EXTENDED TO MAY 15, 2024

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number SIOUX FALLS AREA COMMUNITY Address change FOUNDATION, INC. Name change 31-1748533 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated (605)336-7055200 N. CHERAPA PLACE 65,021,977. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return 57103-2205 SIOUX FALLS, SD H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANDREW T. PATTERSON for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SFACF.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1984 M State of legal domicile: SD Part I Summary Briefly describe the organization's mission or most significant activities: THE SIOUX FALLS AREA COMMUNITY Activities & Governance (SFACF) PROVIDES TRUSTED LEADERSHIP THAT INSPIRES PHILANTHROPY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 200 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 65,836,782. 27,364,480. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 10,652,604. 9,539,552. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -22,527.-25,560. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 76,466,859. ,878,472. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 27,863,790. 29,356,324. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,112,244. 1,159,656. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,077,996. 1,062,908. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 31,578,888. 31,054,030. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 45,412,829. 5,299,584. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Por 267,142,953. 283,123,600 Total assets (Part X, line 16) $39,422,\overline{118}$ 41,423,793. 21 Total liabilities (Part X, line 26) 巨巨 227,720,835. 241,699,807 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign ANDREW T. PATTERSON, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 03/28/24 P01278549 JULIE BOYER Paid self-employed Firm's EIN $42-0\overline{714325}$ Firm's name RSM US LLP Preparer WEST FIRST STREET, Firm's address 227 Use Only Phone no. 2187275025 DULUTH, MN 55802

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. Form 990 (2022)

orm	1 990 (2022) FOUNDATION, INC. 3	1-1748533	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	IN PARTNERSHIP WITH DONORS, SIOUX FALLS AREA COMMUNITY FOU		
	(SFACF) PROVIDES PHILANTHROPIC LEADERSHIP THAT ASSURES THE	QUALITY OF	<u>? </u>
	LIFE IN OUR AREA, FOR GOOD, FOR EVER.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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	X 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 mean Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to		d
	revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$30,506,436. including grants of \$29,356,324.) (Revenue \$ SIOUX FALLS AREA COMMUNITY FOUNDATION IS A PUBLICLY SUPPOR	TED COMMUNI) [TY
	FOUNDATION THAT ATTRACTS, MANAGES, AND DISTRIBUTES CHARITA		
	ITS PRIMARY SERVICE AREA IS THE SIOUX FALLS MSA, A FOUR-CO		
	WITH A POPULATION OF APPROXIMATELY 275,000, AND OTHER COMM		
	WITHIN A 25-MILE RADIUS OF THE CITY OF SIOUX FALLS, SOUTH		
	·		
	SFACF'S GRANTMAKING IS AIMED AT IMPROVING THE QUALITY OF L	IFE IN THE	
	SERVICE AREA, FOR GOOD, FOR EVER. IN FY 2023, NEARLY 3,500	GRANTS WEF	RE
	MADE. STUDENTS BENEFITED FROM COMPETITIVELY AWARDED SCHOLA	RSHIPS AND	
	COMPETITIVELY AWARDED GRANTS WERE MADE TO ORGANIZATIONS TH	AT SOUGHT T	ro
	ADDRESS THE AREA'S MOST PRESSING NEEDS AND OPPORTUNITIES.		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	

30,506,436.

4e Total program service expenses

Part IV Checklist of Required Schedules

FOUNDATION, INC. Form 990 (2022)

