</b>	206,774.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	8,569,285.	<b>15</b>	8,364,350.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	137,217,178.	<b>16</b>	150,102,385.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	66,210.	<b>17</b>	74,207.	
	<b>18</b> Grants payable .....	303,050.	<b>18</b>	376,250.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	24,572,590.	<b>25</b>	24,978,087.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,941,850.	<b>26</b>	25,428,544.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	101,281,106.	<b>27</b>	114,121,387.	
	<b>28</b> Temporarily restricted net assets .....	4,895,638.	<b>28</b>	4,270,051.	
	<b>29</b> Permanently restricted net assets .....	6,098,584.	<b>29</b>	6,282,403.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	112,275,328.	<b>33</b>	124,673,841.		
<b>34</b> Total liabilities and net assets/fund balances .....	137,217,178.	<b>34</b>	150,102,385.		

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	32,943,283.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	19,902,050.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	13,041,233.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	112,275,328.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-96,064.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-546,656.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	124,673,841.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>		<b>X</b>
<b>b</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 .....	<b>3b</b>		



**Part II 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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11564505.	12101052.	15145709.	17542012.	23985945.	80339223.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11564505.	12101052.	15145709.	17542012.	23985945.	80339223.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						20679967.
<b>6 Public support.</b> Subtract line 5 from line 4.						59659256.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	11564505.	12101052.	15145709.	17542012.	23985945.	80339223.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2351769.	2880578.	2974820.	2942695.	3596688.	14746550.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						95085773.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**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, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	62.74 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	68.55 %

**16a 33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2017.** 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 organization .....

**b 10% -facts-and-circumstances test - 2016.** 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 supported organization .....

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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 organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

SIOUX FALLS AREA COMMUNITY

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Employer identification number 31-1748533

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding the reporting of art and historical treasures. Includes sub-questions (i) and (ii) for revenue and assets.

SIoux FALLS AREA COMMUNITY  
FOUNDATION, INC.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII \_\_\_\_\_

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,352,451.	76,749,755.	76,175,203.	74,515,447.	63,212,198.
b Contributions	2,349,232.	4,894,556.	2,651,591.	3,253,937.	3,193,172.
c Net investment earnings, gains, and losses	6,673,179.	8,924,857.	1,020,119.	1,158,035.	10,704,106.
d Grants or scholarships	2,962,409.	2,469,368.	2,411,362.	2,026,966.	1,939,144.
e Other expenditures for facilities and programs					
f Administrative expenses	846,446.	747,349.	685,796.	725,250.	654,885.
g End of year balance	92,566,007.	87,352,451.	76,749,755.	76,175,203.	74,515,447.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  91.45 %
- b Permanent endowment  6.79 %
- c Temporarily restricted endowment  1.76 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations \_\_\_\_\_
- (ii) related organizations \_\_\_\_\_

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		206,000.		206,000.
b Buildings		1,357,628.	165,144.	1,192,484.
c Leasehold improvements				
d Equipment		154,047.	134,407.	19,640.
e Other		98,129.	23,712.	74,417.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,492,541.

**SIoux FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN SPLIT INTEREST AGREEMENTS</b>	2,578,000.
(2) <b>INTEREST AND DIVIDENDS RECEIVABLE</b>	143,712.
(3) <b>CASH SURRENDER VALUE OF LIFE INSURANCE</b>	5,077,638.
(4) <b>REMAINDER INTEREST - LIFE ESTATE</b>	565,000.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	8,364,350.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>CHARITABLE GIFT ANNUITIES PAYABLE</b>	281,246.	
(3) <b>ASSETS HELD FOR OTHERS</b>	24,696,841.	
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,978,087.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

STIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	28,311,258.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-96,064.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-4,570,785.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-4,666,849.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	32,978,107.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-34,824.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-34,824.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	32,943,283.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,912,745.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	34,824.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	34,824.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,877,921.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	4,024,129.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,024,129.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	19,902,050.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED JUNE 30, 2010. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE	-131,035.
AGENCY FUNDS	-4,439,750.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 2D</b>	<b>-4,570,785.</b>



**Part XIII** Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CITY BLOSSOM FUNDRAISING EVENT -34,824.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CITY BLOSSOM FUNDRAISING EVENT 34,824.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT EXPENSES 4,024,129.



**SIOUX FALLS AREA COMMUNITY**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CITY BLOSSOM (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	212,421.			212,421.
	<b>2</b> Less: Contributions .....	190,821.			190,821.
	<b>3</b> Gross income (line 1 minus line 2) .....	21,600.			21,600.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	12,072.			12,072.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	22,752.			22,752.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				34,824.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-13,224.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Employer identification number  
31-1748533**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SIOUX EMPIRE - 1108 N. WEST AVENUE - SIOUX FALLS, SD 57104	05-0593016	501(C)(3)	13,447.	0.			FOR COMMUNITY-BASED MENTORING AND GENERAL SUPPORT
LEND-A-HAND INC. 200 S. MINNESOTA AVENUE SIOUX FALLS, SD 57104	06-1048878	501(C)(3)	9,000.	0.			GENERAL SUPPORT FOR VARIOUS PROGRAMS
TEACH FOR AMERICA - SOUTH DAKOTA PO BOX 368 MISSION, SD 57555	13-3541913	501(C)(3)	50,500.	0.			FOR EDUCATION ON THE ROSEBUD, PINE RIDGE, AND STANDING ROCK RESERVATIONS IN SOUTH
COLGATE ROCHESTER CROZER DIVINITY SCHOOL - 1100 S. GOODMAN STREET - ROCHESTER, NY 14620	16-0743916	501(C)(3)	6,129.	0.			FOR SCHOLARSHIPS FOR WOMEN ENTERING THE SEMINARY
TALLGRASS RECOVERY & SOBER LIVING HOMES - 2601 S. MINNESOTA AVENUE #105 PMB 378 - SIOUX FALLS, SD 57105	20-0293050	501(C)(3)	18,500.	0.			FOR GENERAL SUPPORT
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 90430	20-2699147	501(C)(3)	22,000.	0.			FOR UNDERGRAD EDUCATION AND GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **209.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **3.**

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

Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

Schedule I (Form 990)

31-1748533

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
MISSION HAITI PO BOX 2175 SIOUX FALLS, SD 57101	20-3184240	501(C)(3)	5,500.	0.			FOR THE CHILD SPONSORSHIP PROGRAM AND GENERAL SUPPORT
SIOUX FALLS STATE THEATRE COMPANY 2104 S. ACACIA CIRCLE SIOUX FALLS, SD 57106	20-3473359	501(C)(3)	205,934.	0.			FOR OPERATIONAL SUPPORT
BIG HORN GOLF CLUB CHARITIES 255 PALOWET DRIVE PALM DESERT, CA 92260	20-5377872	501(C)(3)	50,000.	0.			FOR BIG HORN CARES
SOUNDS OF SOUTH DAKOTA, INC. 6404 S. KILLARNEY CIRCLE SIOUX FALLS, SD 57108	20-5799609	501(C)(3)	5,000.	0.			FOR THE MERIWETHER PRODUCTION
SIOUX FALLS SPORTS AUTHORITY 200 N. PHILLIPS AVENUE, SUITE 304 SIOUX FALLS, SD 57104	20-5850491	501(C)(3)	6,250.	0.			FOR GENERAL SUPPORT
SCULPTUREWALK, INC. 300 S. PHILLIPS AVENUE #L104 SIOUX FALLS, SD 57104	20-8535871	501(C)(3)	75,800.	0.			FOR THE ARC OF DREAMS, SCULPTUREWALK 2018, AND GENERAL SUPPORT
WEGNER ARBORETUM SOCIETY 1900 S. PERRY PLACE SIOUX FALLS, SD 57110	20-8784637	501(C)(3)	27,640.	0.			FOR FIELD TRIPS, OPERATIONS, AND GENERAL SUPPORT
PEACE LUTHERAN CHURCH 5509 W. 41ST STREET SIOUX FALLS, SD 57106	23-7003936	501(C)(3)	15,313.	0.			FOR HEARTLAND EPHPHATHA AND GENERAL SUPPORT
LIFESCAPE 2501 W. 26TH STREET SIOUX FALLS, SD 57105	23-7072116	501(C)(3)	44,124.	0.			FOR THE COMMUNITY ACTIVITIES FUND , MEALS AND GENERAL SUPPORT

Schedule I (Form 990)

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

Schedule I (Form 990)

