

EXTENDED TO MAY 15, 2023

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**200 N. CHERAPA PLACE**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SIOUX FALLS, SD 57103-2205****F** Name and address of principal officer: **ANDREW T. PATTERSON****SAME AS C ABOVE****D** Employer identification number**31-1748533****E** Telephone number**(605) 336-7055****G** Gross receipts \$**102,969,414.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SFACF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1984****M** State of legal domicile: **SD****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE SIOUX FALLS AREA COMMUNITY (SFACF) PROVIDES TRUSTED LEADERSHIP THAT INSPIRES PHILANTHROPY.</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>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>13</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>12</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>200</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>50,222,045.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>9,727,354.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-25,727.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>59,923,672.</b>
	<b>Expenses</b>	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>976,832.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>712,596.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,940,466.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>27,354,086.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>32,569,586.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) ..... <b>264,068,911.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>45,741,736.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>218,327,175.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ANDREW T. PATTERSON, PRESIDENT/CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID HAAN</b>	Preparer's signature	Date <b>05/12/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01623183</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Phone no. <b>605-336-9955</b>		
	Firm's address ▶ <b>110 SOUTH PHILLIPS AVE., SUITE 300 SIOUX FALLS, SD 57104-6721</b>				

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

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 FOUNDATION, INC.

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Part III Statement of Program Service Accomplishments

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

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 ☒ No  
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
 revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 30,040,968. including grants of \$ 27,863,790. ) (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 275,000, AND OTHER COMMUNITIES  
 WITHIN A 25-MILE RADIUS OF THE CITY OF SIOUX FALLS, SOUTH DAKOTA.

SFACF'S GRANTMAKING IS AIMED AT IMPROVING THE QUALITY OF LIFE IN THE  
 SERVICE AREA, FOR GOOD, FOR EVER. IN FY 2022, MORE THAN 3,500 GRANTS  
 WERE MADE, STUDENTS BENEFITED FROM COMPETITIVELY AWARDED SCHOLARSHIPS  
 AND 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 on Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 30,040,968.

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**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>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<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>X</b>
<b>4</b> <b>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>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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<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>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>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>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>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<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>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>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>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>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>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>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>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>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>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<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>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>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>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. See instructions</i>		<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>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>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<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>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>X</b>	

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

	Yes	No
<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> X	
<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> X	
<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>	X
<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 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>	X
<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>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<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> X	
<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>	X
<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>	X
<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>	X
<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> X	
<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>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<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 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>	X
<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>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <i>Note: All Form 990 filers are required to complete Schedule O</i> .....	<b>38</b> X	

**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>1a</b> 21	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	



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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<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>2a</b> 12		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<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)?	<b>4a</b>		X
<b>b</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?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 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?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</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>13a</b>		
<b>b</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>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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**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 on Schedule O. See instructions.

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

**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>	<b>13</b>	
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 on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>13</b>	
<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, 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 on 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 on 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 on 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 on 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 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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**

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**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANDREW PATTERSON PRESIDENT/CEO	50.00			X				157,812.	0.	45,971.
(2) MIKE FINNEGAN VP, FINANCE/CFO	50.00			X				105,862.	0.	10,586.
(3) MARY KOLSRUD VP, PHILANTHROPY	50.00			X				95,348.	0.	19,313.
(4) SUSIE PATRICK CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(5) TODD ERNST VICE CHAIR	2.00	X		X				0.	0.	0.
(6) SUZANNE VEENIS SECRETARY	2.00	X		X				0.	0.	0.
(7) AARON SEVERSON TREASURER, CHAIR OF FINANCE	2.00	X		X				0.	0.	0.
(8) AMANGE AWARE MEMBER	2.00	X						0.	0.	0.
(9) STACY ERDMANN CHAIR OF AUDIT	2.00	X						0.	0.	0.
(10) LORRAE LINDQUIST CHAIR OF GRANTS	2.00	X						0.	0.	0.
(11) SARAH MADISON CHAIR OF INVESTMENT MNGMT	2.00	X						0.	0.	0.
(12) STEVE SARBACKER CHAIR OF SPECIAL GIFTS & INV	2.00	X						0.	0.	0.
(13) DOUG TRIBBLE MEMBER	2.00	X						0.	0.	0.
(14) MATT TOBIN CHAIR OF LEGAL	2.00	X						0.	0.	0.
(15) MATT GASSEN MEMBER	2.00	X						0.	0.	0.
(16) MARILYN KORSTEN MEMBER	2.00	X						0.	0.	0.

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**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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
<b>1b Subtotal</b>								<b>359,022.</b>	<b>0.</b>	<b>75,870.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>359,022.</b>	<b>0.</b>	<b>75,870.</b>

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<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>	<b>X</b>	
<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>		<b>X</b>

**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
<b>NONE</b>		

**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**

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**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>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	159,575.				
	<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>	65,677,207.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 30,813,618.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</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) .....			6,176,870.			6176870.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	26,466,478.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	4,475,734.				
	<b>d</b> Net gain or (loss) .....			4,475,734.			
	<b>8 a</b> Gross income from fundraising events (not including \$ 159,575. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	13,550.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	36,077.				
	<b>c</b> Net income or (loss) from fundraising events .....				-22,527.		-22,527.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>10b</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 .....				76,466,859.	0.	0.	10630077.

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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 ...	26,972,390.	26,972,390.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	891,400.	891,400.		
<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 .....	464,676.	157,989.	97,582.	209,105.
<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 .....	498,562.	169,512.	104,698.	224,352.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	41,317.	14,049.	8,676.	18,592.
<b>9</b> Other employee benefits .....	41,728.	14,187.	8,764.	18,777.
<b>10</b> Payroll taxes .....	65,961.	22,427.	13,852.	29,682.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	14,517.	1,411.	1,411.	11,695.
<b>c</b> Accounting .....	32,239.	10,746.	10,746.	10,747.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	33,468.	11,379.	7,028.	15,061.
<b>12</b> Advertising and promotion .....	80,096.	11,617.		68,479.
<b>13</b> Office expenses .....	40,499.	14,066.	7,962.	18,471.
<b>14</b> Information technology .....	58,563.	19,912.	12,298.	26,353.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	19,866.	6,755.	4,171.	8,940.
<b>17</b> Travel .....	852.	290.	179.	383.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	19,176.	6,520.	4,027.	8,629.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	61,035.	20,752.	12,817.	27,466.
<b>23</b> Insurance .....	12,619.	4,290.	2,650.	5,679.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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>DIRECT FUND EXPENSES</b> .....	1,485,717.	1,485,717.		
<b>b</b> <b>LIFE INSURANCE PREMIUM</b> .....	189,736.	189,736.		
<b>c</b> <b>SCHOLARSHIP AND GRANTMA</b> .....	13,623.	13,623.		
<b>d</b> <b>ORGANIZATIONAL DUES</b> .....	11,783.	1,303.	1,616.	8,864.
<b>e</b> All other expenses .....	4,207.	897.	1,989.	1,321.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	31,054,030.	30,040,968.	300,466.	712,596.
<b>26</b> <b>Joint costs.</b> 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)

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**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 .....	48,413,638.	<b>2</b>	58,070,856.
	<b>3</b> Pledges and grants receivable, net .....	457,600.	<b>3</b>	1,481,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	53,599.	<b>9</b>	14,936.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,906,731.		
	<b>b</b> Less: accumulated depreciation .....	512,122.		
	<b>11</b> Investments - publicly traded securities .....	1,455,645.	<b>10c</b>	1,394,609.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	205,228,298.	<b>11</b>	198,145,458.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	60,570.	<b>12</b>	54,481.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,399,561.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	264,068,911.	<b>15</b>	7,981,613.	
		<b>16</b>	267,142,953.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	83,810.	<b>17</b>	100,476.
	<b>18</b> Grants payable .....	440,134.	<b>18</b>	372,250.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	45,217,792.	<b>25</b>	38,949,392.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	45,741,736.	<b>26</b>	39,422,118.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		205,228,684.	<b>27</b>	216,017,961.
<b>28</b> Net assets with donor restrictions .....		13,098,491.	<b>28</b>	11,702,874.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		218,327,175.	<b>32</b>	227,720,835.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		264,068,911.	<b>33</b>	267,142,953.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	76,466,859.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31,054,030.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	45,412,829.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	218,327,175.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-42,083,947.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-222,563.
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	6,287,341.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	227,720,835.