31-1748533 Page 3

1 is the organization described in section 501(x)g or 4947(x)ft) (other than a private foundation)? 1				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Is the organization engage in lobbying activities, or have a section 50 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as defined in Part V, Ine 17 (**), (**)	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 UK 4 Section 50 flo(X) organization in engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes,* complete Schedule C, Part II 5 Section 50 flo(X) organizations. Did the organization engage in lobbying activities, or have a section 50 flo) electron in effect during the tax year? If Yes,* complete Schedule C, Part II 6 Did the organization association 50 flo(X) 50 flo(X) 50 flo(X) 50 flo(X) 60 granization that receives membership dues, assessments, or similar amounts as otherwise the very dome of the Viros. Propriets Schedule C, Part II 7 Did the organization receives or hold a conservation dos or any smiller funds or accounts for which dinnors have the right to provide activities on the distriction or investment of amounts in such funds or accounts for which dinnors have the right to provide activities on the organization receives in dial accessorable casement, including assements to preserve open space, the environment, historic land areas, or historic structures? If Yes,* complete Schedule D, Part II 7 Did the organization encoration electrons of works of art, historical treasures, or other similar assets? If Yes,* complete Schedule D, Part II 8 Did the organization electron or office of art, historical treasures, or other similar assets? If Yes,* complete Schedule D, Part IV 10 Did the organization electron and amount in Part X, line 210, for secrov or custodial account liability, serve as a custodian for amounts not listed in Part X, line 210, Part IV 11 If the organization electron and amount for leaf schedule and part X, line 107, If Yes,* complete Schedule D, Part VII 12 Did the organization report an amount for investments - other securities in Part X, line 107, If Yes,* complete Schedule D, Part VIII 13 Did the organization report an amount for investments - other securities in Part X, line 127, that is 5% or more of its total assets reported in Part X, line 167, If Yes,* complete Schedule D, Part VIII 14 Did the organ		If "Yes," complete Schedule A	1	X	<u></u>
Section 50 (R) (%) complete Schedule C, Part I Section 50 (R) decision in effect during the tax year? If Yes," complete Schedule C, Part II Section 50 (R) (R) complete Schedule C, Part II Section 50 (R)	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i)(i) election in effect during the tax year? if "Yes," complete Schedule C, Part II is the organization a section 501(i)(i)(i), 601(i)(i)(i), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 96:197 if "Yes," complete Schedule C, Part II is the organization and in any donor advasted funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is a proper organization receives or hold a conservation assessment, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization maintain collections of votos of arth, historical researces, or the service of the schedule D, Part II is Did the organization maintain collections of votos of arth, historical researces, or custodial account liability, serve as a custodian for amounts not listed in Part X, ion 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ion 21, Ion escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ion 21, Ion escrew or custodial account liability, serve as a custodian for amounts or investments. If "Yes," complete Schedule D, Part IV is 1 if the organization report an amount for investments or the securities in Part X, ion 10, In the companization report an amount for investments or year in the securities in Part X, ion 11, Int 11,	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section Solic(a), 501 (c)(6), 601 (c)(6		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization review to hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical researces, or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization and the Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, oredit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasil endowments? If "Yes," complete Schedule D, Part V II If the organization sarver to any of the foliowing questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 29, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II Did the organization schedule and amount for other assets in Part X, line 15, that is 5% or more of its total a	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev Proc. 98-197 // Yes, "complete Schedule C, Part III of Did the organization maintain any donor activised 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? // Yes, "complete Schedule D, Part II of the organization reactive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? // Yes, "complete Schedule D, Part III of 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, oredit repair, or debt negotiation services? // "Yes," complete Schedule D, Part III of the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andownents? // "Yes," complete Schedule D, Part V or in the organization report an amount for independent of the organization report an amount for independent of the organization report an amount for independent of the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V or in the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assess seported in Part X, line 16? If "Yes," complete Schedule D, Part V or investments of the complete Schedule D, Part V or investments of the complete Schedule D, Part V or investments of the complete Schedule D, Part X or investments or investme		during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If 'Yes, 'complete Schedule D, Part V' 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes, 'complete Schedule D, Part V 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, III, X, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII 3 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 3 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 4 Did the organization is 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 (SSC 740) If 'Yes,' complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? 11 Just 2 Did the organization maintain an office, employees, or agents outside of the United States? 12 Did the organization maintain an office, employees, or agents outside of the United States or aggregate foreign inviduales? If 'Yes,' complete Schedule F, Parts II and IV 15 Did t	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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# "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments "in "yes," complete Schedule D, Part V 10 X 11 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 It X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 It X 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 It X 12 Did the organization report an amount for other lassifiles in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 It X 11 It X 12 Did the organization's liability for uncertain tax positions under FIN 48 (MSC 740)? If "Yes," complete Schedule D, Part X 11 It X 11 It X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 It X 12 Did the organization maintain an office, employees, or agents outside of the United States? 12 Did the organization maintain an office, employees, or agents outside of the United States? 13 X 14 Did the organization report an Deat X, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, col	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Z 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17		16		
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17		17		x
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	12	• • •	''		
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	10		10	x	
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 X	200				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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? If "Yes," complete Schedule L, Part III Х 27 28 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 25 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

FOUNDATION INC. Form 990 (2022)

31-1748533 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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? X 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. X Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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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						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		Х						
3	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?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X						
	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
h	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This dection b requests information about policies not required by the internal nevenue dode.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filedSD									
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)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X 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	finan	cial							
	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)					Jac	(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREW PATTERSON	50.00	_	_	0		T 9				
PRESIDENT/CEO				Х				176,241.	0.	48,672.
(2) MIKE FINNEGAN	50.00									
VP, FINANCE/CFO				X				111,750.	0.	11,175.
(3) MARY KOLSRUD	50.00									
VP, PHILANTHROPY				Х				106,657.	0.	23,402.
(4) TODD ERNST	2.00									
CHAIR OF THE BOARD		X		X				0.	0.	0.
(5) SUZANNE VEENIS	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) MATT GASSEN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) AARON SEVERSON	2.00									
TREASURER, CHAIR OF FINANCE		X		X				0.	0.	0.
(8) AMANGE AWARE	2.00									
MEMBER		X						0.	0.	0.
(9) STACY ERDMANN	2.00									
CHAIR OF AUDIT		X						0.	0.	0.
(10) MANDY GAIKOWSKI	2.00									
MEMBER		X						0.	0.	0.
(11) MARILYN KORSTEN	2.00									
MEMBER		Х						0.	0.	0.
(12) LORRAE LINDQUIST	2.00									
CHAIR OF GRANTS		Х						0.	0.	0.
(13) SARAH MADISON	2.00								_	_
CHAIR OF INVESTMENT MNGMT		Х						0.	0.	0.
(14) SUSIE PATRICK	2.00								_	_
MEMBER		Х						0.	0.	0.
(15) STEVE SARBACKER	2.00									
CHAIR OF GIFT ACCEPTANCE		X						0.	0.	0.
(16) MATT TOBIN	2.00									_
CHAIR OF LEGAL/EASTBANK LAND	0.00	Х						0.	0.	0.
(17) DOUG TRIBBLE	2.00								_	
MEMBER		Х						0.	0.	0.