31-1748533

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
DAKOTA STATE UNIVERSITY FOUNDATION 820 N. WASHINGTON AVENUE MADISON, SD 57042	23-7299995	501(C)(3)	10,100.	0.			FOR THE SCHOLARSHIP FUND
FRIENDS OF SOUTH DAKOTA PUBLIC BROADCASTING - PO BOX 5000 - BROOKINGS, SD 57006	23-7310698	501(C)(3)	153,193.	0.			FOR THE ROCK GARDEN TOUR SHOW, OFFICE, AND GENERAL SUPPORT
VOLUNTEERS OF AMERICA, DAKOTAS 1309 W. 51ST STREET PO BOX 89306 SIOUX FALLS, SD 57109	23-7353508	501(C)(3)	122,211.	0.			FOR GENERAL SUPPORT AND VARIOUS PROGRAMS
HELPLINE CENTER 1000 N. WEST AVENUE #310 SIOUX FALLS, SD 57104	23-7424387	501(C)(3)	30,756.	0.			FOR SUICIDE PREVENTION, SIOUX EMPIRE NETWORK OF CARE AND GENERAL SUPPORT
BLACK HILLS STATE UNIVERSITY FOUNDATION - 1200 UNIVERSITY STREET - SPEARFISH, SD 57799	23-7428348	501(C)(3)	10,000.	0.			FOR WOMEN'S BASKETBALL SUPPORT
KINGDOM CAPITAL FUND 3208 E. 26TH STREET SIOUX FALLS, SD 57103	26-0194811	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
BETHEL MINISTRIES INTERNATIONAL PO BOX 573 RESERVE, NM 87830	26-0619803	501(C)(3)	5,000.	0.			TO PROVIDE RESOURCES FOR THE CONSTRUCTION OF TWO HOUSES, DISTRIBUTION OF 50 WHEELCHAIRS, AND
LUTHERAN HIGH SCHOOL OF SIOUX FALLS - 5000 S. WESTERN AVENUE - SIOUX FALLS, SD 57108	26-3623721	501(C)(3)	61,000.	0.			FOR GENERAL SUPPORT
FAMILY VISITATION CENTER 311 E. 14TH STREET SIOUX FALLS, SD 57104	26-3654937	501(C)(3)	13,750.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)



**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

Schedule I (Form 990)

31-1748533

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
FIRST PRIORITY OF SIOUX FALLS, INC. - 3815 S. WESTERN AVENUE - SIOUX FALLS, SD 57105	26-3765706	501(C)(3)	28,700.	0.			FOR COLLISION AND GENERAL SUPPORT
SIOUX FALLS MINISTRY CENTER 225 E. 11TH STREET SIOUX FALLS, SD 57104	26-4760861	501(C)(3)	496,000.	0.			FOR GENERAL SUPPORT
DOW RUMMEL COMMUNITY ENHANCEMENT FOUNDATION - 1321 W. DOW RUMMEL STREET - SIOUX FALLS, SD 57104	27-0860032	501(C)(3)	30,429.	0.			FOR GENERAL SUPPORT
FACE IT TOGETHER, INC. 5020 S. TENNIS LANE #4 SIOUX FALLS, SD 57108	27-2501220	501(C)(3)	1,951,000.	0.			FOR GENERAL SUPPORT AND PROJECTS
CROOKS AREA WORKING TOGETHER 205 W. 9TH STREET CROOKS, SD 57020	27-3654928	501(C)(3)	8,000.	0.			TO PURCHASE A DIGITAL SIGN FOR THE COMMUNITY
SOUTH EASTERN DEVELOPMENT FOUNDATION - 500 N. WESTERN AVENUE #100 - SIOUX FALLS, SD 57104	30-0017659	501(C)(3)	47,197.	0.			FOR OPERATIONAL SUPPORT
TEDDY BEAR DEN 500 S. MAIN AVENUE SIOUX FALLS, SD 57104	31-1802800	501(C)(3)	12,964.	0.			FOR GENERAL SUPPORT
HIDDEN HARVEST CORPORATION PO BOX 266 COACHELLA, CA 92236	33-0821743	501(C)(3)	10,000.	0.			FOR ANNUAL SUPPORT
GLOBAL PRESENCE MINISTRIES 664 STATE STREET MADISON, WI 53703	33-1188559	501(C)(3)	6,000.	0.			FOR CAMPUS MINISTRY

Schedule I (Form 990)

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 800 N. CLIFF AVENUE PO BOX 1002 SIOUX FALLS, SD 57101	36-2167910	501(C)(3)	16,639.	0.			GENERAL SUPPORT AND VARIOUS PROGRAMS
SHRINERS HOSPITAL FOR CHILDREN 2900 N. ROCKY POINT DRIVE PO BOX 30 TAMPA, FL 33607	36-2193608	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE SOUTH SUITE 800 MINNEAPOLIS, MN 55401	36-3292374	501(C)(3)	5,000.	0.			FOR LEGAL TRAINING
FEEDING SOUTH DAKOTA 4701 N. WESTPORT AVENUE SIOUX FALLS, SD 57107	36-3293534	501(C)(3)	136,285.	0.			FOR THE BACKPACK PROGRAM, FOOD STUDY, AND GENERAL SUPPORT
SANFORD HEALTH FOUNDATION 2335 E. 60TH STREET N. PO BOX 5039 SIOUX FALLS, SD 57117	36-3297853	501(C)(3)	1,503,530.	0.			FOR THE SANFORD HOUSE, AVA'S HOUSE, EQUIPMENT, RESEARCH, VARIOUS PROGRAMS AND GENERAL
ALPHA CENTER 3405 S. KIWANIS AVENUE SIOUX FALLS, SD 57105	36-3347022	501(C)(3)	90,000.	0.			FOR THE ENDOWMENT AND GENERAL SUPPORT
SIOUX FALLS AREA CHAMBER OF COMMERCE FOUNDATION - 200 N. PHILLIPS AVENUE #200 PO BOX 1425 - SIOUX FALLS, SD 57101	36-3470628	501(C)(3)	20,200.	0.			FOR FORWARD SIOUX FALLS
BLACK HILLS AREA COMMUNITY FOUNDATION - 803 ST. JOSEPH STREET PO BOX 231 - RAPID CITY, SD 57709	36-3608635	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SIOUXLAND HERITAGE MUSEUMS 200 W. SIXTH STREET SIOUX FALLS, SD 57104	36-3609618	501(C)(3)	53,762.	0.			FOR OPERATIONAL SUPPORT

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DOWNTOWN SIOUX FALLS, INC. 230 S. PHILLIPS AVENUE #102 SIOUX FALLS, SD 57104	36-3627217	501(C)(4)	5,500.	0.			FOR THE DOWNTOWN TROLLEY AND STREET MUSICIANS
LAKE AREA TECHNICAL INSTITUTE FOUNDATION - 1201 ARROW AVENUE PO BOX 730 - WATERTOWN, SD 57201	36-3860861	501(C)(3)	5,000.	0.			FOR BUILD DAKOTA SCHOLARSHIPS AND DENTAL ASSISTING PROGRAM
SOUTH DAKOTA COACHES FOUNDATION 801 W. EAGLE RIDGE STREET SIOUX FALLS, SD 57108	36-3958284	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
SOUTHEAST TECH FOUNDATION 2320 N. CAREER AVENUE SIOUX FALLS, SD 57107	36-4112897	501(C)(3)	8,350.	0.			FOR SCHOLARSHIPS
KIWANIS INTERNATIONAL FOUNDATION 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	36-6072039	501(C)(3)	6,625.	0.			FOR THE ELIMINATE PROJECT
GUSTAVUS ADOLPHUS COLLEGE 800 W. COLLEGE AVENUE ST. PETER, MN 56082	41-0695524	501(C)(3)	10,150.	0.			FOR TENNIS, LIFE CAMP AND GENERAL SUPPORT
DE LA SALLE HIGH SCHOOL ONE DELASALLE DRIVE MINNEAPOLIS, MN 55401	41-0705834	501(C)(3)	10,000.	0.			FOR THE STUDENT SCHOLARSHIP ENDOWMENT
BETHEL UNIVERSITY 3900 BETHEL DRIVE ST. PAUL, MN 55221	41-0708577	501(C)(3)	33,333.	0.			FOR THE CAMPAIGN FOR BETHEL UNIVERSITY
NORTHWESTERN COLLEGE-LIFE 96.5 3003 SNELLING AVENUE NORTH ST. PAUL, MN 55113	41-0711610	501(C)(3)	12,300.	0.			FOR GENERAL SUPPORT

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FIRST LUTHERAN CHURCH OF PIPESTONE 401 SEVENTH AVENUE SW PIPESTONE, MN 56164	41-0826789	501(C)(3)	25,000.	0.			FOR THE GENERAL FUND AND BUILDING FUND
COLLEGE OF SAINT BENEDICT 37 COLLEGE AVENUE S. SAINT JOSEPH, MN 56374	41-0969244	501(C)(3)	15,000.	0.			FOR THE O'CONNELL SOCIETY
ALEXANDRIA TECHNICAL & COMMUNITY COLLEGE FOUNDATION - 1601 JEFFERSON STREET - ALEXANDRIA, MN 56308	41-1272662	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
PHEASANTS FOREVER - ST. PAUL 1783 BUERKLE CIRCLE ST. PAUL, MN 55110	41-1429149	501(C)(3)	10,250.	0.			FOR GENERAL SUPPORT
SOUTH DAKOTA SYNOD-ELCA 2001 S. SUMMIT AVENUE SIOUX FALLS, SD 57197	41-1568278	501(C)(3)	16,150.	0.			FOR GENERAL SUPPORT AND DISASTER RELIEF
TRUE LIGHT CHRISTIAN SCHOOL PO BOX 751 MARSHALL, MN 56258	41-1619117	501(C)(3)	10,000.	0.			FOR THE TUITION ASSISTANCE FUND
CITY OF PIPESTONE 119 2ND AVENUE SW PIPESTONE, MN 56164	41-6005460	GOVT	5,216.	0.			FOR CONSTRUCTION OF THE BATTING CAGE AT HARMON PARK/EWERT RECREATION CENTER
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	204,000.	0.			FOR THE ATHLETIC CAMPAIGN AND SCHOLARSHIPS
UNITED METHODIST CHURCH - SPIRIT LAKE - 1812 GARY AVENUE - SPIRIT LAKE, IA 51360	42-0752679	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT

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DORDT COLLEGE 498 4TH AVENUE NE SIOUX CENTER, IA 51250	42-0772559	501(C)(3)	55,800.	0.			FOR THE SCIENCE AND TECHNOLOGY FACILITY AND SCHOLARSHIPS
OKOBOJI FOUNDATION 243 WEST BROADWAY PO BOX 593 OKOBOJI, IA 51355	42-1322070	501(C)(3)	5,000.	0.			FOR THE UNRESTRICTED ENDOWMENT
CITY OF INWOOD PO BOX 298 INWOOD, IA 51240	42-6004802	GOVT	5,000.	0.			TO CONSTRUCT A COMMUNITY RECREATIONAL TRAIL
COMMUNITY FOUNDATION OF GREATER DES MOINES - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	1,000,000.	0.			FOR THE LEADERSHIP CIRCLE
LUTHERAN CHURCH - ST. LOUIS MISSOURI SYNOD - 1333 S. KIRKWOOD ROAD - ST. LOUIS, MO 63122	43-0658188	501(C)(3)	6,500.	0.			FOR THE HURRICANE RELIEF FUND AND GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 1601 E. 69TH STREET, SUITE 301 SIOUX FALLS, SD 57108	43-1469296	501(C)(3)	5,600.	0.			FOR MINISTRY SUPPORT
PASTORAL LEADERSHIP INSTITUTE PO BOX 972 WHEATON, IL 60187	43-1806114	501(C)(3)	6,000.	0.			FOR THE 1000 YOUTH LEADER INITIATIVE AND GENERAL SUPPORT
FIRST BAPTIST CHURCH - SIOUX FALLS 1401 S. COVELL AVENUE SIOUX FALLS, SD 57105	43-1966375	501(C)(3)	13,409.	0.			FOR GENERAL SUPPORT
THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY - 4800 W. 57TH STREET PO BOX 5038 - SIOUX FALLS, SD 57117	45-0228055	501(C)(3)	6,685.	0.			TO PURCHASE A VITAL SIGNS MACHINE AND FACILITY IMPROVEMENTS

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SANFORD HEALTH FOUNDATION - EDITH SANFORD BREAST CANCER FOUNDATION - 2335 E. 60TH STREET N. PO BOX 5039 - SIOUX FALLS, SD 57117	45-0404126	501(C)(3)	17,600.	0.			FOR GENERAL SUPPORT
ELK POINT-JEFFERSON EDUCATIONAL FOUNDATION - 402 S. DOUGLAS PO BOX 578 - ELK POINT, SD 57025	45-2531813	501(C)(3)	6,846.	0.			ANNUAL DISTRIBUTION
CHARACTER ON TRACK 3220 W. 57TH STREET, SUITE 109 SIOUX FALLS, SD 57108	45-2722954	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT
COMMUNITY INDOOR TENNIS CENTER PO BOX 5113 SIOUX FALLS, SD 57117	45-2784394	501(C)(3)	277,387.	0.			FOR OPERATIONAL SUPPORT
COMPASSION CHILD CARE 225 E. 11TH STREET SIOUX FALLS, SD 57104	45-4077445	501(C)(3)	1,067,732.	0.			FOR GENERAL SUPPORT
CANTON-INWOOD AREA YOUTH ORGANIZATION - 27805 481ST AVENUE - CANTON, SD 57013	46-0210400	501(C)(3)	5,000.	0.			TO CONDUCT A LAND SURVEY FOR THE SPORTS COMPLEX
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730	46-0220678	501(C)(3)	6,557.	0.			FOR GENERAL SUPPORT
AUGUSTANA UNIVERSITY 2001 S. SUMMIT AVENUE SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	408,907.	0.			FOR GENERAL SUPPORT, SCHOLARSHIPS, AND VARIOUS PROGRAMS
DAKOTA WESLEYAN UNIVERSITY 1200 W. UNIVERSITY AVENUE MITCHELL, SD 57301	46-0224589	501(C)(3)	34,334.	0.			FOR THE WESLEYAN FUND AND THE CENTER FOR BUSINESS & INNOVATION

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BOY SCOUTS OF AMERICA - SIOUX COUNCIL - 800 N. WEST AVENUE - SIOUX FALLS, SD 57104	46-0224599	501(C)(3)	9,502.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF SIOUX FALLS 1101 W. 22ND STREET SIOUX FALLS, SD 57105	46-0224600	501(C)(3)	89,138.	0.			FOR GENERAL SUPPORT AND SCHOLARSHIPS
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA - 705 E. 41ST STREET #200 - SIOUX FALLS, SD 57105	46-0224731	501(C)(3)	14,895.	0.			FOR REFUGEE RESETTLEMENT, HERE4YOUTH PROGRAM, AND GENERAL SUPPORT
AVERA MCKENNAN 1325 S. CLIFF AVENUE PO BOX 5045 SIOUX FALLS, SD 57117	46-0224743	501(C)(3)	9,146.	0.			GENERAL SUPPORT
SIOUX FALLS FAMILY YMCA 220 S. MINNESOTA AVENUE SIOUX FALLS, SD 57104	46-0225021	501(C)(3)	432,787.	0.			FOR THE RACQUETBALL TOURNAMENT, ANNUAL CAMPAIGN, GET ON THE BUS, STRONG KIDS AND GENERAL
CALVARY CATHEDRAL 500 S. MAIN AVENUE SIOUX FALLS, SD 57104	46-0225354	501(C)(3)	10,773.	0.			FOR GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF SIOUX FALLS - 300 S. MINNESOTA AVENUE - SIOUX FALLS, SD 57104	46-0225435	501(C)(3)	18,228.	0.			FOR THE GENERAL FUND, THE MUSIC FUND, AND GENERAL SUPPORT
THE FIRST PRESBYTERIAN CHURCH 2300 S. WEST AVENUE SIOUX FALLS, SD 57105	46-0229140	501(C)(3)	5,205.	0.			FOR GENERAL SUPPORT
OUR SAVIOR'S LUTHERAN CHURCH 909 W. 33RD STREET SIOUX FALLS, SD 57105	46-0229996	501(C)(3)	13,100.	0.			FOR MINISTRY SUPPORT

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FIRST UNITED METHODIST CHURCH 401 S. SPRING AVENUE SIOUX FALLS, SD 57104	46-0230392	501(C)(3)	79,480.	0.			FOR GENERAL SUPPORT AND VARIOUS PROGRAMS
SOUTHEASTERN BEHAVIORAL HEALTHCARE 2000 S. SUMMIT AVENUE SIOUX FALLS, SD 57105	46-0232306	501(C)(3)	30,228.	0.			FOR GENERAL SUPPORT
FIRST LUTHERAN CHURCH 327 S. DAKOTA AVENUE SIOUX FALLS, SD 57104	46-0232600	501(C)(3)	78,281.	0.			FOR GENERAL SUPPORT AND ORGAN REPAIR
SIOUX EMPIRE UNITED WAY 1000 N. WEST AVENUE #120 SIOUX FALLS, SD 57104	46-0233701	501(C)(3)	464,282.	0.			FOR THE ANNUAL CAMPAIGN AND GENERAL SUPPORT
EAST SIDE LUTHERAN CHURCH 1300 E. 10TH STREET SIOUX FALLS, SD 57103	46-0234112	501(C)(3)	11,383.	0.			FOR GENERAL SUPPORT
EMBE 300 W. 11TH STREET SIOUX FALLS, SD 57104	46-0234998	501(C)(3)	57,895.	0.			FOR DRESS FOR SUCCESS, VARIOUS PROGRAMS AND GENERAL SUPPORT
ST. JOSEPH'S INDIAN SCHOOL 1301 N. MAIN STREET PO BOX 89 CHAMBERLAIN, SD 57325	46-0235912	501(C)(3)	11,897.	0.			ANNUAL DISTRIBUTION
ST. SIMON AND JUDE CATHOLIC CHURCH 105 S. BATES FLANDREAU, SD 57028	46-0237099	501(C)(3)	25,000.	0.			FOR A NEW ELEVATOR
SIOUX FALLS AREA HUMANE SOCIETY 3720 E. BENSON ROAD SIOUX FALLS, SD 57104	46-0239786	501(C)(3)	46,203.	0.			FOR GENERAL SUPPORT