**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 <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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>2b</b>	<b>X</b>
<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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form **990** (2021)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

Employer identification number  
**31-1748533**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23985945.	40728771.	30154146.	50222045.	65836782.	210927689
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	23985945.	40728771.	30154146.	50222045.	65836782.	210927689
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						76706582.
6 <b>Public support.</b> Subtract line 5 from line 4.						134221107

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	23985945.	40728771.	30154146.	50222045.	65836782.	210927689
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3596688.	5344273.	4355899.	4022761.	6176870.	23496491.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						234424180
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	57.26	%
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	51.95	%
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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</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</b> <b>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 (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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>		

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

**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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

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

**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>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**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> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

**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.

Section A - Adjusted Net Income		(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	

Section B - Minimum Asset Amount		(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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Schedule A (Form 990) 2021

31-1748533 Page 7

**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>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)



**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	<b>SIoux FALLS AREA COMMUNITY FOUNDATION, INC.</b>	Employer identification number	<b>31-1748533</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ 0.
- 3 Volunteer hours for political campaign activities ..... 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization  
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political  
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a  
political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

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

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		375.
<b>j</b> Total. Add lines 1c through 1i			375.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

N/A

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

CONTRACTED WITH A FIRM THAT INFORMS AND ADVOCATES FOR NON-PROFIT ENTITIES. THIS MAY INCLUDE LOBBYING.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
InspectionName of the organization **STIOUX 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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	531	
2 Aggregate value of contributions to (during year) .....	55,388,343.	
3 Aggregate value of grants from (during year) .....	22,229,016.	
4 Aggregate value at end of year .....	143,313,506.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last  
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax  
year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  
violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  
and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and  
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the  
organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works  
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public  
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,  
provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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 make significant use of its collection items (check all that apply):
- a ☐ Public exhibition      d ☐ Loan or exchange program
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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	171,365,391.	116,715,901.	111,581,732.	92,566,007.	87,352,451.
b Contributions	4,281,750.	28,126,583.	1,656,723.	18,414,237.	2,349,232.
c Net investment earnings, gains, and losses	-22,500,137.	29,889,938.	5,952,604.	6,061,606.	6,673,179.
d Grants or scholarships	3,533,574.	2,342,995.	1,588,204.	4,631,508.	2,962,409.
e Other expenditures for facilities and programs					
f Administrative expenses	1,149,527.	1,024,036.	886,954.	828,610.	846,446.
g End of year balance	148,463,903.	171,365,391.	116,715,901.	111,581,732.	92,566,007.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☒ 94.0000 %
- b Permanent endowment ☒ 5.0000 %
- c Term endowment ☒ 1.0000 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		1,436,168.	324,278.	1,111,890.
c Leasehold improvements				
d Equipment		166,434.	144,492.	21,942.
e Other		98,129.	43,352.	54,777.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,394,609.

**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) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) CHARITABLE GIFT ANNUITIES PAYABLE	214,518.
(3) ASSETS HELD FOR OTHERS	38,734,874.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	38,949,392.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

**SIOUX 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>	35,903,080.
<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>	-42,083,947.
<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>	1,706,654.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-40,377,293.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	76,280,373.
<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>	222,563.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-36,077.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	186,486.
<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>	76,466,859.

**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>	26,509,420.
<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>	-4,580,687.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-4,580,687.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	31,090,107.
<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>	-36,077.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-36,077.
<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>	31,054,030.

**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:**

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	35,050.
AGENCY FUNDS	1,671,604.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,706,654.

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

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CITY BLOSSOM FUNDRAISING EVENT -36,077.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

AGENCY FUNDS EXPENSE -4,580,687.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

CITY BLOSSOM FUNDRAISING EVENT -36,077.



Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

# 2021

**Open to Public  
Inspection**

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

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

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

**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 NONE	(d) Total events (add col. (a) through col. (c))
		CITY BLOSSOM			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	173,125.			173,125.
	2 Less: Contributions .....	159,575.			159,575.
	3 Gross income (line 1 minus line 2) .....	13,550.			13,550.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....	9,711.			9,711.
	8 Entertainment .....				
	9 Other direct expenses .....	26,366.			26,366.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				36,077.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-22,527.

**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	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 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	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....					
8 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- 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? ☐ Yes ☐ No
- 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.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**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

**2021**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUN LAKES LUTHERAN CHURCH 23914 S. ALMA SCHOOL ROAD SUN LAKES, AZ 85248	86-0724498	501(C)(3)	7,300.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE COACHELLA VALLEY - 600 COOK STREET #120 - PALM DESERT, CA 92211	95-6122699	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309-0466	20-2699147	501(C)(3)	11,000.	0.			STANFORD BUSINESS SCHOOL FUND, MEN'S GOLF TEAM
TEACH FOR AMERICA - SOUTH DAKOTA PO BOX 398633 SAN FRANCISCO, CA 94139-8633	13-3541913	501(C)(3)	48,000.	0.			GENERAL SUPPORT
BIG HORN GOLF CLUB CHARITIES 255 PALOWET DRIVE PALM DESERT, CA 92260	20-5377872	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SKYVIEW ACADEMY FOUNDATION 6161 BUSINESS CENTER DRIVE HIGHLANDS RANCH, CO 80130	27-3612126	501(C)(3)	10,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **270.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **11.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS (FOCUS) - PO BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	107,200.	0.			MINISTRY SUPPORT, PROGRAM SUPPORT
YOUTHROOTS 2700 S. BROADWAY #200 ENGLEWOOD, CO 80113	27-1325457	501(C)(3)	11,700.	0.			YOUTH ADVISORY COUNCIL
FRIENDS OF THE WORLD FOOD PROGRAM, INC. - 1725 EYE STREET NW #510 - WASHINGTON, DC 20006	13-3843435	501(C)(3)	38,000.	0.			GENERAL SUPPORT
CENTER FOR DISASTER PHILANTHROPY INC. - ONE THOMAS CIRCLE NW #700 - WASHINGTON, DC 20005	45-5257937	501(C)(3)	6,000.	0.			RELIEF EFFORTS
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., NW, SUITE 400 - WASHINGTON, DC 20016-4131	52-1394893	501(C)(3)	10,000.	0.			GENERAL SUPPORT
U.S. CHAMBER OF COMMERCE FOUNDATION - 1615 H STREET NW - WASHINGTON, DC 20062	46-1561597	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MIGHTYCAUSE CHARITABLE FOUNDATION PO BOX 160 MARIANNA, FL 32447	27-2499903	501(C)(3)	10,000.	0.			REACH LITERACY
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862	95-1831097	501(C)(3)	6,100.	0.			GENERAL SUPPORT
PIONEERS 10123 WILLIAM CAREY DRIVE ORLANDO, FL 32832	52-1206938	501(C)(3)	5,200.	0.			MINISTRY SUPPORT

Schedule I (Form 990) **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**31-1748533** Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRU - NATIONAL 100 LAKE HART DRIVE ORLANDO , FL 32832	95-6006173	501(C)(3)	40,620.	0.			MINISTRY SUPPORT
SIOUX CITY PARKS & RECREATION FOUNDATION - PO BOX 447 - SIOUX CITY , IA 51102	47-4237541	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DORDT UNIVERSITY- ADVANCEMENT OFFICE - 498 4TH AVENUE NE - SIOUX CENTER , IA 51250	42-0772559	501(C)(3)	155,000.	0.			CAPITAL CAMPAIGN, ATHLETIC DEPARTMENT
COMMUNITY FOUNDATION OF GREATER DES MOINES - 1915 GRAND AVENUE - DES MOINES, IA 50309	42-6139033	501(C)(3)	200,000.	0.			DONOR ADVISED FUND SUPPORT
CAMP FOSTER YMCA 1900 41ST STREET SPIRIT LAKE, IA 51360	42-0958909	501(C)(3)	50,000.	0.			GENERAL SUPPORT
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVENUE, SUITE 444 DES MOINES, IA 50309-2321	42-1127544	501(C)(3)	80,250.	0.			OKOBOJI LAKE PROJECT
OKOBOJI YACHT CLUB SAILING SCHOOL PO BOX 544 MILFORD, IA 51351	42-1467238	501(C)(3)	100,000.	0.			GENERAL SUPPORT
HOPE HAVEN SUPPORT FOUNDATION 1800 19TH STREET ROCK VALLEY , IA 51247	42-1346221	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INWOOD FIRE & RESCUE 601 S. OAK STREET INWOOD , IA 51240	45-5255458	501(C)(4)	5,827.	0.			WASHING MACHINE

Schedule I (Form 990)

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

Schedule I (Form 990)

**31-1748533**

Page **1**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA HISTORICAL FOUNDATION 600 E. LOCUST STREET DES MOINES, IA 50319	42-1310625	501(C)(3)	8,000.	0.			HYDROLOGICAL STUDY
WHEATON COLLEGE 501 COLLEGE AVENUE WHEATON, IL 60187	36-2182171	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOODY BIBLE INSTITUTE OF CHICAGO 820 N. LASALLE BOULEVARD CHICAGO, IL 60610	36-2167792	501(C)(3)	10,000.	0.			SCHOLARSHIP
UNIVERSITY OF NOTRE DAME - FINANCIAL AID OFFICE - FINANCIAL AID OFFICE 115 MAIN BUILDING - NOTRE DAME, IN 46556-5641	35-0868188	501(C)(3)	300,000.	0.			GENERAL SUPPORT
LAMBDA CHI ALPHA EDUCATIONAL FOUNDATION - 10 W. CARMEL DRIVE #220 - CARMEL, IN 46032	13-6266432	501(C)(3)	20,000.	0.			UNIVERSITY OF SOUTH DAKOTA HOUSING CAMPAIGN
EARLY FORD V-8 FOUNDATION & MUSEUM 2181 GENERAL DOOLITTLE DRIVE PO BOX AUBURN, IN 46706	94-3152163	501(C)(3)	1,000,000.	0.			BUILDING EXPANSION, CAMPAIGN SUPPORT
CARITAS CLINICS, INC. 636 TAUROMEE AVENUE KANSAS CITY, KS 66101	48-1009910	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RANK THE VOTE 872 MASSACHUSETTS AVENUE #1-6 CAMBRIDGE, MA 02139	84-4007566	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOCTOR'S WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	6,300.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**