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

Section A. Office	ers, Directors, Trus	tees, key Emp	DIOY	ees,	and	ı mıç	gnes	i C	ompensated Employee	s (continuea)	—			
(A) Name and title		(B) Average hours per week	Average Position					an	(D) Reportable compensation	(E) Reportable compensation from related		am	(F) timate nount o other	
			Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	com fro orga	other pensatiom the anization direlate unization	e on ed
(18) BEN WIENER		2.00							0					
MEMBER			Х						0.		0.			0.
											\Box			
											\Box			
											\Box			
1b Subtotal						<u> </u>			394,648.		0.	8:	3,24	19.
c Total from continuation									0.		0.			0.
d Total (add lines 1b and									394,648.	000 - (0.	8.	3,24	19.
2 Total number of individu compensation from the		ot ilmited to th	ose	liste	a ab	ove	e) wn	o re	ceived more than \$100,	ooo of reportable				3
	<u> </u>												Yes	No
3 Did the organization list		*	-	•	•	•		_		•				v
line 1a? If "Yes," comple 4 For any individual listed												3		X
and related organization												4	Х	
5 Did any person listed or	n line 1a receive or a	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ					
rendered to the organization B. Independent Con		plete Schedule	e J fo	or su	ıch <u>r</u>	oers	on .				<u></u>	5		X
Complete this table for y		mpensated inc	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report		the calendar ye	ear e	endin	ıg w	ith c	or wi	thin		ear.				
1	(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	C	(C omper	;) nsatior	1
			-110	<u> </u>				1						
								_						
								\dashv						
								4						
								\dashv						
2 Total number of indeper \$100,000 of compensate	· ·	-	ot lin	nited	to t	thos ۲	se lis)	ted	above) who received mo	ore than				

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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 (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 140,302. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 27,224,178. 1f 11,264,506. 1g \$ g Noncash contributions included in lines 1a-1f 27,364,480 h Total. Add lines 1a-1f **Business Code** 2 a _____ Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 7,800,481. 7800481 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 29,845,266. assets other than inventory b Less: cost or other basis 7b 28,106,195. Other Revenue and sales expenses 1,739,071. 1739071. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 140,302. of contributions reported on line 1c). See 11,750. Part IV, line 18 37,310. **b** Less: direct expenses -25,560, -25,560, c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 9513992 36,878,472. 0. **12 Total revenue**. See instructions

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Part IX Statement of Functional Expenses

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	TIX Statement of Functional Expense												
Secti	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												
	•	nse or note to any line in (A)		(C)	(D)								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to domestic organizations	00 040 404	00 040 104										
	and domestic governments. See Part IV, line 21	28,840,124.	28,840,124.										
2	Grants and other assistance to domestic	F46 000	F16 000										
	individuals. See Part IV, line 22	516,200.	516,200.										
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	400 100	165 064	102 506	210 650								
	trustees, and key employees	488,129.	165,964.	102,506.	219,659.								
6	Compensation not included above to disqualified												
	persons (as defined under section 4958(f)(1)) and												
-	persons described in section 4958(c)(3)(B)	508,931.	173,036.	106,876.	229,019.								
7	Other salaries and wages	300,331.	113,030.	100,070	447,U13.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,913.	15,951.	9,852.	21 110								
9		48,025.	16,327.	10,087.	21,110. 21,611.								
10	Other employee benefits	67,658.	23,004.	14,208.	30,446.								
11	Payroll taxes Fees for services (nonemployees):	07,030.	25,004.	14,200	30,440.								
	Management												
	Legal	16,235.	2,007.	2,006.	12,222.								
	Accounting	30,193.	10,064.	10,064.	10,065.								
	Lobbying	30,2300	20,0020	20,0020	20,0001								
	Professional fundraising services. See Part IV, line 17												
f	Investment management fees												
g													
3	column (A), amount, list line 11g expenses on Sch O.)												
12	Advertising and promotion	61,909.	9,922.		51,987.								
13	Office expenses	132,493.	45,308.	27,346.	51,987. 59,839.								
14	Information technology	58,562.	19,911.	12,298.	26,353.								
15	Royalties												
16	Occupancy	20,580.	6,997.	4,322.	9,261. 2,310.								
17	Travel	5,134.	1,746.	1,078.	2,310.								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	16,414.	5,580.	3,447.	7,387.								
20	Interest												
21	Payments to affiliates	F0 050	00.000	10 500	06.005								
22	Depreciation, depletion, and amortization	59,969.	20,389.	12,593.	26,987.								
23	Insurance	14,061.	4,781.	2,953.	6,327.								
24	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.)												
а	DIRECT FUND EXPENSES	437,140.	437,140.										
h	LIFE INSURANCE PREMIUM	177,199.	177,199.										
c	ORGANIZATIONAL DUES	16,668.	1,667.	1,667.	13,334.								
d	SCHOLARSHIP AND GRANTMA	12,234.	12,234.	,	,								
-	All other expenses	4,117.	885.	1,932.	1,300.								
25	Total functional expenses. Add lines 1 through 24e	31,578,888.	30,506,436.	323,235.	749,217.								
26	Joint costs . Complete this line only if the organization	-	-		-								
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here if following SOP 98-2 (ASC 958-720)												
					E 000 (2222)								

Form 990 (2022)

Part X | Balance

FOUNDATION, INC.