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CHRIST THE KING CHURCH 1501 W. 26TH STREET SIOUX FALLS, SD 57105	46-0247335	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
GIRL SCOUTS - DAKOTA HORIZONS 1101 S. MARION ROAD SIOUX FALLS, SD 57106	46-0250744	501(C)(3)	23,344.	0.			FOR THE OUTREACH PROGRAM AND GENERAL SUPPORT
HOPE LUTHERAN CHURCH 1700 S. CLIFF AVENUE SIOUX FALLS, SD 57105	46-0253194	501(C)(3)	8,150.	0.			FOR GENERAL SUPPORT
UNITED METHODIST CHURCH - DAKOTA CONFERENCE - 1331 W. UNIVERSITY DRIVE PO BOX 460 - MITCHELL, SD 57301	46-0271158	501(C)(3)	30,022.	0.			FOR THE THRIVE CAMPAIGN AND LAKE POINSETT CAMP
DOW RUMMEL VILLAGE 1321 W. DOW RUMMEL STREET SIOUX FALLS, SD 57104	46-0271277	501(C)(3)	127,297.	0.			FOR THE CAPITAL CAMPAIGN
SOUTH DAKOTA STATE UNIVERSITY FOUNDATION - 815 MEDARY AVENUE PO BOX 525 - BROOKINGS, SD 57007	46-0273801	501(C)(3)	290,289.	0.			FOR VARIOUS PROGRAMS, SCHOLARSHIPS , FACILITIES AND GENERAL SUPPORT
UNION GOSPEL MISSION 701 E. 8TH STREET SIOUX FALLS, SD 57103	46-0281018	501(C)(3)	14,047.	0.			FOR GENERAL SUPPORT
FIRST EVANGELICAL FREE CHURCH 2601 W. 69TH STREET SIOUX FALLS, SD 57108	46-0281277	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT
INTER-LAKES COMMUNITY ACTION PARTNERSHIP, INC. - 111 N. VAN EPS AVENUE PO BOX 268 - MADISON, SD 57042	46-0282131	501(C)(3)	16,702.	0.			FOR THE HEARTLAND HOUSE AND GENERAL SUPPORT

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WEST CENTRAL SCHOOL DISTRICT 49-7 705 E. SECOND STREET PO BOX 268 HARTFORD, SD 57033	46-0284421	GOVT	10,074.	0.			FOR INNOVATION IN EDUCATION GRANTS AND THE WINTER SYMPOSIUM
ACTIVE GENERATIONS 2300 W. 46TH STREET SIOUX FALLS, SD 57105	46-0305500	501(C)(3)	19,703.	0.			FOR GENERAL SUPPORT AND FACILITIES
CAPITAL AREA COUNSELING PO BOX 148 PIERRE, SD 57501	46-0305571	501(C)(3)	5,000.	0.			FOR THE BUILDING CAPITAL CAMPAIGN
DAKOTABILITIES 1116 S. FOURTH AVENUE SIOUX FALLS, SD 57105	46-0306216	501(C)(3)	28,254.	0.			FOR GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC. - 1000 N. WEST AVENUE #110 - SIOUX FALLS, SD 57104	46-0306352	501(C)(3)	20,700.	0.			FOR DIGITAL PROGRAMMING AND GENERAL SUPPORT
MCCROSSAN BOYS RANCH 47135 - 260TH STREET SIOUX FALLS, SD 57107	46-0311913	501(C)(3)	14,300.	0.			FOR GENERAL SUPPORT
SOUTH DAKOTA HUMANITIES COUNCIL 1215 TRAIL RIDGE ROAD, SUITE A BROOKINGS, SD 57006	46-0316222	501(C)(3)	6,700.	0.			FOR FESTIVAL OF BOOKS AND GENERAL SUPPORT
LUTHERANS OUTDOORS IN SOUTH DAKOTA 2001 S. SUMMIT AVENUE SIOUX FALLS, SD 57197	46-0320561	501(C)(3)	10,910.	0.			FOR THE SHORELINE CAMPAIGN AND GENERAL SUPPORT
SOUTH DAKOTA HALL OF FAME 1480 S. MAIN AVENUE CHAMBERLAIN, SD 57325	46-0324210	501(C)(3)	111,100.	0.			FOR THE ENDOWMENT CAMPAIGN AND GENERAL SUPPORT

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OUR REDEEMER LUTHERAN CHURCH 2200 S. WESTERN AVENUE SIOUX FALLS, SD 57105	46-0331795	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
SIOUX FALLS HOUSING AND REDEVELOPMENT COMMISSION - 630 S. MINNESOTA AVENUE - SIOUX FALLS, SD 57104	46-0333222	GOVT	7,000.	0.			FOR THE FAMILY SELF-SUFFICIENCY PROGRAM AND A NEW PHONE SYSTEM
SIOUX FALLS CHRISTIAN SCHOOLS 6120 S. CHARGER CIRCLE SIOUX FALLS, SD 57108	46-0340024	501(C)(3)	21,078.	0.			FOR THE STAFF SALARY AND BENEFITS FUND AND TUITION ASSISTANCE
SIOUX FALLS LUTHERAN SCHOOL 308 W. 37TH STREET SIOUX FALLS, SD 57105	46-0343381	501(C)(3)	189,066.	0.			FOR THE CAPITAL CAMPAIGN, TUITION ASSISTANCE, AND GENERAL SUPPORT
FALNES LUTHERAN CHURCH 12425 - 426TH A AVENUE LANGFORD, SD 57454	46-0346888	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
THE COMPASS CENTER 1800 W. 12TH STREET #100 SIOUX FALLS, SD 57104	46-0350199	501(C)(3)	14,950.	0.			TO HIRE A DEVELOPMENT DIRECTOR AND GENERAL SUPPORT
LIFESCAPE FOUNDATION 2011 W. 26TH STREET #201 SIOUX FALLS, SD 57105	46-0353254	501(C)(3)	8,984.	0.			FOR GENERAL SUPPORT
SIOUX FALLS ARTS COUNCIL 326 E. EIGHTH STREET #106A SIOUX FALLS, SD 57103	46-0354287	501(C)(3)	12,950.	0.			FOR GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH FOUNDATION OF SIOUX FALLS - 401 S. SPRING AVENUE - SIOUX FALLS, SD 57104	46-0355004	501(C)(3)	38,397.	0.			FOR GENERAL SUPPORT

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SPECIAL OLYMPICS SOUTH DAKOTA 800 E. I-90 LANE SIOUX FALLS, SD 57104	46-0359776	501(C)(3)	50,519.	0.			FOR UNIFIED CHAMPION SCHOOLS EXPANSION AND GENERAL SUPPORT
MOUNT ZION CONGREGATION 523 W. 14TH STREET PO BOX 756 SIOUX FALLS, SD 57101	46-0362692	501(C)(3)	13,973.	0.			GENERAL SUPPORT
COMMUNITY REFORMED CHURCH 6800 E. 41ST STREET SIOUX FALLS, SD 57110	46-0365454	501(C)(3)	11,400.	0.			FOR GENERAL SUPPORT
CHILDREN'S HOME FOUNDATION 801 N. SYCAMORE AVENUE PO BOX 1749 SIOUX FALLS, SD 57101	46-0366277	501(C)(3)	196,478.	0.			FOR GENERAL SUPPORT AND VARIOUS PROGRAMS
SOUTH DAKOTA DENTAL FOUNDATION 804 N. EUCLID AVENUE #103 BOX 1194 PIERRE, SD 57501	46-0367045	501(C)(3)	22,828.	0.			TO SUPPORT THE SIOUX EMPIRE SMILES PROGRAM
AVERA MCKENNAN FOUNDATION 1325 S. CLIFF AVENUE PO BOX 5045 SIOUX FALLS, SD 57117	46-0367530	501(C)(3)	239,237.	0.			FOR GENERAL SUPPORT, VARIOUS PROGRAMS AND FACILITIES
RONALD MCDONALD HOUSE CHARITIES OF SOUTH DAKOTA, INC. - 825 S. LAKE AVENUE - SIOUX FALLS, SD 57104	46-0371152	501(C)(3)	14,230.	0.			FOR GENERAL SUPPORT
MAKE-A-WISH FOUNDATION OF SOUTH DAKOTA - 1400 W. 17TH STREET - SIOUX FALLS, SD 57104	46-0375953	501(C)(3)	21,796.	0.			FOR GENERAL SUPPORT
GLORIA DEI LUTHERAN CHURCH 5500 E. 57TH STREET SIOUX FALLS, SD 57108	46-0382186	501(C)(3)	87,820.	0.			FOR THE LOAVES AND FISHES CAPITAL CAMPAIGN AND GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
THE BANQUET 900 E. EIGHTH STREET SIOUX FALLS, SD 57103	46-0387495	501(C)(3)	83,732.	0.			GENERAL SUPPORT
SINGING BOYS OF SIOUX FALLS PO BOX 88053 SIOUX FALLS, SD 57109	46-0389502	501(C)(3)	5,350.	0.			FOR OPERATING SUPPORT
OLDE TOWNE DINNER THEATRE PO BOX 214 WORTHING, SD 57077	46-0389570	501(C)(3)	6,650.	0.			FOR ANNUAL SUPPORT
REACH LITERACY 2101 E. 41ST STREET SUITE 14 SIOUX FALLS, SD 57105	46-0396579	501(C)(3)	13,150.	0.			TO PURCHASE A BOOKMOBILE AND GENERAL SUPPORT
SOUTH DAKOTA COMMUNITY FOUNDATION 1714 N. LINCOLN AVENUE PIERRE, SD 57501	46-0398115	501(C)(3)	15,000.	0.			FOR LEADERSHIP SOUTH DAKOTA, THE USS SD (SSN 790) COMMISSIONING FUND AND GENERAL SUPPORT
BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE - 100 S. SPRING AVENUE - SIOUX FALLS, SD 57104	46-0399482	501(C)(3)	36,229.	0.			FOR GENERAL SUPPORT AND VARIOUS PROGRAMS
OAK HILLS BAPTIST CHURCH 6201 S. LYNCREST AVENUE SIOUX FALLS, SD 57108	46-0406168	501(C)(3)	18,500.	0.			FOR GENERAL SUPPORT AND CHERUB'S CLOSET
ABIDING SAVIOR FREE LUTHERAN CHURCH - 4100 S. BAHNSON AVENUE - SIOUX FALLS, SD 57103	46-0406443	501(C)(3)	12,000.	0.			FOR THE GENERAL FUND
SIOUX FALLS CATHOLIC SCHOOLS 3100 W. 41ST STREET SIOUX FALLS, SD 57105	46-0413591	501(C)(3)	14,556.	0.			FOR GENERAL SUPPORT