Schedule I (Form 990) **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**31-1748533** Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAND TOGETHER TRUST PO BOX 45913 BALTIMORE, MD 21297-5913	46-3508366	501(C)(3)	50,000.	0.			GENERAL SUPPORT
AMERICANS FOR PROSPERITY FOUNDATION - PO BOX 45914 - BALTIMORE, MD 21297-5914	52-1527294	501(C)(3)	150,000.	0.			GENERAL SUPPORT
COLLEGE OF SAINT BENEDICT 37 COLLEGE AVENUE S. SAINT JOSEPH, MN 56374	41-0969244	501(C)(3)	17,000.	0.			GENERAL SUPPORT, O'CONNELL SOCIETY
HAZELDEN BETTY FORD FOUNDATION PO BOX 11 CENTER CITY, MN 55012-0011	41-0682405	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROCHESTER ACTIVE SPORTS CLUB 3128 LAKE VISTA DRIVE NW ROCHESTER, MN 55901	41-1961887	501(C)(3)	5,400.	0.			MOUNTAIN BIKE TEAM
HOPE HARBOR PO BOX 26 MARSHALL, MN 56258	20-0652270	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	105,500.	0.			SCHOLARSHIPS, ATHLETIC DEPARTMENT
UNIVERSITY OF NORTHWESTERN/NORTHWESTERN MEDIA - PO BOX 130517 - SAINT PAUL, MN 55113-0005	41-0711610	501(C)(3)	28,620.	0.			LIFE 96.5 RADIO, GENERAL SUPPORT
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVENUE SAINT PAUL, MN 55105	41-0693970	501(C)(3)	22,000.	0.			SCHOLARSHIPS, ATHLETIC DEPARTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHEASANTS FOREVER, INC. 1783 BUERKLE CIRCLE SAINT PAUL, MN 55110	41-1429149	501(C)(3)	111,959.	0.			GENERAL SUPPORT
ALEXANDRIA TECHNICAL & COMMUNITY COLLEGE FOUNDATION - 1601 JEFFERSON STREET - ALEXANDRIA, MN 56308	41-1272662	501(C)(3)	214,900.	0.			MATCHING GIFT
STEPHENS COLLEGE 1200 E. BROADWAY COLUMBIA, MO 65215	43-0670936	501(C)(3)	5,438.	0.			SCHOLARSHIP
STEIGER INTERNATIONAL PO BOX 236 WHEATON, MO 60187	36-3517418	501(C)(3)	28,000.	0.			MINISTRY SUPPORT
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	9,650.	0.			GENERAL SUPPORT, UKRAINE RELIEF, PROGRAM SUPPORT
REAL PRESENCE RADIO 503 SEVENTH STREET N. #101 FARGO, ND 58102	45-0458973	501(C)(3)	51,000.	0.			GENERAL SUPPORT
NEBRASKA WESLEYAN UNIVERSITY 5000 ST. PAUL AVENUE LINCOLN, NE 68504-2760	47-0376524	501(C)(3)	27,682.	0.			SCHOLARSHIPS
MIDWEST DISTRICT MISSIONARY CHURCH 1518 O STREET PLEASANT DALE, NE 68423	47-6026578	501(C)(3)	13,200.	0.			WOVEN CORD PROJECT
COLGATE ROCHESTER CROZER DIVINITY SCHOOL - 320 N. GOODMAN STREET #207 - ROCHESTER, NY 14607	16-0743916	501(C)(3)	6,921.	0.			SCHOLARSHIP

Schedule I (Form 990) **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**31-1748533** Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT ZION CEMETERY SOCIETY 55 RAMBLING BROOK ROAD CHAPPAQUA, NY 10514	46-6058891	501(C)(13)	9,000.	0.			MAINTENANCE OF PUBLIC SPACES
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	67,043.	0.			ENDOWMENT TRANSFER
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123	13-1788491	501(C)(3)	6,655.	0.			GENERAL SUPPORT, RESEARCH SUPPORT
TRE MINISTRIES 900 W. 11TH STREET SIOUX FALLS, SD 57104	83-1551427	501(C)(3)	12,750.	0.			MINISTRY SUPPORT
TRANSLATORS OF CULTURES 4900 S. OXBOW AVENUE #304 SIOUX FALLS, SD 57106	83-2748594	501(C)(3)	5,500.	0.			GENERAL SUPPORT, AWARDS
RESTORATION GENERATION, INC. PO BOX 91405 SIOUX FALLS, SD 57109	27-1864860	501(C)(3)	12,500.	0.			GENERAL SUPPORT
RIVERVIEW CEMETERY ASSOCIATION 47640 242ND STREET DELL RAPIDS, SD 57022	46-0355608	501(C)(13)	5,944.	0.			MAINTENANCE OF PUBLIC SPACES
TOY LENDING LIBRARY OF SOUTH DAKOTA - 401 S. SPRING AVENUE - SIOUX FALLS, SD 57104	82-3666152	501(C)(3)	17,000.	0.			GENERAL SUPPORT
THINK 3D SOLUTIONS 401 E. 8TH STREET #207 SIOUX FALLS, SD 57103	81-1888215	-	217,398.	0.			LEADERS OF TOMORROW PROGRAM, COMMUNITY TALKS

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF SOUTH DAKOTA, INC. - 825 S. LAKE AVENUE - SIOUX FALLS, SD 57104	46-0371152	501(C)(3)	35,346.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAMARITAN'S FEET 708 E. PAM ROAD SIOUX FALLS, SD 57105	14-1880905	501(C)(3)	250,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY 900 N. CLIFF AVENUE PO BOX 1002 SIOUX FALLS, SD 57101-1002	22-2406433	501(C)(3)	151,529.	0.			GENERAL SUPPORT, SIOUX FALLS AREA
SANFORD HEALTH PO BOX 5066 SIOUX FALLS, SD 57117-5066	27-1218956	501(C)(3)	14,000.	0.			CHILD'S VOICE, COMMUNITY BLOOD BANK
SANFORD HEALTH FOUNDATION PO BOX 5039 SIOUX FALLS, SD 57117-5039	36-3297853	501(C)(3)	360,187.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SANFORD HOUSE
SANFORD SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTH DAKOTA - LEE MEDICAL BUILDING, ROOM 101 414 E. CLARK STREET - VERMILLION, SD	46-0448678	501(C)(3)	5,300.	0.			SCHOLARSHIPS, GENERAL SUPPORT
SCOTTISH RITE FOUNDATION OF SOUTH DAKOTA - PO BOX 567 - MITCHELL, SD 57301	46-6015073	501(C)(3)	27,684.	0.			GENERAL SUPPORT, EQUIPMENT
SCULPTUREWALK, INC. 300 S. PHILLIPS AVENUE #L104 SIOUX FALLS, SD 57104	20-8535871	501(C)(3)	34,950.	0.			GENERAL SUPPORT, UKRAINIAN ARTIST, SIT SPONSORSHIP
THE PREMIERE PLAYHOUSE 315 N. PHILLIPS AVENUE SIOUX FALLS, SD 57104-6005	80-0074622	501(C)(3)	46,885.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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SIOUX EMPIRE CHARACTER COUNTS COALITION, INC. - 3220 W. 57TH STREET #109 - SIOUX FALLS, SD 57108-3146	45-2722954	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SIOUX EMPIRE PIT RESCUE PO BOX 2321 SIOUX FALLS, SD 57101	71-1051859	501(C)(3)	16,200.	0.			GENERAL SUPPORT, OUTREACH
SIOUX EMPIRE UNITED WAY 1000 N. WEST AVENUE #120 SIOUX FALLS, SD 57104	46-0233701	501(C)(3)	512,311.	0.			GENERAL SUPPORT, CAMPAIGN SUPPORT
THE LOST AND FOUND ASSOCIATION PO BOX 1897 SIOUX FALLS, SD 57101	45-4306370	501(C)(3)	48,250.	0.			PROGRAM SUPPORT
REACH LITERACY 2101 E. 41ST STREET #23 SIOUX FALLS, SD 57105	46-0396579	501(C)(3)	13,300.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNION GOSPEL MISSION 701 E. EIGHTH STREET SIOUX FALLS, SD 57103-1632	46-0281018	501(C)(3)	35,641.	0.			GENERAL SUPPORT
PRAIRIE HILLS COVENANT CHURCH 6000 E. 33RD STREET SIOUX FALLS, SD 57110	51-0140098	501(C)(3)	87,600.	0.			GENERAL SUPPORT
SIOUX FALLS AREA CASA 100 S. SPRING AVENUE SIOUX FALLS, SD 57104	46-0430647	501(C)(3)	33,399.	0.			GENERAL SUPPORT
MISSION HAITI PO BOX 2175 SIOUX FALLS, SD 57101	20-3184240	501(C)(3)	9,109.	0.			GENERAL SUPPORT, EARTHQUAKE RELIEF, MINISTRY SUPPORT, SCHOOL SPONSORSHIP

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WINGS OF VALOR 45618 278TH STREET PARKER, SD 57053	84-3711088	501(C)(3)	200,000.	0.			ENDOWMENT
MOUNT ZION CONGREGATION 523 W. 14TH STREET PO BOX 756 SIOUX FALLS, SD 57101-0756	46-0362692	501(C)(3)	12,285.	0.			GENERAL SUPPORT
MULTI-CULTURAL CENTER OF SIOUX FALLS - 515 N. MAIN AVENUE - SIOUX FALLS, SD 57104-5901	46-0445034	501(C)(3)	88,250.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WESTSIDE LUTHERAN CHURCH 3901 OKLAHOMA AVENUE SIOUX FALLS, SD 57107	27-3509770	501(C)(3)	11,000.	0.			GENERAL SUPPORT, PLAYGROUND, INTERN
NEU HUTTERHALER MENNONITE CHURCH 27165 432ND AVENUE BRIDGEWATER, SD 57319	46-0375265	501(C)(3)	10,000.	0.			MINISTRY SUPPORT
NEW HAVEN MINISTRIES 1915 E. 8TH STREET #102 SIOUX FALLS, SD 57103	46-0439619	501(C)(3)	8,332.	0.			MINISTRY SUPPORT
NORTHERN STATE UNIVERSITY FOUNDATION - 620 15TH AVENUE SE BECKMAN BUILDING - ABERDEEN, SD 57401	23-7002314	501(C)(3)	6,000.	0.			GENERAL SUPPORT, SCHOLARSHIP
OAK HILLS BAPTIST CHURCH 6201 S. LYNCREST AVENUE SIOUX FALLS, SD 57108-2500	46-0406168	501(C)(3)	52,900.	0.			GENERAL SUPPORT, SOCCER LEAGUE
WEST NIDAROS LUTHERAN CHURCH 25403 471ST AVENUE CROOKS, SD 57020	46-6011973	501(C)(3)	104,351.	0.			GENERAL SUPPORT