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Pa	rt X	Balance Sheet					<u> </u>
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			58,070,856.	2	56,366,522.
	3	Pledges and grants receivable, net			1,481,000.	3	1,025,219.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-	•			
		under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net				7	
\SS(8	Inventories for sale or use			14 026	8	16 524
_	9		 I I		14,936.	9	16,534.
	10a	Land, buildings, and equipment: cost or other	40-	1 015 033			
	_	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	572 090	1,394,609.	10c	1,343,843.
	11	Less: accumulated depreciation	LIUD	572,050.	198,145,458.	11	211,459,017.
	12	Investments - other securities. See Part IV, line 1		54,481.	12	4,004,704.	
	13	Investments - other securities. See Fart IV, line 1			31/1011	13	1,001,701
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,981,613.	15	8,907,761.
	16	Total assets. Add lines 1 through 15 (must equa			267,142,953.	16	283,123,600.
	17	Accounts payable and accrued expenses			100,476.	17	89,851.
	18	Grants payable	372,250.	18	96,400.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			38,949,392.	05	41,237,542.
	26	of Schedule D Total liabilities. Add lines 17 through 25			39,422,118.	25 26	41,423,793.
	20	Organizations that follow FASB ASC 958, che	ck here	X	33,422,110.	20	41,423,733
es		and complete lines 27, 28, 32, and 33.	ok nere				
anc	27				216,017,961.	27	228,933,876.
Bala	28	Net assets with donor restrictions			11,702,874.	28	12,765,931.
- Pu		Organizations that do not follow FASB ASC 9					
Ξ		and complete lines 29 through 33.					
o.	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Net	32	Total net assets or fund balances			227,720,835.	32	241,699,807.
	33	Total liabilities and net assets/fund balances			267,142,953.	33	283,123,600.
							Form 990 (2022)

Form **990** (2022)

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. 31-1748533 Page **12** Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,57	8,8	88.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,29	9,5	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	227,72	0,8	35.
5	Net unrealized gains (losses) on investments	11,07	5,3	19.	
6	Donated services and use of facilities	6			
7	Investment expenses	7	-21	7,5	51.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,17	8,3	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	241,69	9,8	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization SIOUX FALLS AREA COMMUNITY FOUNDATION 31-1748533 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

FOUNDATION, INC.

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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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	40728771.	30154146.	50222045.	65836782.	27364480.	214306224				
2	Tax revenues levied for the organ-										
	ization'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	Total. Add lines 1 through 3	40728771.	30154146.	50222045.	65836782.	<u> 27364480.</u>	214306224				
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)						75860866.				
6	Public support. Subtract line 5 from line 4.						138445358				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	40728771.	30154146.	50222045.	65836782.	27364480.	214306224				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	5344273.	4355899.	4022761.	6176870.	7800481.	27700284.				
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	Total support. Add lines 7 through 10						242006508				
12	Gross receipts from related activities	, etc. (see instruction	ons)			12					
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)					
	organization, check this box and sto	p here									
Sec	ction C. Computation of Publ	ic Support Per	centage								
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	57.21 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	57.26 %				
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				X				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation							
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation				
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets t	ne facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the					
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation					
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s				

Schedule A (Form 990) 2022

FOUNDATION, INC.

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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	below, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and			, ,			,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		(6) 2013	(0) 2020	(4) 2021	(6) 2022	(i) rotar
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2022	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	2022 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2022. If th	e organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2021. If th						nd
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						

Schedule A (Form 990) 2022

FOUNDATION, INC.

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	30		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	40.		
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Schedule A (Form 990) 2022

FOUNDATION, INC.

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Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		<u> </u>
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	<u>supen</u> tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<u>suppo</u> tion E	rted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	<u>~:</u>		
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
b		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 FOUNDATION, INC. 31-1748533 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus-		•	
Sect	on 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

31-1748533 Page 7 Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3
4	Amounts paid to acquire exempt-use assets			1
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	Ę	5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.		7	7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2022 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
	Underdistributions, if any, for years prior to 2022 (reason-			
_	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Carryover from 2017 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

31-174<u>8533 Page 8</u> FOUNDATION, INC. Schedule A (Form 990) 2022 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 A (Form 990) 2022

SCHEDULE C (Form 990) **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 for instructions and the latest information.