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THE COMMUNITY OUTREACH 225 E. 11TH STREET, SUITE 200 SIOUX FALLS, SD 57105	46-0416744	501(C)(3)	8,400.	0.			FOR THE GENESIS PROJECT, RENT ASSISTANCE, AND GENERAL SUPPORT
GREAT BEAR RECREATION PARK, INC. 2401 W. 49TH STREET SIOUX FALLS, SD 57106	46-0417880	501(C)(4)	58,189.	0.			FOR THE TUBING HILL AND YOUTH ACTIVITIES
SIOUX FALLS JAZZ & BLUES SOCIETY 301 S. MAIN AVENUE PO BOX 1285 SIOUX FALLS, SD 57101	46-0418356	501(C)(3)	63,551.	0.			FOR JAZZFEST AND GENERAL SUPPORT
MINNEHAHA CENTURY FUND 1100 S. SOUTHEASTERN AVENUE SIOUX FALLS, SD 57103	46-0421866	501(C)(3)	8,700.	0.			TO PUT GUTTERS ON THE CHURCH AND DEPOT AT PIONEER LANE
AVERA HEALTH FOUNDATION 212 E. 11TH STREET SUITE #100 SIOUX FALLS, SD 57104	46-0422673	501(C)(3)	14,100.	0.			FOR THE NAVIGATOR FUND AND FACILITIES
ST. FRANCIS HOUSE 1301 E. AUSTIN STREET SIOUX FALLS, SD 57103	46-0423202	501(C)(3)	45,965.	0.			FOR THE BUILDING PROJECT AND GENERAL SUPPORT
SIOUX FALLS AREA CASA 300 N. DAKOTA AVENUE, #609 PO BOX 1 SIOUX FALLS, SD 57101	46-0430647	501(C)(3)	20,163.	0.			TO HELP KIDS AND GENERAL SUPPORT
WASHINGTON PAVILION OF ARTS AND SCIENCE - 301 S. MAIN AVENUE PO BOX 984 - SIOUX FALLS, SD 57101	46-0435791	501(C)(3)	190,520.	0.			FOR GENERAL SUPPORT, VARIOUS PROGRAMS AND FACILITIES
ROMSDAL LUTHERAN CHURCH 29484 - 476TH AVENUE BERESFORD, SD 57004	46-0438066	501(C)(3)	19,870.	0.			FOR GENERAL SUPPORT

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BRANDON VALLEY BAND PARENTS, INC. 301 S. SPLITROCK BOULEVARD BRANDON, SD 57005	46-0444512	501(C)(3)	6,500.	0.			FOR GENERAL BAND SUPPORT
MULTI-CULTURAL CENTER OF SIOUX FALLS - 515 N. MAIN AVENUE - SIOUX FALLS, SD 57104	46-0445034	501(C)(3)	6,000.	0.			FOR THE LOST BOYS OF SUDAN PROJECT AND THE JOB SKILLS PROGRAM
SOUTH DAKOTA GOLF ASSOCIATION JUNIOR GOLF FOUNDATION - PO BOX 88938 - SIOUX FALLS, SD 57109	46-0449824	501(C)(3)	10,216.	0.			FOR FIRST TEE AND OTHER PROGRAMS
SIOUX FALLS CARES PO BOX 89106 SIOUX FALLS, SD 57109	46-0450382	501(C)(3)	15,010.	0.			FOR GENERAL SUPPORT
EPISCOPAL DIOCESE OF SOUTH DAKOTA 408 N. JEFFERSON AVENUE PIERRE, SD 57501	46-0452261	501(C)(3)	88,089.	0.			GENERAL SUPPORT
SOUTH DAKOTA SCHOOL FOR THE DEAF FOUNDATION - 2001 E. EIGHTH STREET - SIOUX FALLS, SD 57103	46-0455984	501(C)(3)	21,565.	0.			FOR SCHOLARSHIPS
SPIRIT OF JOY LUTHERAN CHURCH 2208 W. LAQUINTA STREET SIOUX FALLS, SD 57108	46-0457455	501(C)(3)	10,000.	0.			FOR OPERATING SUPPORT AND THE GENERAL FUND
GARRETSON VOLUNTEER FIRE DEPARTMENT - PO BOX 428 - GARRETSON, SD 57030	46-3033412	501(C)(3)	5,947.	0.			TO PURCHASE SELF CONTROLLED BREATHING APPARATUS (SCBA) EQUIPMENT
DOUGLAS COUNTY MEMORIAL HOSPITAL FOUNDATION - 708 EIGHTH STREET - ARMOUR, SD 57313	46-3293508	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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STOCKYARDS PLAZA INC. P.O. BOX 2042 SIOUX FALLS, SD 57101	46-5391991	501(C)(3)	182,677.	0.			FOR THE FIELD TRIP PROGRAM AND OPERATIONAL SUPPORT
CITY OF ALCESTER CITY HALL PO BOX 318 ALCESTER, SD 57001	46-6000025	GOVT	11,000.	0.			GENERAL PURCHASES FOR THE COMMUNITY
CITY OF HUDSON 310 FOURTH STREET HUDSON, SD 57034	46-6000210	GOVT	5,000.	0.			TO PURCHASE A VEHICLE STABILIZATION KIT
SOUTH DAKOTA DEPARTMENT OF CORRECTIONS - 200 EAST HIGHWAY 34 - PIERRE, SD 57501	46-6000364	GOVT	17,929.	0.			FOR BICYCLE PARTS AND SWEAT LODGE SUPPLIES
CATHOLIC DIOCESE OF SIOUX FALLS 523 N. DULUTH AVENUE SIOUX FALLS, SD 57104	46-6000424	501(C)(3)	62,415.	0.			FOR CFSA AND GENERAL SUPPORT
CITY OF SIOUX FALLS 224 W. NINTH STREET SIOUX FALLS, SD 57104	46-6000425	GOVT	1,711,809.	0.			FOR LEVITT AT THE FALLS, SIOUXLAND LIBRARIES, PARKS AND OTHER PROGRAMS
BRANDON VALLEY SCHOOL DISTRICT 49-2 - 301 S. SPLITROCK BOULEVARD - BRANDON, SD 57005	46-6002577	GOVT	11,136.	0.			TO PURCHASE A VISION SCREENER, TRACK IMPROVEMENTS AND VARIOUS EQUIPMENT
SIOUX FALLS SCHOOL DISTRICT #49-5 201 E. 38TH STREET SIOUX FALLS, SD 57105	46-6002586	GOVT	35,273.	0.			FOR VARIOUS PROGRAMS, FACILITIES AND GENERAL SUPPORT
ST. MARY CATHOLIC SCHOOLS - DELL RAPIDS - 812 N. STATE AVENUE - DELL RAPIDS, SD 57022	46-6003662	501(C)(3)	5,932.	0.			GENERAL SUPPORT