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WEST CENTRAL SCHOOL DISTRICT 49-7 705 E. SECOND STREET PO BOX 730 HARTFORD, SD 57033-0730	46-0284421	170(C)(1)	9,538.	0.			TEACHER AWARDS, MUSIC DEPARTMENT, EQUIPMENT SUPPORT
ORTHOPEDIC INSTITUTE FOUNDATION 810 E. 23RD STREET SIOUX FALLS, SD 57105	84-4093436	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
OUR SAVIOR'S LUTHERAN CHURCH 909 W. 33RD STREET SIOUX FALLS, SD 57105	46-0229996	501(C)(3)	29,250.	0.			GENERAL SUPPORT, UKRAINE RELIEF, REFUGEE RELIEF
PARKSTON SCHOOL DISTRICT 33-3 102A S. CHAPMAN DRIVE PARKSTON, SD 57366	46-6001961	501(C)(3)	6,832.	0.			SCHOLARSHIPS
PAUL LOGAN MINISTRIES PO BOX 812 SIOUX FALLS, SD 57101	46-0450363	501(C)(3)	8,000.	0.			GENERAL SUPPORT, RELIEF EFFORTS
PEACE LUTHERAN CHURCH 5509 W. 41ST STREET SIOUX FALLS, SD 57106	23-7003936	501(C)(3)	10,885.	0.			MINISTRY SUPPORT
WEGNER ARBORETUM SOCIETY 1900 S. PERRY PLACE SIOUX FALLS, SD 57110	20-8784637	501(C)(3)	19,600.	0.			GENERAL SUPPORT, HYDRANGEA GARDEN
WASHINGTON PAVILION OF ARTS AND SCIENCE - 301 S. MAIN AVENUE PO BOX 984 - SIOUX FALLS, SD 57101-0984	46-0435791	501(C)(3)	279,818.	0.			GENERAL SUPPORT, SCHOLARSHIPS, PROGRAM SUPPORT, THEATRE SUPPORT, MUSIC SUPPORT
VOLUNTEERS OF AMERICA, DAKOTAS 1309 W. 51ST STREET PO BOX 89306 SIOUX FALLS, SD 57109-9306	13-1692595	501(C)(3)	337,186.	0.			GENERAL SUPPORT, CAMPAIGN SUPPORT

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VETERANS COMMUNITY PROJECT 1600 W. RUSSELL STREET SIOUX FALLS , SD 57104	47-4960735	501(C)(3)	70,000.	0.			GENERAL SUPPORT, TINY HOME PROJECT
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - 1110 N. DAKOTA STREET - VERMILLION, SD 57069-1218	46-6018891	501(C)(3)	116,178.	0.			SCHOLARSHIPS, ENDOWMENT SUPPORT
UNIVERSITY OF SIOUX FALLS 1101 W. 22ND STREET SIOUX FALLS , SD 57105-1699	46-0224600	501(C)(3)	95,675.	0.			SCHOLARSHIPS, ATHLETICS, GENERAL SUPPORT, PROGRAM SUPPORT
SIOUX FALLS AREA HUMANE SOCIETY 3720 E. BENSON ROAD SIOUX FALLS , SD 57104	46-0239786	501(C)(3)	81,391.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SIOUX FALLS ARTS COUNCIL PO BOX 2053 SIOUX FALLS , SD 57101	46-0354287	501(C)(3)	29,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SIOUX FALLS CARES PO BOX 91831 SIOUX FALLS , SD 57109	46-0450382	501(C)(3)	11,354.	0.			GENERAL SUPPORT
SOUTH DAKOTA SCHOOL FOR THE DEAF FOUNDATION - 4101 W. 38TH STREET #101 - SIOUX FALLS , SD 57106	46-0455984	501(C)(3)	23,500.	0.			GENERAL SUPPORT
THE BANQUET 900 E. EIGHTH STREET SIOUX FALLS , SD 57103	46-0387495	501(C)(3)	114,480.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SOUTH DAKOTA SECOND CENTURY HABITAT FUND - 4130 ADVENTURE TRAIL - RAPID CITY, SD 57702	81-4526362	501(C)(3)	160,000.	0.			GENERAL SUPPORT

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SOUTH DAKOTA STATE UNIVERSITY FOUNDATION - 815 MEDARY AVENUE - BROOKINGS, SD 57006	46-0273801	509(A)(3)	261,378.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, ATHLETICS, SCHOLARSHIPS, MCCRORY GARDENS, 4-H CLUBS
SOUTH DAKOTA SYMPHONY ORCHESTRA 301 S. MAIN AVENUE SIOUX FALLS, SD 57104	46-6017026	501(C)(3)	255,845.	0.			GENERAL SUPPORT, SECTION SPONSORSHIP, CONCERT SUPPORT
SOUTH DAKOTA URBAN INDIAN HEALTH, INC. - 1200 N. WEST AVENUE - SIOUX FALLS, SD 57104	46-0348571	501(C)(3)	10,000.	0.			PEDIATRIC CARE, NATIVE AMERICAN CEREMONY
TEDDY BEAR DEN 500 S. MAIN AVENUE SIOUX FALLS, SD 57104	31-1802800	501(C)(3)	23,621.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TALLGRASS RECOVERY & SOBER LIVING HOMES - 2601 S. MINNESOTA AVENUE #105 PMB 378 - SIOUX FALLS, SD 57105	20-0293050	501(C)(3)	22,250.	0.			GENERAL SUPPORT, SCHOLARSHIP
SOUTH DAKOTA VOICES FOR PEACE PO BOX 600 SIOUX FALLS, SD 57101	82-3171574	501(C)(3)	26,000.	0.			GENERAL SUPPORT, LEGAL SERVICES FOR CHILDREN
SOUTH DAKOTA YOUTH FOUNDATION 1310 MAIN AVENUE S. #109 BROOKINGS, SD 57006	47-4832848	501(C)(3)	30,000.	0.			GENERAL SUPPORT
SOUTHEAST TECH FOUNDATION 2320 N. CAREER AVENUE SIOUX FALLS, SD 57107-1301	36-4112897	501(C)(3)	131,608.	0.			GENERAL SUPPORT, SCHOLARSHIPS
SOUTHEASTERN BEHAVIORAL HEALTHCARE 2000 S. SUMMIT AVENUE SIOUX FALLS, SD 57105	46-0232306	501(C)(3)	38,752.	0.			GENERAL SUPPORT

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SPECIAL OLYMPICS SOUTH DAKOTA 800 E. I-90 LANE SIOUX FALLS , SD 57104	46-0359776	501(C)(3)	13,758.	0.			GENERAL SUPPORT
STOCKYARDS PLAZA INC., DBA STOCKYARDS AG EXPERIENCE - PO BOX 2042 - SIOUX FALLS , SD 57101	46-5391991	501(C)(3)	85,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SPIRIT OF JOY LUTHERAN CHURCH 2208 W. LAQUINTA STREET SIOUX FALLS , SD 57108	46-0457455	501(C)(3)	7,450.	0.			GENERAL SUPPORT
SPRINGDALE LUTHERAN CHURCH 26946 480TH AVENUE SIOUX FALLS , SD 57108	46-0341830	501(C)(3)	10,000.	0.			BUILDING REPAIRS
ST. FRANCIS HOUSE 210 N. SHERMAN AVENUE SIOUX FALLS , SD 57103	46-0423202	501(C)(3)	288,291.	0.			GENERAL SUPPORT, CONSTRUCTION
ST. PETER'S CEMETERY ASSOCIATION 23994 452ND AVENUE MADISON, SD 57042	46-1750461	501(C)(13)	45,031.	0.			GENERAL SUPPORT, GROUNDS MAINTENANCE
ST. JOSEPH'S INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	46-0235912	501(C)(3)	13,897.	0.			GENERAL SUPPORT
ST. MARK'S LUTHERAN CHURCH 2001 S. ELMWOOD AVENUE SIOUX FALLS , SD 57105	46-6026433	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ST. PETER ON THE PRAIRIE PO BOX 314 MADISON, SD 57042	82-1985362	501(C)(3)	28,500.	0.			BUILDING REMODEL