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 **Employer identification number** SIOUX FALLS AREA COMMUNITY 31-1748533 FOUNDATION, INC. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities 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 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$______\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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 Did the filing organization file Form 1120-POL for this year? 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. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

SIOUX FALLS AREA COMMUNITY FOUNDATION. INC. 31-1748533 Page 2 Schedule C (Form 990) 2022

Part II-A Complete if the org	janization is exer	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
A Check if the filing organiza expenses, and sha	re of excess lobbying	expenditures).	n Part IV each affiliated (group member's nam	ne, address, EIN,
Limi	its on Lobbying Expe	nd "limited control" pro enditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion ((grassroots lobbying)			
b Total lobbying expenditures to influ		alor Calling at the later story			
c Total lobbying expenditures (add li	ines 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ento					
If the amount on line 1e, column (a) o	• •	obying nontaxable am	11		
Not over \$500,000		the amount on line 1e.			
Over \$1,000 000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17		00 plus 10% of the exc 00 plus 5% of the exce	1		
Over \$17,000,000	\$1,000	<u> </u>	iss over ψ1,300,000.		
CVCI \$17,000,000	γ ψ1,000	,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze	ero on either line 1h or		•		
reporting section 4911 tax for this	year?				Yes N
(Some organizations t	hat made a section 5	eraging Period Under 601(h) election do not rate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
1.0					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(13070 Of liftle 2d, Coldfill (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

FOUNDATION, INC.

31-1748533 Page 3

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(2	a)	(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	X		I F O O
	Other activities?				1,500.
	Total. Add lines 1c through 1i		Х	4	1,500.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).	00 . (0)(0	,, 0. 000		
	(-)(-)			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(o), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
_			1		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	zai			
•			2a		
	Current year Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Prov	de 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 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
COI	TRACTED WITH A FIRM THAT INFORMS AND ADVOCATES FOR	NON-PF	ROFIT		
ENT	TITIES. 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 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Employer identification number 31-1748533

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	520	
2	Aggregate value of contributions to (during year)	19,044,258.	
3	Aggregate value of grants from (during year)	20,935,610.	
4	Aggregate value at end of year	141,646,943.	
5	Did the organization inform all donors and donor advisors in v	•	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		X Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	- · · · · · · · · · · · · · · · · · · ·		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assats
Га		·	Her Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treations of the following standard treations are the following standard treations and the following standard treations are standard treations are standard treations and the following standard treations are standard treations.		ı gaın, provide
	the following amounts required to be reported under FASB A	•	Φ.
a	Revenue included on Form 990, Part VIII, line 1		\$

31-1748533 Page 2 FOUNDATION, INC. Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange program Scholarly research Other h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV 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 No on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 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 148,463,903, 171,365,391. 116,715,901. 111,581,732 92,566,007. **1a** Beginning of year balance 2,975,090. 1,656,723. 4,281,750. 28,126,583. 18,414,237. Contributions 13,843,062. -22,500,137. 29,889,938, 5,952,604, 6,061,606. Net investment earnings, gains, and losses Grants or scholarships 5,096,163, 3,533,574. 2,342,995, 1,588,204 4,631,508. Other expenditures for facilities and programs 1,070,224. 1,149,527. 1,024,036. 886,954. 828,610. Administrative expenses 159,115,668. 148,463,903. 171,365,391, 116,715,901, 111,581,732. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 94.0000 Board designated or quasi-endowment 5.0000 Permanent 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 Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other Description of property (a) Cost or other (c) Accumulated (d) Book value basis (other) depreciation basis (investment) 206,000. 206,000. 1a Land 1,436,168. 365,009. 1,071,159. **b** Buildings Leasehold improvements 175,636. 158,823. 16,813. d Equipment 98,129. 48,258. 49,871. e Other

Schedule D (Form 990) 2022

1,343,843.

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

Schedule D (Form 990) 2022 FOUNDATION,	INC.	31	1748533 Page 3
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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (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	d-of-vear market value
(1)	(a) Book value	(c) memor or randament occition	<u> </u>
(2)			
(3)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
	F 000 P-+ IV I'	44 446 O Farma 000 David V. Kana 05	-
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			154 004
(2) CHARITABLE GIFT ANNUITY P.	AYABLE		154,024.
(3) ASSETS HELD FOR OTHERS			41,083,518.
(4)			<u> </u>
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (R) line	25)		41,237,542.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE

170,264.

AGENCY FUNDS

STATEMENTS.

-5,541,813.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

-5,371,549.

SIOUX FALLS AREA COMMUNITY	24 4542522
Schedule D (Form 990) 2022 FOUNDATION, INC. Part XIII Supplemental Information (continued)	31-1748533 Page 5
Continuea)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CITY BLOSSOM FUNDRAISING EVENT	-37,310.
OTT BRODDOT TONDICTION BY BIT	3773100
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
AGENCY FUNDS EXPENSE	-3,193,169.
	· , · · · ,
DADE VII IINE AD ORIED ADTICEMENTS.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CITY BLOSSOM FUNDRAISING EVENT	-37,310.
	·

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization
SIOUX FALLS AREA COMMUNITY
FOUNDATION THE

Employer identification number

FOUNDATION, INC. 31-1748533 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS 970,000. 0 0 970,000. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 970,000. and 3b)

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

Schedule F (Form 990) 2022

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

31-1748533

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of exempt 501(c)(3) orga	recipient organization anization by the IRS, o	s listed above that are ru r for which the grantee o	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r tion 501(c)(3) equ	ecognized as a tax ivalency letter	A		
3 Enter total number of	Enter total number of other organizations or entities	entities			- :	A		

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Schedule F (Form 990) 2022 FOUNDATION, INC.