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WEST NIDAROS LUTHERAN CHURCH 25403 - 471ST AVENUE CROOKS, SD 57020	46-6011973	501(C)(3)	88,620.	0.			GENERAL SUPPORT
GREAT PLAINS ZOO & DELBRIDGE MUSEUM - 805 S. KIWANIS AVENUE - SIOUX FALLS, SD 57104	46-6015015	501(C)(3)	163,928.	0.			FOR VARIOUS EXHIBITS AND GENERAL SUPPORT
SCOTTISH RITE FOUNDATION OF SOUTH DAKOTA - PO BOX 567 - MITCHELL, SD 57301	46-6015073	501(C)(3)	13,779.	0.			FOR GENERAL SUPPORT
SOUTH DAKOTA SYMPHONY ORCHESTRA 301 S. MAIN AVENUE SIOUX FALLS, SD 57104	46-6017026	501(C)(3)	265,604.	0.			GENERAL SUPPORT AND THE ANNUAL FUND
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - 1110 N. DAKOTA STREET - VERMILLION, SD 57069	46-6018891	501(C)(3)	457,390.	0.			FOR VARIOUS PROGRAMS, FACILITIES, SCHOLARSHIPS AND GENERAL SUPPORT
ST. MARK'S LUTHERAN CHURCH 2001 S. ELMWOOD AVENUE SIOUX FALLS, SD 57105	46-6026433	501(C)(3)	36,600.	0.			FOR GENERAL SUPPORT
CATHOLIC COMMUNITY FOUNDATION FOR EASTERN SOUTH DAKOTA - 523 N. DULUTH AVENUE - SIOUX FALLS, SD 57104	46-6068924	501(C)(3)	45,050.	0.			FOR THE GIFT OF HOPE CONCERT, MONASTERY BUILDING, AND VARIOUS PROGRAMS
NEBRASKA WESLEYAN UNIVERSITY 5000 ST. PAUL AVENUE LINCOLN, NE 68504	47-0376524	501(C)(3)	24,518.	0.			FOR SCHOLARSHIPS
JAM ART & SUPPLIES 401 N. PHILLIPS AVENUE SIOUX FALLS, SD 57104	47-1093439	501(C)(3)	5,000.	0.			FOR STRATEGIC PLANNING

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SEEDS OF CHANGE FOUNDATION 4615 N. LEWIS AVENUE SIOUX FALLS, SD 57104	47-1654423	501(C)(3)	5,000.	0.			TO SUPPORT STUDENTS ATTENDING KAKUSWI SPECIAL SCHOOL FOR THE DEAF
THE NEW COLOSSUS PO BOX 2126 SIOUX FALLS, SD 57101	47-1935067	501(C)(3)	7,500.	0.			FOR JDC OUTREACH AND IEMPATHIZE TEEN GIRL PREVENTION & EMPOWERMENT GROUPS
FRIENDS OF THE BIG SIOUX RIVER PO BOX 2341 SIOUX FALLS, SD 57101	47-3343873	501(C)(3)	13,000.	0.			FOR THE BIG SIOUX NATIVE PRAIRIE RIPARIAN BUFFER EDUCATION AND DEMONSTRATION PROJECT
DAKOTA ROYAL CHARITY DRAFT HORSE SHOW - 48016 RIVERSIDE PLACE - SIOUX FALLS, SD 57108	47-3741864	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ASONE MINISTRIES PO BOX 90155 SIOUX FALLS, SD 57109	47-4641570	501(C)(3)	15,000.	0.			FOR THE CRATER HIGH SCHOOL PROJECT AND GENERAL SUPPORT
SOUTH DAKOTA YOUTH FOUNDATION 1310 MAIN AVENUE S. SUITE #109 BROOKINGS, SD 57006	47-4832848	501(C)(3)	30,000.	0.			FOR CHARACTER COUNTS!
ARTS SOUTH DAKOTA PO BOX 2496 SIOUX FALLS, SD 57101	47-4923322	501(C)(3)	6,100.	0.			FOR THE STATE ARTS CONFERENCE
CALL TO FREEDOM 601 S. PHILLIPS AVENUE #105 SIOUX FALLS, SD 57104	47-5469817	501(C)(3)	64,800.	0.			FOR THE SOUTH DAKOTA HUMAN TRAFFICKING TASKFORCE, 100 WOMEN WHO COUNT, AND GENERAL
MIDWEST DISTRICT MISSIONARY CHURCH 1518 O STREET PLEASANT DALE, NE 68423	47-6026578	501(C)(3)	6,500.	0.			FOR WOVENCORD MINISTRIES

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PRAIRIE HILLS COVENANT CHURCH 2500 S. POWDERHOUSE ROAD SIOUX FALLS, SD 57110	51-0140098	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT
SIOUX FALLS CATHOLIC SCHOOLS FOUNDATION, INC. - 3100 W. 41ST STREET - SIOUX FALLS, SD 57105	51-0145184	501(C)(3)	220,959.	0.			FOR LIVING STONES, UP WITH PEOPLE, SALARY INITIATIVE AND THE ANNUAL APPEAL
BUTTERFLY HOUSE & AQUARIUM 4320 S. OXBOW AVENUE SIOUX FALLS, SD 57106	52-2370420	501(C)(3)	87,200.	0.			FOR CHILDREN VISITS, FOR THE MILKWEED PROGRAM, BOOKS AND GENERAL SUPPORT
AMERICAN RED CROSS 808 N. WEST AVENUE SIOUX FALLS, SD 57104	53-0196605	501(C)(3)	13,800.	0.			FOR HURRICANE HARVEY SUPPORT
FRIENDS OF THE LEVITT SHELL SIOUX FALLS - 5501 S. BROADBAND - SIOUX FALLS, SD 57108	61-1699910	501(C)(3)	89,212.	0.			FOR OPERATIONAL SUPPORT
CASEY LEE BALL FOUNDATION 50475 VISTA MONTANA LAQUINTA, CA 92253	77-0366725	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT
WEST LYON BAND BOOSTERS 1787 IA 182 INWOOD, IA 51240	80-0038577	501(C)(3)	5,000.	0.			TO PURCHASE MUSICAL EQUIPMENT FOR THE BAND
SIOUX EMPIRE COMMUNITY THEATRE 315 N. PHILLIPS AVENUE SIOUX FALLS, SD 57104	80-0074622	501(C)(3)	22,501.	0.			FOR YOUTH AND ADULT EDUCATION AND THEATER AND GENERAL SUPPORT
UNIVERSITY OF PROVIDENCE 1301 20TH STREET S. GREAT FALLS, MT 59405	81-0231777	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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FURNITURE MISSION OF SOUTH DAKOTA 209 N. NESMITH AVENUE SIOUX FALLS, SD 57103	81-0584500	501(C)(3)	11,050.	0.			FOR GENERAL SUPPORT
ESTABLISHING SUSTAINABLE CONNECTIONS - PO BOX 90850 - SIOUX FALLS, SD 57104	81-3897133	501(C)(3)	28,500.	0.			FOR DEVELOPING OUR LEADERS OF TOMORROW
SIOUX FALLS THRIVE 200 N. CHERAPA PLACE SIOUX FALLS, SD 57103	81-4491870	501(C)(4)	122,370.	0.			FOR GENERAL SUPPORT
SOUTH DAKOTA NEWS WATCH 3001 W. SPRUCELEIGH COURT SIOUX FALLS, SD 57105	81-4674814	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT
CONSCIOUS YOUTH SOLUTIONS, INC. PO BOX 360 SIOUX FALLS, SD 57101	81-5361129	501(C)(3)	11,600.	0.			FOR THE YOUTH LEAGUE APPRENTICESHIP PROGRAM
MIDWEST HONOR FLIGHT PO BOX 22 SIOUX CENTER, IA 51250	82-0995083	501(C)(3)	5,000.	0.			FOR MISSION 2
SIOUX FALLS HOPE COALITION 920 E. JUSTIN DRIVE SIOUX FALLS, SD 57108	82-2097994	501(C)(3)	25,000.	0.			FOR SIOUX FALLS PROMISE AND PRESCHOOL SUPPORT
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS (FOCUS) - PO BOX 18710 - GOLDEN, CO 80402	84-1522811	501(C)(3)	10,500.	0.			FOR MINISTRY SUPPORT
ARISE CHURCH 3409 S. GATEWAY BOULEVARD SUITE #20 SIOUX FALLS, SD 57106	90-0277392	501(C)(3)	36,000.	0.			FOR GENERAL SUPPORT

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DIRECT LINE 213 W. NINTH STREET SIOUX FALLS, SD 57104	90-0387693	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383	91-1702551	501(C)(3)	6,000.	0.			FOR MISSION SUPPORT
BISHOP DUDLEY HOSPITALITY HOUSE 101 N. INDIANA AVENUE SIOUX FALLS, SD 57103	91-1836528	501(C)(3)	35,106.	0.			FOR THE SLEEPOUT, EQUIPMENT, AND GENERAL SUPPORT
DUCKS UNLIMITED - SOUTH DAKOTA CHAPTER - 420 PURDUE STREET - VERMILLION, SD 57069	93-0928672	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
NOTRE DAME DE NAMUR UNIVERSITY 1500 RALSTON AVENUE BELMONT, CA 94002	94-1156646	501(C)(3)	20,000.	0.			FOR THE CAMPAIGN TO SAVE RALSTON HALL
SANTA CATALINA SCHOOL 1500 MARK THOMAS DRIVE MONTEREY, CA 93940	94-1156652	501(C)(3)	5,000.	0.			FOR THE ANNUAL FUND
CRU - PRIORITY ASSOCIATES 7013 S. EDINBURG PLACE SIOUX FALLS, SD 57108	95-6006173	501(C)(3)	13,350.	0.			FOR MINISTRY SUPPORT
BOYS & GIRLS CLUB OF THE COACHELLA VALLEY - 42 - 600 COOK STREET #120 - PALM DESERT, CA 92211	95-6122699	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT

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**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP ASSISTANCE	150	386,000.	0.	N/A	N/A
HARDSHIP ASSISTANCE	2	20,000.	0.	N/A	N/A

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

**PART I, LINE 2:**

SFACF REVIEWS THE TAX STATUS OF POTENTIAL GRANTEEES USING GUIDESTAR CHARITY

CHECK, WHICH INTEGRATES DATA FROM IRS PUBLICATION 78 ON A WEEKLY BASIS.