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SOUTH DAKOTA SCHOOL FOR THE DEAF 4101 W. 38TH STREET #101 SIOUX FALLS , SD 57106	46-6000364	170(C)(1)	15,755.	0.			SCHOLARSHIPS
SOUTH DAKOTA SALUTES 158 SIGNAL HILL ROAD YANKTON, SD 57078	82-2307913	501(C)(3)	35,000.	0.			FUND EXPENSES
SOUTH DAKOTA NONPROFIT NETWORK PO BOX 1196 PIERRE, SD 57532	86-1272487	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE COMPASS CENTER 1704 S. CLEVELAND AVENUE #3 SIOUX FALLS , SD 57103	46-0350199	501(C)(3)	61,450.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SIOUX FALLS CHRISTIAN SCHOOLS 6120 S. CHARGER CIRCLE SIOUX FALLS , SD 57108	46-0340024	501(C)(3)	85,100.	0.			GENERAL SUPPORT, SCHOLARSHIPS, PROGRAM SUPPORT
SIOUX FALLS FAMILY YMCA 220 S. MINNESOTA AVENUE SIOUX FALLS , SD 57104-6314	46-0225021	501(C)(3)	101,862.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SIOUX FALLS FIRST ASSEMBLY OF GOD 6300 W. 41ST STREET SIOUX FALLS , SD 57106-1281	46-0368246	501(C)(3)	15,000.	0.			GENERAL SUPPORT, BUILDING
SIOUX FALLS HOPE COALITION 2601 S. MINNESOTA AVENUE #105 - PMB SIOUX FALLS , SD 57105	82-2097994	501(C)(3)	37,900.	0.			GENERAL SUPPORT
SIOUX FALLS LUTHERAN SCHOOL 6715 S. BOE LANE SIOUX FALLS , SD 57108	26-3623721	501(C)(3)	5,100.	0.			GENERAL SUPPORT

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SIOUX FALLS LUTHERAN SCHOOL ASSOCIATION INC. - 6715 S. BOE LANE - SIOUX FALLS, SD 57108	46-0343381	501(C)(3)	8,284.	0.			GENERAL SUPPORT, SCHOLARSHIPS
SIOUX FALLS PUBLIC SCHOOLS EDUCATION FOUNDATION - PO BOX 560 - SIOUX FALLS, SD 57101-0560	26-3537657	501(C)(3)	43,207.	0.			GENERAL SUPPORT
SIOUX FALLS SCHOOL DISTRICT 201 E. 38TH STREET PO BOX 5051 SIOUX FALLS, SD 57117-5051	46-6002586	170(C)(1)	281,560.	0.			ACTIVITIES SUPPORT, PROGRAM SUPPORT, FIELD TRIPS
SIOUX FALLS SKATEPARK ASSOCIATION 6009 S. SUNDOWNER AVENUE SIOUX FALLS, SD 57106	82-3310395	501(C)(3)	48,361.	0.			CAMPAIGN SUPPORT
SIOUX FALLS STATE THEATRE COMPANY PO BOX 481 SIOUX FALLS, SD 57101	20-3473359	501(C)(3)	20,935.	0.			GENERAL SUPPORT
ST. MARY'S PARISH - DELL RAPIDS 608 E. EIGHTH STREET DELL RAPIDS, SD 57022	46-6003662	501(C)(3)	255,000.	0.			CAMPAIGN SUPPORT
SIOUX FALLS TENNIS ASSOCIATION PO BOX 89512 SIOUX FALLS, SD 57109	36-3916958	501(C)(3)	35,100.	0.			TOMAR PARK TENNIS COMPLEX, GENERAL SUPPORT
SIOUX FALLS THRIVE 2104 S. SUMMIT AVENUE #237 SIOUX FALLS, SD 57105	81-4491870	501(C)(4)	119,501.	0.			GENERAL SUPPORT, KIDS LINK PROJECT, SIOUX FALLS THRIVE, PROGRAM SUPPORT
SIOUXLAND HERITAGE MUSEUMS 200 W. 6TH STREET SIOUX FALLS, SD 57104-6001	36-3609618	501(C)(3)	78,821.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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THE DIOCESE OF SOUTH DAKOTA 408 N. JEFFERSON AVENUE PIERRE, SD 57501-2626	72-1529199	501(C)(3)	113,427.	0.			GENERAL SUPPORT, PARISH SUPPORT, PROGRAM SUPPORT, MINISTRY SUPPORT
SOUTH DAKOTA AGRICULTURAL & RURAL LEADERSHIP FOUNDATION - PO BOX 2170 - BROOKINGS, SD 57007	36-4293293	501(C)(3)	8,000.	0.			GENERAL SUPPORT
SOUTH DAKOTA BALLET COMPANY 6301 S. MINNESOTA AVENUE #200 SIOUX FALLS, SD 57108	84-1805666	501(C)(3)	17,000.	0.			GENERAL SUPPORT
SOUTH DAKOTA COMMUNITY FOUNDATION 2310 PATRON PARKWAY PO BOX 296 PIERRE, SD 57501	46-0398115	501(C)(3)	338,184.	0.			SUPPORT OF VARIOUS FUNDS
SOUTH DAKOTA DEPARTMENT OF GAME, FISH AND PARKS - 4500 S. OXBOW AVENUE - SIOUX FALLS, SD 57106	46-0387968	501(C)(3)	11,750.	0.			OVERLOOK DECK
SOUTH DAKOTA GOLF ASSOCIATION JUNIOR GOLF FOUNDATION/FIRST TEE - PO BOX 88938 - SIOUX FALLS, SD 57109	46-0449824	501(C)(3)	12,147.	0.			GENERAL SUPPORT, FIRST TEE TOURNAMENT, PROGRAM SUPPORT
SOUTH DAKOTA HALL OF FAME 1480 S. MAIN STREET CHAMBERLAIN, SD 57325	46-0324210	501(C)(3)	41,200.	0.			GENERAL SUPPORT
SOUTH DAKOTA MILITARY HERITAGE ALLIANCE - 1600 W. RUSSELL STREET - SIOUX FALLS, SD 57104	83-2381925	501(C)(3)	45,000.	0.			GENERAL SUPPORT
THE LINK-COMMUNITY TRIAGE CENTER 132 N. DAKOTA AVENUE SIOUX FALLS, SD 57104	84-4806781	501(C)(3)	836,602.	0.			GENERAL SUPPORT

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SOUTH DAKOTA NEWS WATCH PO BOX 90205 SIOUX FALLS , SD 57109	81-4674814	501(C)(3)	88,500.	0.			GENERAL SUPPORT
LIFELIGHT COMMUNICATIONS 420 S. DULUTH AVENUE SIOUX FALLS , SD 57104	46-0460742	501(C)(3)	31,000.	0.			GENERAL SUPPORT
MCCROSSAN BOYS RANCH 47135 260TH STREET SIOUX FALLS , SD 57107-6428	46-0311913	501(C)(3)	17,295.	0.			GENERAL SUPPORT
CENTRAL CHURCH 3102 W. RALPH ROGERS ROAD SIOUX FALLS , SD 57106	46-0231577	501(C)(3)	143,375.	0.			GENERAL SUPPORT
CHABAD LUBAVITCH OF SOUTH DAKOTA 2900 W. OLD YANKTON ROAD SIOUX FALLS , SD 57108	81-4118734	501(C)(3)	53,000.	0.			GENERAL SUPPORT
CHILDREN'S HOME FOUNDATION/CHILDREN'S HOME SOCIETY OF SD - PO BOX 1749 - SIOUX FALLS , SD 57101-1749	46-0366277	501(C)(3)	829,980.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, EDUCATION, MUSIC DEPARTMENT, EMPLOYEE AWARDS, EMERGENCY
CHRIST OUR HOPE ANGLICAN CHURCH 1310 S. MAIN AVENUE SIOUX FALLS , SD 57105	87-2228828	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CHRIST THE KING CHURCH 1501 W. 26TH STREET SIOUX FALLS , SD 57105	46-0247335	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CITY OF ALCESTER CITY HALL PO BOX 318 ALCESTER, SD 57001-0318	46-6000025	170(C)(1)	10,480.	0.			SUMMER RECREATION SUPPORT, LIBRARY SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BRANDON PO BOX 95 BRANDON, SD 57005	46-0319616	170(C)(1)	10,000.	0.			PLAYGROUND PROJECT
CITY OF SIOUX FALLS 231 N. DAKOTA AVENUE PO BOX 7402 SIOUX FALLS, SD 57117	46-6000425	170(C)(1)	296,713.	0.			COMMUNITY ENGAGEMENT STUDY, HAYWARD PARK, ACTIVITY SUPPORT
COLLISION 3815 S. WESTERN AVENUE SIOUX FALLS, SD 57105	26-3765706	501(C)(3)	67,700.	0.			MINISTRY SUPPORT, WASHINGTON HIGH SCHOOL SUPPORT
COMMUNICATION SERVICE FOR THE DEAF 524 N. SYCAMORE AVENUE #2 SIOUX FALLS, SD 57110-1702	46-0332149	501(C)(3)	14,061.	0.			PROGRAM SUPPORT
COMMUNITY REFORMED CHURCH 6800 E. 41ST STREET SIOUX FALLS, SD 57110	46-0365454	501(C)(3)	9,100.	0.			GENERAL SUPPORT
COMPASSION CHILD CARE 1921 E. EIGHTH STREET SIOUX FALLS, SD 57103	45-4077445	501(C)(3)	486,170.	0.			GENERAL SUPPORT
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730-9506	46-0220678	501(C)(3)	8,169.	0.			GENERAL SUPPORT
CENTER OF HOPE 1905 E. EIGHTH STREET SIOUX FALLS, SD 57103-1809	46-0463138	501(C)(3)	7,500.	0.			GENERAL SUPPORT
DAKOTA ALLIANCE SOCCER CLUB 401 W. 39TH STREET SIOUX FALLS, SD 57105	46-0359817	501(C)(3)	5,230.	0.			GENERAL SUPPORT