Schedule F (Form 990) 48533

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

31-1748533

Part III can be duplicated if additional space is needed

20 10 0 ct 0 1 (4)	(m) Meuhod or valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
to acitain coo (14)	(g) Description of noncash assistance					Schedu
10 to 100	(r) Amount of noncash assistance					
to some M	(e) Marmer or cash disbursement					
10 to 1000 (10)	(a) Amount of cash grant					
I.	(c) Number of (d) Amount of recipients cash grant					
Iditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Schedule F (Form 990) 2022 FOUNDATION, INC. 31-1748533

Part IV | Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes " the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471. Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes" the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see X No Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Page 4

Schedule F (Form 990) 2022 FOUNDATION, INC. 31-1748533 Page 5

Part \	— F ir	rovide vestn	e the infor nents vs. 6	expenditur	nation quired by Pa es per regionients), as ap	n); Part II,	line 1 (a	ccountir	ng meth	od); Part	III (acco	ounting n	nethod);	and Parl	t III, colur	mn (c)	
PART	I,	LI	NE 3														
THE	SIO	JX :	FALLS	AREA	COMMU	NITY	FOUN	DATI	ON A	CCEP'	TED .	A CON	TRIE	UTIO	N OF		
REAL	ES'	rat:	E IN	THE C	AYMAN	ISLAN	DS.	THE	APPR	AISE	D VA	LUE (F TH	E LA	ND W	AS	
\$970	,00).															

232075 10-17-22 Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

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.

2022

Open to Publi

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization SIOUX F	ALLS AREA COMMUNITY	ζ					ntification number
FOUNDAT	ION, INC.					31-1748	533
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	r Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais		activ	ities. (Check all that apply.			
a Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special	fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, P	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?		Yes	No No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fur	ndraiser is to be)
compensated at least \$5,000 by the	organization.						
		/iii\	Did		(v)	Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or con	itrol of	from activity		fundraiser (i)	organization
					1101		
		Yes	No				
Tabel							
Total 3 List all states in which the organization	n is registered or licensed to colicit a		utiono	or has been notified	it io d	yompt from ro	l
or licensing.	in is registered or licerised to solicit c	OHUID	utions	or rias been notined	11 15 6	exempt from re	gistration

0011	eau		ION, INC.			-1748533 Page 2
Pa	art I					
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			CITY BLOSSOM		(, , , , , , , , , , , , , , , , , , ,	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	١.		150 050			150 050
Re	1	Gross receipts	152,052.			152,052.
	_	Lacar Caratrila sticus	140,302.			140,302.
	2	Less: Contributions	140,302.			140,302.
	3	Gross income (line 1 minus line 2)	11,750.			11,750.
	5	Gross moonie (inte i minus inte 2)	1177300			11//300
	4	Cash prizes				
	`					
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
었	7	Food and beverages	11,875.			11,875.
Ö						
	8	Entertainment				
	9	Other direct expenses	25,434.			25,434.
	10	- · · · · · · · · · · · · · · · · · · ·				37,309.
		Net income summary. Subtract line 10 from I				-25,559.
Pa	art I	S complete in the origin in accordance	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	T	(1.) Dull take (in atom)		(N Tatal manala m /a dal
e			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			(a) Bingo	hingo/progressive hingo	(c) Other garring	
veni			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Revenue		Grees revenue	(a) birigo	bingo/progressive bingo	(c) Other garming	
Revenu	1	Gross revenue	(a) billigo	bingo/progressive bingo	(c) Other garming	
	2		(a) billigo	bingo/progressive bingo	(c) Other gaming	
	2	Gross revenue Cash prizes	(a) Billyo	bingo/progressive bingo	(c) Other gaming	
	2	Cash prizes	(a) Billyo	bingo/progressive bingo	(c) Other gaming	
Expenses	2		(a) billigo	bingo/progressive bingo	(c) Other gaming	
ct Expenses	2	Cash prizes Noncash prizes	(a) Billigo	bingo/progressive bingo	(c) Other gaming	
Expenses	2	Cash prizes	(a) Billyo	bingo/progressive bingo	(c) Other gaming	
ct Expenses	2	Cash prizes Noncash prizes	(a) Billyo	bingo/progressive bingo	(c) Other gaming	
ct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs	Yes%		Yes%	col. (a) through col. (c))
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (c))
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		Yes%		col. (a) through col. (c))
ct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	Yes%		col. (a) through col. (c))
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	Yes%No		col. (a) through col. (c))
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	Yes%No	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d)		Yes%	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions in the state in the	Yes% No h 5 in column (d) from line 1, column (d)	Yes% No	Yes% No	col. (a) through col. (c)
o o Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (c)
o o Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conductions in the state in the	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (c)
o o Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Isit Isit	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes% No	col. (a) through col. (c)
10a b P Direct Expenses	2 3 4 5 6 7 8 En I Is i	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses received.	Yes% No h 5 in column (d) 7 from line 1, column (d) ctivities in each of these services are services.	Yes% No states?	Yes% No	col. (a) through col. (c)
10a b P Direct Expenses	2 3 4 5 6 7 8 En I Is i	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	Yes% No h 5 in column (d) 7 from line 1, column (d) ctivities in each of these services are services.	Yes% No states?	Yes% No	col. (a) through col. (c)