MONITORING PROCEDURES VARY BASED ON THE GRANTEE'S TAX STATUS, THE PURPOSE

OF THE GRANT, AND THE SOURCE OF THE RECOMMENDATION FOR THE GRANT.

GRANTS TO ORGANIZATIONS WITHOUT 501(C)(3) OR EQUIVALENT TAX STATUS ARE MADE

USING STANDARD EXPENDITURE RESPONSIBILITY PROCEDURES. TO ASSURE THAT A

PROPOSED ACTIVITY IS EXCLUSIVELY CHARITABLE AND THAT THE ORGANIZATION HAS

**Part IV Supplemental Information**

THE CAPACITY TO PERFORM SUCCESSFULLY, AN ORGANIZATION WITHOUT CHARITABLE TAX STATUS IS SUBJECT TO PRE-GRANT INQUIRY BY THE PRESIDENT, AND/OR PROGRAM OFFICER. THE INQUIRY AND ITS OUTCOME ARE DOCUMENTED IN A COMPLIANCE FILE. IF IN SFACF'S OPINION, ORGANIZATIONAL CAPACITY IS WEAK, A GRANT WILL BE PAID ONLY AS REIMBURSEMENT FOR DOCUMENTED CHARITABLE EXPENSES. OTHERWISE, THE ORGANIZATION IS REQUIRED TO SIGN A GRANT AGREEMENT AND TO REPORT ON THE OUTCOMES OF THE SUPPORTED CHARITABLE ACTIVITIES.

FOR GRANTS MADE TO 501(C)(3) ORGANIZATIONS AND CHARITABLE EQUIVALENTS, SUCH AS RELIGIOUS ORGANIZATIONS AND GOVERNMENTAL ENTITIES:

-ALL GRANT RECOMMENDATIONS FROM DONOR-ADVISORS ARE REVIEWED BY THE PROGRAM OFFICER AND PRESIDENT PRIOR TO APPROVAL TO ASSURE THAT NEITHER THE DONOR-ADVISOR NOR PERSONS RELATED TO THE ADVISOR WILL BENEFIT FROM THE GRANT. AT THE REQUEST OF THE DONOR-ADVISOR, SFACF WILL REQUIRE, ACCEPT, AND REVIEW POST-GRANT EVALUATIONS.

-ORGANIZATIONS RECEIVING COMPETITIVELY AWARDED GRANTS FROM SFACF'S GRANTS COMMITTEE FOR A SPECIFIC PURPOSE ARE REQUIRED TO SIGN GRANT AGREEMENTS AND TO REPORT ON THE OUTCOMES OF THE ACTIVITIES SUPPORTED. EVALUATIONS ARE REVIEWED BY THE GRANTS COMMITTEE AS THEY ARE RETURNED TO SFACF. ADDITIONAL GRANTS ARE NOT MADE TO AN ORGANIZATION THAT FAILS TO REPORT OR THAT FILES AN UNSATISFACTORY REPORT UNTIL THE ORGANIZATION IS IN COMPLIANCE WITH EVALUATION STANDARDS.

-ORGANIZATIONS BENEFITING FROM ANNUAL DISTRIBUTIONS MADE FROM DESIGNATED AND AGENCY FUNDS RECEIVE A REPORT OF PURPOSE RESTRICTIONS PLACED ON THE GRANT AND EITHER 1) CERTIFY THAT BY CASHING THE CHECK THE PROCEEDS WILL BE

**Part IV** Supplemental Information

USED FOR THE INTENDED PURPOSE OR 2) ARE REQUIRED TO SUBMIT A REPORT TO SFACF VERIFYING THE USE OF THE GRANT. ADDITIONAL GRANTS ARE NOT MADE TO AN ORGANIZATION THAT FAILS TO REPORT OR THAT FILES AN UNSATISFACTORY REPORT UNTIL THE ORGANIZATION HAS TAKEN STEPS TO AND DEMONSTRATED IT HAS AND WILL COMPLY WITH GRANT RESTRICTIONS.

-SCHOLARSHIPS AWARDED BY SFACF ARE APPROVED AND PAID TO EDUCATIONAL INSTITUTIONS ONLY AFTER VERIFYING STUDENT ENROLLMENT, AND IN THE CASE OF SCHOLARSHIP RENEWAL, A STUDENT'S CONTINUING FINANCIAL NEED AND ACADEMIC ELIGIBILITY FOR ASSISTANCE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TEACH FOR AMERICA - SOUTH DAKOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EDUCATION ON THE ROSEBUD, PINE RIDGE, AND STANDING ROCK RESERVATIONS IN SOUTH DAKOTA AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BETHEL MINISTRIES INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RESOURCES FOR THE CONSTRUCTION OF TWO HOUSES, DISTRIBUTION OF 50 WHEELCHAIRS, AND FOOD/CLOTHING FOR 20 FAMILIES IN AUGUST 2017

NAME OF ORGANIZATION OR GOVERNMENT: SANFORD HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SANFORD HOUSE, AVA'S HOUSE, EQUIPMENT, RESEARCH, VARIOUS PROGRAMS AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: SIOUX FALLS FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE RACQUETBALL TOURNAMENT, ANNUAL CAMPAIGN, GET ON THE BUS, STRONG KIDS AND GENERAL SUPPORT



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CALL TO FREEDOM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SOUTH DAKOTA HUMAN  
TRAFFICKING TASKFORCE, 100 WOMEN WHO COUNT, AND GENERAL SUPPORT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **STIOUX FALLS AREA COMMUNITY FOUNDATION, INC.**

Employer identification number  
**31-1748533**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2017

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW PATTERSON PRESIDENT/CEO	(i)	132,690.	0.	0.	14,478.	24,740.	171,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.** Employer identification number **31-1748533**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	167	8,460,016.	AVERAGE MARKET VALUE
10 Securities - Closely held stock	X	1	5,510,000.	VALUE AT CONTRIBUTIO
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 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 ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	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 purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

SFACF USES VARIOUS BANK TRUST DEPARTMENTS AND BROKERAGE FIRMS TO ACCEPT  
AND SELL CONTRIBUTIONS OF SECURITIES AND MUTUAL FUNDS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	<b>SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.</b>	Employer identification number	<b>31-1748533</b>
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMUNITY FOUNDATION CULTIVATES PHILANTHROPY BY INSPIRING NEW  
GENERATIONS OF DONORS TO NURTURE SIOUX FALLS' POSITION AS A NATIONALLY  
RECOGNIZED CHARITABLE FRONTRUNNER.

TO THAT END, SFACF MANAGES AND GROWS ENDOWMENTS AND DIRECTS CHARITABLE  
GRANTS TO SOCIAL, CULTURAL, EDUCATIONAL, RELIGIOUS, COMMUNITY  
DEVELOPMENT, AND ENVIRONMENTAL ACTIVITIES THAT ADDRESS THE AREA'S  
EMERGING NEEDS AND OPPORTUNITIES. THIS EMPHASIS ON GROWING LONG-TERM  
CHARITABLE ENDOWMENTS ASSURES THAT THE STABILITY AND QUALITY OF LIFE WE  
ENJOY TODAY WILL BE SUSTAINED FOR GENERATIONS TO COME, IN GOOD TIMES OR  
BAD.

SFACF SERVES MINNEHAHA, LINCOLN, MCCOOK, AND TURNER COUNTIES AND  
COMMUNITIES WITHIN A 25-MILE RADIUS OF THE CITY OF SIOUX FALLS, SOUTH  
DAKOTA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ALL, MORE THAN 500 CHARITABLE ORGANIZATIONS RECEIVED SUPPORT IN  
PROGRAM AREAS THAT INCLUDE ARTS AND HUMANITIES, COMMUNITY DEVELOPMENT,  
EDUCATION, ENVIRONMENT, HEALTH, HUMAN SERVICES AND RELIGION. ONE  
HUNDRED FORTY SEVEN (147) OF THESE ORGANIZATIONS ARE ELIGIBLE FOR  
ANNUAL DISTRIBUTIONS FROM DESIGNATED OR AGENCY ENDOWMENTS.