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

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DAKOTABILITIES 1116 S. 4TH AVENUE SIOUX FALLS , SD 57105	46-0306216	501(C)(3)	13,700.	0.			GENERAL SUPPORT
DAKOTAS UNITED METHODIST FOUNDATION - 1331 WEST UNIVERSITY AVENUE PO BOX 460 - MITCHELL , SD 57301	46-0271158	501(C)(3)	95,540.	0.			GENERAL SUPPORT
DIRECT LINE 213 W. NINTH STREET SIOUX FALLS , SD 57104	90-0387693	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOW RUMMEL COMMUNITY ENHANCEMENT FOUNDATION - 1321 W. DOW RUMMEL STREET - SIOUX FALLS , SD 57104	27-0860032	501(C)(3)	19,791.	0.			GENERAL SUPPORT
DOW RUMMEL VILLAGE 1321 W. DOW RUMMEL STREET SIOUX FALLS , SD 57104	46-0271277	501(C)(3)	44,794.	0.			GENERAL SUPPORT
DOWNTOWN SIOUX FALLS, INC. 230 S. PHILLIPS AVENUE #306 SIOUX FALLS , SD 57104-6351	36-3627217	501(C)(4)	79,000.	0.			PROGRAM SUPPORT
DUCKS UNLIMITED - SOUTH DAKOTA CHAPTER - 420 PURDUE STREET - VERMILLION, SD 57069	91-1784670	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EAST RIVER LEGAL SERVICES 335 N. MAIN AVENUE #200 SIOUX FALLS , SD 57104-6038	23-7101054	501(C)(3)	7,600.	0.			GENERAL SUPPORT
EAST SIDE LUTHERAN CHURCH 1300 E. 10TH STREET SIOUX FALLS , SD 57103	46-0234112	501(C)(3)	12,852.	0.			GENERAL SUPPORT

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ECOSUN PRAIRIE FARM 906 CANDLEWOOD LANE BROOKINGS, SD 57006	20-8883057	501(C)(3)	47,000.	0.			GENERAL SUPPORT, GOOD EARTH STATE PARK PROJECT
ELK POINT-JEFFERSON EDUCATIONAL FOUNDATION - 402 S. DOUGLAS PO BOX 578 - ELK POINT, SD 57025-0578	45-2531813	501(C)(3)	9,674.	0.			SCHOLARSHIPS
EMBE 300 W. 11TH STREET SIOUX FALLS, SD 57104-6306	46-0234998	501(C)(3)	55,048.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
EMBRACE CHURCH 2800 E. 57TH STREET SIOUX FALLS, SD 57108	37-1640708	501(C)(3)	69,000.	0.			GENERAL SUPPORT
DAKOTA STATE UNIVERSITY FOUNDATION 820 N. WASHINGTON AVENUE HESTON HALL MADISON, SD 57042	23-7299995	501(C)(3)	5,230,000.	0.			SCHOLARSHIPS, ATHLETIC COMPLEX, GENERAL SUPPORT
MEMORIAL LUTHERAN CHURCH 5000 S. WESTERN AVENUE SIOUX FALLS, SD 57108-2605	46-6003751	501(C)(3)	8,100.	0.			GENERAL SUPPORT
CENTER FOR FAMILY MEDICINE 1115 E. 20TH STREET SIOUX FALLS, SD 57103	46-0318482	501(C)(3)	10,505.	0.			EQUIPMENT SUPPORT, PROGRAM SUPPORT
CATHOLIC COMMUNITY FOUNDATION FOR EASTERN SD - 523 N. DULUTH AVENUE - SIOUX FALLS, SD 57104-2714	46-6068924	501(C)(3)	31,966.	0.			GENERAL SUPPORT, SCHOLARSHIPS, CAMPAIGN SUPPORT
ABBOTT HOUSE INC. 909 COURT MERRILL STREET MITCHELL, SD 57301	46-0229822	501(C)(3)	20,100.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABIDING SAVIOR FREE LUTHERAN CHURCH - 4100 S. BAHNSON AVENUE - SIOUX FALLS, SD 57103-5851	46-0406443	501(C)(3)	23,374.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ACTIVE GENERATIONS 2300 W. 46TH STREET SIOUX FALLS, SD 57105-6528	46-0305500	501(C)(3)	13,827.	0.			GENERAL SUPPORT, MEALS ON WHEELS, PROGRAM SUPPORT
ALL CITY ELEMENTARY AT JANE ADDAMS 2511 W. BROOKINGS STREET SIOUX FALLS, SD 57104	83-3289582	170(C)(1)	5,230.	0.			ACTIVITIES SUPPORT, PROGRAM SUPPORT, FIELD TRIPS
ALPHA CENTER 3405 S. KIWANIS AVENUE SIOUX FALLS, SD 57105	36-3347022	501(C)(3)	183,300.	0.			GENERAL SUPPORT, MIRACLE VAN
ALZHEIMER'S ASSOCIATION- SD CHAPTER - 5915 S. REMINGTON PLACE #110 - SIOUX FALLS, SD 57108	13-3039601	501(C)(3)	5,494.	0.			GENERAL SUPPORT, RESEARCH SUPPORT, EDUCATION
AMERICAN RED CROSS 2925 E. 57TH STREET SIOUX FALLS, SD 57108	53-0196605	501(C)(3)	60,624.	0.			GENERAL SUPPORT, NATURAL DISASTER RELIEF
AUGUSTANA UNIVERSITY 2001 S. SUMMIT AVENUE SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	2,844,863.	0.			GENERAL SUPPORT, SCHOLARSHIP, PROGRAM SUPPORT, CENTER FOR WESTERN STUDIES
AVERA FLANDREAU HOSPITAL 214 N. PRAIRIE STREET FLANDREAU, SD 57028	53-0196617	501(C)(3)	5,134.	0.			NEW BUILDING
AVERA FOUNDATION PO BOX 5045 SIOUX FALLS, SD 57117-5045	46-0224743	501(C)(3)	664,050.	0.			GENERAL SUPPORT, LIGHT THE WAY CAMPAIGN, PROGRAM SUPPORT

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BADLANDS NATIONAL PARK CONSERVANCY PO BOX 495 RAPID CITY, SD 57709	83-0728866	501(C)(3)	50,000.	0.			VISITOR CENTER SUPPORT
BATTLESHIP SOUTH DAKOTA MEMORIAL FOUNDATION - PO BOX 2974 - SIOUX FALLS, SD 57101-2974	46-6015380	501(C)(3)	8,814.	0.			GENERAL SUPPORT
BETHANY LUTHERAN FOUNDATION, INC. 3008 E. ASPEN BOULEVARD BRANDON, SD 57005	20-1569453	501(C)(3)	8,023.	0.			GENERAL SUPPORT, AUDIO EQUIPMENT FOR SENIOR HOME
CATHOLIC DIOCESE OF SIOUX FALLS 523 N. DULUTH AVENUE SIOUX FALLS, SD 57104-2714	46-6000424	501(C)(3)	191,992.	0.			GENERAL SUPPORT, CAMPAIGN SUPPORT, MISSION TRIPS, HOLY SPIRIT CHURCH, ST. KATHERINE DREXEL CHURCH,
BISHOP DUDLEY HOSPITALITY HOUSE 101 N. INDIANA AVENUE SIOUX FALLS, SD 57103	91-1836528	501(C)(3)	49,400.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BISHOP O'GORMAN CATHOLIC SCHOOLS FOUNDATION, INC. - 3100 W. 41ST STREET - SIOUX FALLS, SD 57105-4222	51-0145184	501(C)(3)	29,562.	0.			GENERAL SUPPORT, ENDOWMENT SUPPORT, STAFFING
BLACK HILLS AREA COMMUNITY FOUNDATION - 803 ST. JOSEPH STREET PO BOX 231 - RAPID CITY, SD 57709	36-3608635	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLACK HILLS STATE UNIVERSITY FOUNDATION - 1200 UNIVERSITY STREET UNIT 9506 - SPEARFISH, SD 57799-9506	23-7428348	509(A)(3)	280,000.	0.			SCHOLARSHIPS, ATHLETIC SUPPORT
BOY SCOUTS OF AMERICA - SIOUX COUNCIL - 800 N. WEST AVENUE - SIOUX FALLS, SD 57104	46-0224599	501(C)(3)	11,979.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE - 2001 E. EIGHTH STREET - SIOUX FALLS , SD 57103	46-0399482	501(C)(3)	53,523.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BRANDON LUTHERAN CHURCH 600 E. HOLLY BOULEVARD PO BOX 320 BRANDON, SD 57005	46-6034467	501(C)(3)	22,475.	0.			GENERAL SUPPORT, RENOVATIONS
BREATHE BRAVELY 505 E. SUNNYBROOK DRIVE SIOUX FALLS , SD 57105-7138	47-5334258	501(C)(3)	6,600.	0.			GENERAL SUPPORT
BUTTERFLY HOUSE AND AQUARIUM 4320 S. OXBOW AVENUE SIOUX FALLS , SD 57106-4110	52-2370420	501(C)(3)	62,325.	0.			GENERAL SUPPORT, VET SERVICES
CALL TO FREEDOM 1915 E. EIGHTH STREET #100 SIOUX FALLS , SD 57103	47-5469817	501(C)(3)	95,760.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CALVARY CATHEDRAL 500 S. MAIN AVENUE SIOUX FALLS , SD 57104-6814	46-0225354	501(C)(3)	32,766.	0.			GENERAL SUPPORT, CHURCH MAINTENANCE, PROGRAM SUPPORT
CALVARY CHAPEL 1605 W. 51ST STREET SIOUX FALLS , SD 57105	46-0463362	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CAMINANDO JUNTOS 311 E. 14TH STREET SIOUX FALLS , SD 57104	46-0253283	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
CANTON-INWOOD AREA YOUTH ORGANIZATION - 27805 481ST AVENUE - CANTON , SD 57103	46-0210400	501(C)(3)	10,000.	0.			CANTON MUNICIPAL POOL FUND