Sch	nedule G (Form 990) 2022	FOUNDATION,	INC.		31-3	1748533	Page 3
11	Does the organization conduct ga	aming activities with nonr	nembers?			Yes	No
	Is the organization a grantor, ben						
	to administer charitable gaming?					Yes	☐ No
13	Indicate the percentage of gamin						
	The organization's facility					13a	%
	An outside facility					13b	%
	Enter the name and address of the						
	Name						
	Address						
15	a Does the organization have a con	tract with a third party fro	om whom the	organization receives gamir	ng revenue?	Yes	No
ı	If "Yes," enter the amount of gam	ning revenue received by	the organizati	on \$	and the amount		
	of gaming revenue retained by the				_		
	If "Yes," enter name and address						
		o a pay.					
	Name						
	Address						
16	Gaming manager information:						
	N						
	Name						
	Gaming manager compensation \$						
			_				
	Description of services provided						
	Director/officer	Employee	Inde	ependent contractor			
17	Mandatory distributions:						
á	Is the organization required unde	r state law to make charit	able distributi	ons from the gaming proce	eds to		
	retain the state gaming license?					Yes	☐ No
ı	Enter the amount of distributions	required under state law	to be distribu	ted to other exempt organiz	ations or spent in the		
_	organization's own exempt activit	ies during the tax year	\$				
Pa				quired by Part I, line 2b, col		rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	any additiona	al information. See instruction	ons.		
_							
_							

232083 10-27-22 Schedule G (Form 990) 2022

SIOUX FALLS AREA COMMUNITY

Schedule G	(Form 990) FOUNDATION,	INC.	31-1748533	Page 4
Part IV	(Form 990) FOUNDATION , Supplemental Information (continued)			

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

SIOUX FALLS AREA COMMUNITY

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

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

å 256. 10. 31-1748533 (h) Purpose of grant SD SCHOLARSHIP SUPPORT or assistance X Yes GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT UKRAINE RELIEF 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 REGION 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 o Ö ċ (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 70,812. 550. 16,250. 250,000, 7,266. 13,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 20-0652270 13-5660870 16-0743916 13-3541913 14-1880905 20-0293050 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization HOMES - 2601 S. MINNESOTA AVENUE TALLGRASS RECOVERY & SOBER LIVING COLGATE ROCHESTER CROZER DIVINITY - 320 N. GOODMAN STREET INTERNATIONAL RESCUE COMMITTEE CA 94139-8633 #105 PMB 378 - SIOUX FALLS. NY 14607 or government SIOUX FALLS, SD 57105 122 E. 42ND STREET NEW YORK, NY 10168 MARSHALL, MN 56258 TEACH FOR AMERICA #207 - ROCHESTER, SAMARITAN'S FEET 708 E. PAM ROAD SAN FRANCISCO, PO BOX 398633 HOPE HARBOR PO BOX 26 Part I SCHOOL Part II 57105 N

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Schedule I (Form 990) 2022

SIOUX FALLS AREA COMMUNITY

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Schedule (Form 990) FOUNDATION, INC.

GENERAL SUPPORT, MINISTRY GENERAL SUPPORT, EVENT (h) Purpose of grant or assistance RESTORATION PROJECT MEN'S GOLF PROGRAM GENERAL SUPPORT, GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 11,000. 6,863. 15,300. 50,000. 53,450. 10,000. 49,500. 6,500, 172,451, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 20-8883057 20-1198064 20-2699147 20 - 318424020-3473359 20-5377872 20-8583723 20 - 853587120-8784637 (p) EIN SIOUX FALLS STATE THEATRE COMPANY BIG HORN GOLF CLUB CHARITIES 300 S. PHILLIPS AVENUE #L104 (a) Name and address of organization or government WEGNER ARBORETUM SOCIETY STANFORD, CA 94309-0466 DAWSON MCALLISTER LIVE SIOUX FALLS, SD 57110 PALM DESERT, CA 92260 SIOUX FALLS, SD 57110 SIOUX FALLS, SD 57104 TN 37174 SIOUX FALLS, SD 57101 SD 57101 715 N. SIX MILE ROAD 1900 S. PERRY PLACE 906 CANDLEWOOD LANE ECOSUN PRAIRIE FARM BROOKINGS, SD 57006 STANFORD UNIVERSITY SCULPTUREWALK, INC. 255 PALOWET DRIVE MISSION HAITI PO BOX 20466 SPRING HILL, SIOUX FALLS, PO BOX 1835 PO BOX 2175 PO BOX 481 GOMADIS