SFACF HAS MET AND ADHERES TO NATIONAL STANDARDS FOR COMMUNITY  
FOUNDATIONS IN THE U.S. AS ESTABLISHED BY THE COUNCIL ON FOUNDATIONS,

Name of the organization **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

Employer identification number  
**31-1748533**

**WWW.COF.ORG, ARLINGTON, VIRGINIA.**

**FORM 990, PART VI, SECTION B, LINE 11B:**

**SENIOR STAFF COMPILES INFORMATION FOR SFACF'S TAX RETURN AND REVIEWS THE  
INDEPENDENT ACCOUNTING FIRM'S DRAFT DOCUMENT.**

**WHEN COMPLETE, SENIOR STAFF PRESENT THE DRAFT (WITH THE EXCEPTION OF  
SCHEDULE B, SCHEDULE OF CONTRIBUTORS, WHICH IN DEFERENCE TO DONORS' DESIRE  
FOR PRIVACY IS REVIEWED BY THE CHAIR OF THE BOARD OF DIRECTORS) TO A JOINT  
MEETING OF THE AUDIT AND FINANCE COMMITTEES, THE MEMBERSHIP OF WHICH IS  
COMPRISED OF BOARD MEMBERS AND ATTORNEYS AND/OR CPAS DRAWN FROM THE  
COMMUNITY.**

**ONCE APPROVED AT THE COMMITTEE LEVEL, ALL MEMBERS OF THE GOVERNING BOARD  
RECEIVE ELECTRONIC COPIES OF THE TAX RETURN, WITH SCHEDULE B REDACTED. THE  
BOARD REVIEWS, DISCUSSES, AND APPROVES THE RETURN. THE PREPARER  
SUBSEQUENTLY FILES THE TAX RETURN.**

**THIS REVIEW PROCESS IS CONDUCTED ANNUALLY.**

**FORM 990, PART VI, SECTION B, LINE 12C:**

**AT THE BEGINNING OF EACH FISCAL YEAR, ALL MEMBERS OF SFACF'S STAFF, ITS  
BOARD OF DIRECTORS, AND ITS FIVE STANDING COMMITTEES, AND BOARD MEMBERS OF  
EASTBANK LAND CO., LLC FILE CONFLICT OF INTEREST FORMS WITH THE  
PRESIDENT/CEO. THE FORMS DISCLOSE EACH INDIVIDUAL'S AFFILIATIONS WITH  
OTHER NONPROFIT ORGANIZATIONS AND SFACF VENDORS. THESE FORMS ARE COMPILED  
IN THE GOVERNING BOARD'S POLICY MANUAL, WHICH IS AVAILABLE ONLINE, AND ARE  
AVAILABLE FOR PUBLIC REVIEW UPON REQUEST.**



Name of the organization **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

Employer identification number  
**31-1748533**

AT THE BEGINNING OF EACH MEETING, THE PERSON PRESIDING CALLS FOR DISCLOSURE OF CONFLICTS RELATED TO AGENDA ITEMS. BOARD AND COMMITTEE MEMBERS ARE REQUIRED TO GIVE NOTICE OF ANY POTENTIAL CONFLICT OF INTEREST AND "...SHALL NOT VOTE ON SUCH MATTER, AND SHALL NOT ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH."

IN THE EVENT THE EXISTENCE OF A CONFLICT OF INTEREST IS UNCLEAR, AFTER DISCLOSING THE INTEREST AND ALL MATERIAL FACTS, THE PERSON WILL LEAVE THE MEETING WHILE THE REMAINING BOARD OR COMMITTEE MEMBERS DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

IF THE BOARD OR A COMMITTEE PERCEIVES THAT A PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT WILL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND GIVE THAT PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THAT PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THE PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE TERMINATION OF EMPLOYMENT OR DISMISSAL FROM THE BOARD OR COMMITTEE.

FURTHERMORE, THE IMMEDIATE FAMILY OF BOARD AND STAFF ARE NOT ELIGIBLE TO APPLY FOR ANY AWARD PROGRAM ADMINISTERED BY SFACF. AN IMMEDIATE FAMILY MEMBER IS DEFINED AS PARENT OR STEP-PARENT, SPOUSE, CHILD OR STEP-CHILD, GRANDPARENT, GRANDCHILD OR STEP-GRANDCHILD, SIBLING OR STEP-SIBLING, AUNT

Name of the organization	SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.	Employer identification number	31-1748533
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OR UNCLE, NIECE OR NEPHEW, IN-LAW (MOTHER, FATHER, SISTER, BROTHER, DAUGHTER OR SON), AND OTHER RELATIVE OR SIGNIFICANT OTHERS WHO HAVE LIVED AS PART OF THE BOARD OR STAFF MEMBER'S IMMEDIATE FAMILY.

FORM 990, PART VI, SECTION B, LINE 15:

SFACF USES THE COUNCIL ON FOUNDATION'S ANNUAL "GRANTMAKER'S SALARY AND BENEFITS REPORT" TO ESTABLISH SALARY RANGES FOR ALL STAFF POSITIONS, INCLUDING THE TOP MANAGEMENT OFFICIALS, WHICH ARE THE CEO, VICE PRESIDENT FOR DEVELOPMENT, AND CHIEF FINANCIAL OFFICER.

RANGES ARE BASED ON THE NATIONAL SURVEY'S MIDWEST TABLES AND DISCOUNTED BY 6% TO REFLECT WHAT IS ASSUMED TO BE A LOWER COST OF LIVING IN THE SIOUX FALLS AREA.

SFACF'S FINANCE COMMITTEE REVIEWS ALL PERSONNEL POLICIES IN NOVEMBER. THEY REVIEW SALARY RANGES EACH JANUARY. THE COMMITTEE'S RECOMMENDATIONS ARE FORWARDED TO THE BOARD OF DIRECTORS FOR FURTHER CONSIDERATION AND RATIFICATION.

FOLLOWING ANNUAL PERFORMANCE APPRAISALS, THE EXECUTIVE COMMITTEE SETS THE CEO'S ANNUAL SALARY, AND THE CEO ESTABLISHES THE SALARY FOR THE VICE PRESIDENT OF DEVELOPMENT, CHIEF FINANCIAL OFFICER, AND ALL OTHER STAFF. THIS PROCESS WAS LAST COMPLETED IN JUNE 2018.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF SFACF'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT NO CHARGE TO THE INQUIRER. UNAUDITED FINANCIAL STATEMENTS ARE INCLUDED IN ITS ANNUAL REPORT, WHICH IS DISTRIBUTED TO MORE

Name of the organization SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.	Employer identification number 31-1748533
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THAN 26,000 HOUSEHOLDS. AUDITED FINANCIAL STATEMENTS AND SFACF'S FEDERAL TAX RETURNS ARE AVAILABLE UPON REQUEST AT NO CHARGE TO THE INQUIRER AND ONLINE AT WWW.SFACF.ORG AND WWW.GUIDESTAR.ORG, A NATIONAL CLEARINGHOUSE FOR INFORMATION ON NONPROFITS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE	-131,035.
CHANGE IN NET ASSETS HELD FOR OTHERS, NET OF DISTRIBUTIONS	-415,621.
TOTAL TO FORM 990, PART XI, LINE 9	-546,656.

FORM 990, PART XI, LINE 5, NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS:

UNREALIZED LOSS	18,414.
CHANGE IN VALUE IN SPLIT-INTEREST AGREEMENTS	-37,355.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	-40,295.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.** Employer identification number **31-1748533**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
EASTBANK LAND COMPANY, LLC - 47-2724439 200 N CHERAPA PLACE SIOUX FALLS, SD 57103	SEE PART VII	SOUTH DAKOTA	0.	0.	SIOUX FALLS AREA COMMUNITY FOUNDATION
EASTBANK LAND COMPANY II, LLC - 47-4549848 200 N CHERAPA PLACE SIOUX FALLS, SD 57103	SEE PART VII	SOUTH DAKOTA	0.	565,000.	SIOUX FALLS AREA COMMUNITY FOUNDATION
EASTBANK LAND III, LLC - 81-0691224 200 N CHERAPA PLACE SIOUX FALLS, SD 57103	SEE PART VII	SOUTH DAKOTA	0.	0.	SIOUX FALLS AREA COMMUNITY FOUNDATION
EASTBANK LAND IV, LLC - 81-1423793 200 N CHERAPA PLACE SIOUX FALLS, SD 57103	SEE PART VII	SOUTH DAKOTA	0.	0.	SIOUX FALLS AREA COMMUNITY FOUNDATION

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

NAME OF DISREGARDED ENTITY:

EASTBANK LAND COMPANY, LLC

PRIMARY ACTIVITY: SEE PART VII

NAME OF DISREGARDED ENTITY:

EASTBANK LAND COMPANY II, LLC

PRIMARY ACTIVITY: SEE PART VII

NAME OF DISREGARDED ENTITY:

EASTBANK LAND III, LLC

PRIMARY ACTIVITY: SEE PART VII

NAME OF DISREGARDED ENTITY:

EASTBANK LAND IV, LLC

PRIMARY ACTIVITY: SEE PART VII

**PART I, LINES 1-4(B)**

PRIMARY ACTIVITY: TO OWN, MANAGE, SELL, LEASE AND OTHERWISE HOLD TITLE TO AND OPERATE REAL ESTATE FOR THE BENEFIT OF SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.