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

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BISHOP O'GORMAN CATHOLIC SCHOOLS 3100 W. 41ST STREET SIOUX FALLS , SD 57105-4222	46-0413591	501(C)(3)	46,394.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN
EMPOWER SIOUX FALLS 1915 E. EIGHTH STREET #103 SIOUX FALLS , SD 57103	26-4760861	501(C)(3)	11,000.	0.			GENERAL SUPPORT, CAMPAIGN SUPPORT
EMMAUS ROAD CHURCH PO BOX 528 HARRISBURG, SD 57032	38-3908469	501(C)(3)	8,590.	0.			GENERAL SUPPORT
FACE IT TOGETHER, INC. 5020 S. TENNIS LANE #4 SIOUX FALLS , SD 57108	27-2501220	501(C)(3)	46,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HAZARD FILM PROJECT 4116 W. NEWCOMB DRIVE #203 SIOUX FALLS , SD 57106	84-5181868	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEALING HOPE MINISTRIES 30185 475TH AVENUE ALCESTER, SD 57001	81-2069424	501(C)(3)	28,554.	0.			GENERAL SUPPORT
HELPING KIDS ROUND FIRST 23075 SD HIGHWAY 13 FLANDREAU, SD 57028	46-4291756	501(C)(3)	13,000.	0.			GENERAL SUPPORT
HELPLINE CENTER 3817 S. ELMWOOD AVENUE SIOUX FALLS , SD 57105	23-7424387	501(C)(3)	45,166.	0.			GENERAL SUPPORT, COMPASSION PROJECT, 988 PROJECT
HOPE FOR THE HOPELESS ORGANIZATION H2O - 516 S. LOWELL AVENUE - SIOUX FALLS , SD 57103	83-2055081	501(C)(3)	7,500.	0.			GENERAL SUPPORT, PROJECT SUPPORT

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HOPE HAS ARRIVED 1901 S. MAIN AVENUE SIOUX FALLS , SD 57105	82-5298191	501(C)(3)	11,000.	0.			GENERAL SUPPORT
HOPE HAVEN INTERNATIONAL MINISTRIES - 521 NORTH KIWANIS AVENUE - SIOUX FALLS , SD 57104	42-0890017	501(C)(3)	12,250.	0.			GENERAL SUPPORT, UKRAINE RELIEF
HOPE LUTHERAN CHURCH 1700 S. CLIFF AVENUE SIOUX FALLS , SD 57105	46-0253194	501(C)(3)	13,789.	0.			GENERAL SUPPORT
HORSEPOWER 26659 BLUE SAGE LANE #100 SIOUX FALLS , SD 57106	46-0378036	501(C)(3)	6,000.	0.			GENERAL SUPPORT, SCHOLARSHIP
HUETHER FAMILY MATCH POINTE 4210 N. BOBHALLA DRIVE SIOUX FALLS , SD 57107	45-2784394	501(C)(3)	39,647.	0.			GENERAL SUPPORT, TENNIS COURT EXPANSION
INTER-LAKES COMMUNITY ACTION PARTNERSHIP, INC. - 111 N. VAN EPS AVENUE PO BOX 268 - MADISON, SD 57042-0268	46-0282131	501(C)(3)	44,280.	0.			GENERAL SUPPORT, BRIGHT FUTURES PROGRAM
JOY RANCH OF SOUTH DAKOTA 16633 448TH AVENUE FLORENCE, SD 57235	87-1202375	501(C)(3)	50,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC. - 300 S. PHILLIPS AVENUE #L102 - SIOUX FALLS , SD 57104	46-0306352	501(C)(3)	5,700.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
KIDS AGAINST HUNGER 1720 S. MARION ROAD SIOUX FALLS , SD 57106	26-4386211	501(C)(3)	6,300.	0.			GENERAL SUPPORT

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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KING OF GLORY CHURCH 1001 E. 17TH STREET SIOUX FALLS , SD 57104	45-2247326	501(C)(3)	5,900.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
KINGDOM CAPITAL FUND 5735 E. 41ST STREET SIOUX FALLS , SD 57110	26-0194811	501(C)(3)	32,000.	0.			GENERAL SUPPORT, UKRAINE RELIEF
LANDS LUTHERAN CHURCH 47998 292ND STREET HUDSON , SD 57034	46-0438066	501(C)(3)	28,350.	0.			GENERAL SUPPORT
LEADERSHIP SOUTH DAKOTA PO BOX 91533 SIOUX FALLS , SD 57109	82-0880122	501(C)(3)	10,500.	0.			GENERAL SUPPORT
YANKTON CATHOLIC COMMUNITY FOUNDATION - 509 CAPITAL STREET - YANKTON, SD 57078	46-0457413	501(C)(3)	200,000.	0.			BUILDING REPAIRS
LIFELINE CHILDREN'S SERVICES 1915 E. 8TH STREET #101 SIOUX FALLS , SD 57103	63-0896878	501(C)(3)	18,500.	0.			GENERAL SUPPORT
LIFESCAPE 2501 W. 26TH STREET SIOUX FALLS , SD 57105	23-7072116	501(C)(3)	31,045.	0.			GENERAL SUPPORT
LIFESCAPE FOUNDATION 2011 W. 26TH STREET #201 SIOUX FALLS , SD 57105-2498	46-0353254	501(C)(3)	287,373.	0.			GENERAL SUPPORT, CAMPAIGN SUPPORT
LINCOLN COUNTY FAIRGROUNDS FOUNDATION INC. - PO BOX 82 - LENNOX, SD 57039	84-3668396	501(C)(3)	6,000.	0.			CONSTRUCTION, LIVESTOCK FACILITIES

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LIVE ON STAGE PO BOX 1391 SIOUX FALLS , SD 57101-1391	20-8119751	501(C)(3)	9,000.	0.			GENERAL SUPPORT, EXECUTIVE DIRECTOR SALARY
LORD OF LIFE LUTHERAN CHURCH 2600 S. SYCAMORE AVENUE SIOUX FALLS , SD 57110-5968	46-0410470	501(C)(3)	31,140.	0.			GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA - 705 E. 41ST STREET #200 - SIOUX FALLS , SD 57105-6048	46-0224731	501(C)(3)	32,159.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MAKE-A-WISH SOUTH DAKOTA & MONTANA 1400 W. 17TH STREET SIOUX FALLS , SD 57104	46-0375953	501(C)(3)	23,312.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER SIOUX FALLS, INC. - 721 E. AMIDON STREET - SIOUX FALLS , SD 57104-1015	46-0407140	501(C)(3)	9,734.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GREATER SIOUX FALLS CHAMBER OF COMMERCE - 200 N. PHILLIPS AVENUE #200 - SIOUX FALLS , SD 57104-6058	46-0189300	501(C)(6)	5,600.	0.			YPN SUPPORT, LEADERSHIP SIOUX FALLS
HARMONY SOUTH DAKOTA 2522 W. 41ST STREET #125 SIOUX FALLS , SD 57105	46-3296505	501(C)(3)	10,717.	0.			GENERAL SUPPORT, STAFFING
GREAT BEAR MANAGEMENT INC. 2401 W. 49TH STREET SIOUX FALLS , SD 57105-6500	46-0417880	501(C)(4)	64,763.	0.			SKI EVENTS, CHAIR LIFT
FAITH TEMPLE FOOD GIVEAWAY 2121 W. 33RD STREET SIOUX FALLS , SD 57105	83-1248616	501(C)(3)	11,000.	0.			GENERAL SUPPORT

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FAITH THROUGH FRAMES 5909 W. 27TH STREET SIOUX FALLS , SD 57106	85-3117344	501(C)(3)	5,612.	0.			PROGRAM SUPPORT
FAMILY CONNECTION PO BOX 100 SIOUX FALLS , SD 57101	46-0435140	501(C)(3)	16,660.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, HOPE HOUSE REPAIRS
FAMILY VISITATION CENTER 2020 S. NORTON AVENUE SIOUX FALLS , SD 57105	26-3654937	501(C)(3)	9,814.	0.			GENERAL SUPPORT, FAMILY VISIT SUPPORT
FEEDING SOUTH DAKOTA 4701 N. WESTPORT AVENUE SIOUX FALLS , SD 57107	36-3293534	501(C)(3)	148,117.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES - SOUTH DAKOTA - 1601 E. 69TH STREET, SUITE 301 - SIOUX FALLS , SD 57108	43-1469296	501(C)(3)	7,728.	0.			GENERAL SUPPORT, ATHLETIC SUPPORT, MINISTRY SUPPORT
FIRST BAPTIST CHURCH 1401 S. COVELL AVENUE SIOUX FALLS , SD 57105	46-0225868	501(C)(3)	16,043.	0.			GENERAL SUPPORT
FIRST CHRISTIAN REFORMED CHURCH 2901 E. 26TH STREET SIOUX FALLS , SD 57103	46-0324244	501(C)(3)	17,000.	0.			GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF SIOUX FALLS - 300 S. MINNESOTA AVENUE - SIOUX FALLS , SD 57104-6352	46-0225435	501(C)(3)	10,471.	0.			GENERAL SUPPORT
FIRST EVANGELICAL FREE CHURCH 2601 W. 69TH STREET SIOUX FALLS , SD 57108	46-0281277	501(C)(3)	137,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST LUTHERAN CHURCH 327 S. DAKOTA AVENUE SIOUX FALLS , SD 57104	46-0232600	501(C)(3)	81,755.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH 2300 S. WEST AVENUE SIOUX FALLS , SD 57105	46-0229140	501(C)(3)	27,482.	0.			GENERAL SUPPORT, PROPERTY MAINTENANCE
FIRST UNITED METHODIST CHURCH 401 S. SPRING AVENUE SIOUX FALLS , SD 57104	46-0230392	501(C)(3)	42,737.	0.			GENERAL SUPPORT
GREAT PLAINS ZOO & DELBRIDGE MUSEUM - 805 S. KIWANIS AVENUE - SIOUX FALLS , SD 57104-3798	46-6015015	501(C)(3)	430,546.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH FOUNDATION OF SIOUX FALLS - 401 S. SPRING AVENUE - SIOUX FALLS , SD 57104	46-0355004	501(C)(3)	44,844.	0.			GENERAL SUPPORT
FRIENDS OF SOUTH DAKOTA PUBLIC BROADCASTING - 601 N. PHILLIPS AVENUE #100 - SIOUX FALLS , SD 57104	23-7310698	501(C)(3)	45,175.	0.			GENERAL SUPPORT, CAMPAIGN SUPPORT
GOOD NEWS REFORMED CHURCH 1800 S. VALLEY VIEW ROAD SIOUX FALLS , SD 57106-0521	46-0364101	501(C)(3)	10,100.	0.			GENERAL SUPPORT
GLORIA DEI LUTHERAN CHURCH 5500 E. 57TH STREET SIOUX FALLS , SD 57108	46-0382186	501(C)(3)	95,700.	0.			GENERAL SUPPORT, BUILDING
GIRL SCOUTS - DAKOTA HORIZONS 1101 S. MARION ROAD SIOUX FALLS , SD 57106-3466	46-0250744	501(C)(3)	15,823.	0.			GENERAL SUPPORT

Schedule I (Form 990) **SIOUX FALLS AREA COMMUNITY  
FOUNDATION, INC.**

**31-1748533** Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORWARD SIOUX FALLS 200 N. PHILLIPS AVENUE #200 SIOUX FALLS , SD 57101-0907	46-0396647	501(C)(3)	56,000.	0.			PROGRAM SUPPORT
FURNITURE MISSION OF SOUTH DAKOTA 209 N. NESMITH AVENUE SIOUX FALLS , SD 57103	81-0584500	501(C)(3)	55,234.	0.			GENERAL SUPPORT, BUILDING CONSTRUCTION, CAMPAIGN SUPPORT
GENTLE SPIRIT HORSES RESCUE & SANCTUARY - 29571 419TH AVENUE - SCOTLAND , SD 57059	27-4282458	501(C)(3)	6,950.	0.			REPAIR SUPPORT, CHILDREN'S' PROGRAMS
FRIENDS OF THE LEVITT SHELL SIOUX FALLS - 196 E. SIXTH STREET #L15 - SIOUX FALLS , SD 57104	61-1699910	501(C)(3)	110,100.	0.			GENERAL SUPPORT, INNOSKATE EVENT
FRIENDS OF THE GOSS OPERA HOUSE 100 E. KEMP AVENUE SUITE A WATERTOWN, SD 57201	82-1384455	501(C)(3)	10,000.	0.			RENOVATIONS
FRIENDS OF THE FAIR 100 N. LYON BOULEVARD SIOUX FALLS , SD 57107	27-0341265	501(C)(3)	50,000.	0.			YOUTH LIVESTOCK BUILDING
FRIENDS OF THE BIG SIOUX RIVER 400 N. MAIN AVENUE #205 SIOUX FALLS , SD 57104	47-3343873	501(C)(3)	13,250.	0.			GENERAL SUPPORT, RIVER PROJECT
ABBAY OF THE HILLS 46561 147TH STREET PO BOX 38 MARVIN, SD 57251	46-4176934	501(C)(3)	14,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE , TN 37214-0800	36-2270051	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVANGELICAL LUTHERAN CHURCH IN AMERICA - PO BOX 1809 - MERRIFIELD, VA 22116	41-1568278	501(C)(3)	7,700.	0.			GENERAL SUPPORT, UKRAINE RELIEF
PRISON FELLOWSHIP PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	10,600.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PACIFIC LUTHERAN UNIVERSITY - OFFICE OF DEVELOPMENT - 12180 PARK STREET - TACOMA, WA 98447	91-0565571	501(C)(3)	6,705.	0.			SCHOLARSHIP
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383	91-1702551	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	6,436.	0.			MINISTRY SUPPORT

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	246	891,400.	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. 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. 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 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 NOTIFICATION 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:

CHILDREN'S HOME FOUNDATION/CHILDREN'S HOME SOCIETY OF SD

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PROGRAM SUPPORT, EDUCATION, MUSIC DEPARTMENT, EMPLOYEE AWARDS, EMERGENCY SHELTER, CHILDREN'S INN

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC DIOCESE OF SIOUX FALLS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAMPAIGN SUPPORT, MISSION TRIPS, HOLY SPIRIT CHURCH, ST. KATHERINE DREXEL CHURCH, ST. MARY CHURCH, BUILDING REMODEL

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**SIOUX 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 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? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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

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**1b**

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**2**

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

Schedule J (Form 990) 2021



**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.

[illegible]

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ **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 instructions and 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 .....	<b>X</b>	<b>325</b>	<b>30,813,618.</b>	<b>AVERAGE MARKET VALUE</b>
10 Securities - Closely held stock .....				
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 V, Donee Acknowledgement ..... **29** **0**

- 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? .....
- 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? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....
- 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.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	
33		

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

**Schedule M (Form 990) 2021**

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**31-1748533**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**SFACF STANDS AS A CATALYST FOR GOOD, STRIVING TO CONNECT DONORS,  
NONPROFITS, AND CIVIC PARTNERS. SFACF HELPS DEVELOP CREATIVE SOLUTIONS  
FOR THE COMMUNITY'S MOST COMPLEX CHALLENGES, DRIVING SOCIAL IMPACT.**

**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:**

**CHARITABLE ORGANIZATIONS RECEIVED SUPPORT IN PROGRAM AREAS THAT INCLUDE  
ARTS AND HUMANITIES, COMMUNITY DEVELOPMENT, EDUCATION, ENVIRONMENT,**

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

Employer identification number  
31-1748533

HEALTH, HUMAN SERVICES, AND RELIGION.

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

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

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

WHEN COMPLETE, 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, STANDING COMMITTEES, AND BOARD MEMBERS OF EASTBANK LAND  
CO. FILE CONFLICT OF INTEREST FORMS WITH THE PRESIDENT/CEO. THE FORMS

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

Employer identification number  
**31-1748533**

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.

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.

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

RANGES ARE BASED ON THE NATIONAL SURVEY'S COMMUNITY FOUNDATION TABLES.

SFACF'S FINANCE COMMITTEE REVIEWS ALL PERSONNEL POLICIES ANNUALLY. 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 ALL OTHER STAFF.

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. AUDITED FINANCIAL STATEMENTS AND SFACF'S FEDERAL TAX RETURNS ARE AVAILABLE UPON REQUEST AT NO CHARGE TO



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

Employer identification number  
**31-1748533**

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:

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 35,050.

CHANGE IN NET ASSETS HELD FOR OTHERS, NET OF DISTRIBUTIONS 6,252,291.

TOTAL TO FORM 990, PART XI, LINE 9 6,287,341.

**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

**2021**

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 II, LLC - 47-4549848 200 N CHERAPA PLACE SIoux FALLS, SD 57103	TO OWN, MANAGE, SELL, LEASE & OTHERWISE HOLD TITLE TO & OPERATE REAL ESTATE	SOUTH DAKOTA	0.	565,000.	SIoux FALLS AREA COMMUNITY FOUNDATION
EASTBANK LAND IV, LLC - 81-1423793 200 N CHERAPA PLACE SIoux FALLS, SD 57103	TO OWN, MANAGE, SELL, LEASE & OTHERWISE HOLD TITLE TO & OPERATE REAL ESTATE	SOUTH DAKOTA	0.	200,000.	SIoux FALLS AREA COMMUNITY FOUNDATION
EASTBANK LAND V, LLC - 85-2962967 200 N CHERAPA PLACE SIoux FALLS, SD 57103	TO OWN, MANAGE, SELL, LEASE & OTHERWISE HOLD TITLE TO & OPERATE REAL ESTATE	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

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

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

Schedule R (Form 990) 2021

**31-1748533** Page **2**

**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

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

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

	Yes	No
<b>1</b> 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?		
<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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

**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 II, LLC

PRIMARY ACTIVITY: TO OWN, MANAGE, SELL, LEASE & OTHERWISE HOLD TITLE TO &  
OPERATE REAL ESTATE

NAME OF DISREGARDED ENTITY:

EASTBANK LAND IV, LLC

PRIMARY ACTIVITY: TO OWN, MANAGE, SELL, LEASE & OTHERWISE HOLD TITLE TO &  
OPERATE REAL ESTATE

NAME OF DISREGARDED ENTITY:

EASTBANK LAND V, LLC

PRIMARY ACTIVITY: TO OWN, MANAGE, SELL, LEASE & OTHERWISE HOLD TITLE TO &  
OPERATE REAL ESTATE