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Schedule I (Form 990) SPORTS PROGRAMS, CAPITAL GENERAL SUPPORT, SOUTH EVENT SUPPORT, CAPITAL (h) Purpose of grant or assistance SENERAL SUPPORT, 988 PROJECT, 437 PROJECT, HEARTLAND EPHPHATHA GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT DAKOTA ACHIEVE SALSA PROGRAM PROJECTS PROJECTS (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 Ö Ö (e) Amount of noncash assistance (d) Amount of cash grant 35,210. 6,600. 6,120. 109,000 35,450. 63,950. 1,105,000. 62,922, 11,429, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 22-2406433 23-7003936 23-7428348 23-7072116 23-7101054 23-7266823 23-7299995 23-7310698 23-7424387 (b) EIN 820 N. WASHINGTON AVENUE HESTON HAL DAKOTA STATE UNIVERSITY FOUNDATION BROADCASTING - 601 N. PHILLIPS FRIENDS OF SOUTH DAKOTA PUBLIC AVENUE #100 - SIOUX FALLS, SD FOUNDATION - 1200 UNIVERSITY STREET #9506 - SPEARFISH, SD BLACK HILLS STATE UNIVERSITY (a) Name and address of organization or government SIOUX FALLS, SD 57104-6038 VERMILLION, SD 57104-6038 EAST RIVER LEGAL SERVICES 335 N. MAIN AVENUE #200 335 N. MAIN AVENUE #200 3817 S. ELMWOOD AVENUE NATIONAL MUSIC MUSEUM SIOUX FALLS, SD 57105 PEACE LUTHERAN CHURCH SIOUX FALLS, SD 57106 SIOUX FALLS, SD 57103 SIOUX FALLS, SD 57105 900 N. CLIFF AVENUE 5509 W. 41ST STREET 2501 W. 26TH STREET THE SALVATION ARMY MADISON, SD 57042 HELPLINE CENTER 57799-9506 LIFESCAPE 57104

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GENERAL SUPPORT, PROGRAMS GENERAL SUPPORT, CAMPAIGN (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT PROGRAM SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant ,625. 295,160, 6,000, 10,000, 10,000. 5,400. 10,000. 11,100. 10,000. 11, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 36-2167792 27-2237233 27-2501220 27-3509770 30-0017659 33-0821743 27-3612126 31 - 180280035-2611927 (b) EIN MOODY BIBLE INSTITUTE OF CHICAGO AVENUE #100 - SIOUX FALLS, SD - PO BOX 75 PARENT ADVOCATES FOR SPANISH - 500 N. WESTERN (a) Name and address of organization or government 6161 BUSINESS CENTER DRIVE SKYVIEW ACADEMY FOUNDATION HIDDEN HARVEST CORPORATION SOUTH EASTERN DEVELOPMENT WESTSIDE LUTHERAN CHURCH 820 N. LASALLE BOULEVARD 300 S. MINNESOTA AVENUE 5020 S. TENNIS LANE #4 FACE IT TOGETHER, INC. SIOUX FALLS, SD 57108 SIOUX FALLS, CO 80130 SIOUX FALLS, SD 57104 SIOUX FALLS, SD 57101 SIOUX FALLS, SD 57107 SIOUX FALLS, SD 57104 3901 OKLAHOMA AVENUE COACHELLA, CA 92236 500 S. MAIN AVENUE CHICAGO, IL 60610 THE NAOMI PROJECT IMMERSION, INC. TEDDY BEAR DEN FOUNDATION PO BOX 266 57104

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

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GENERAL SUPPORT, BACKPACK SUPPORT, CAPITAL PROJECTS GENERAL SUPPORT, CAMPAIGN STREET MUSICIAN PROGRAM, BENERAL SUPPORT, EVENT (h) Purpose of grant or assistance MINISTRY SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT HOLIDAY LIGHTS PROGRAM SUPPORT (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 10,200. 153,231. 179,300. 15,000. 10,000. 62,490. 34,697. 10,000, 1,443,997, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4) 501(C)(3) 36-3627217 36 - 218217136-2270051 36-3293534 36-3347022 36-3608635 36-3297853 36-3517418 36-3609618 (b) EIN SD STREET PO BOX 231 - RAPID CITY, FOUNDATION - 803 ST. JOSEPH (a) Name and address of organization or government 230 S. PHILLIPS AVENUE #306 BLACK HILLS AREA COMMUNITY SIOUX FALLS, SD 57117-5039 SIOUXLAND HERITAGE MUSEUMS SIOUX FALLS, SD 57104-6001 DOWNTOWN SIOUX FALLS, INC. SIOUX FALLS, SD 57104-6351 SANFORD HEALTH FOUNDATION NASHVILLE, TN 37214-0800 4701 N. WESTPORT AVENUE 3405 S. KIWANIS AVENUE SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57107 STEIGER INTERNATIONAL GIDEONS INTERNATIONAL FEEDING SOUTH DAKOTA 200 W. SIXTH STREET 501 COLLEGE AVENUE WHEATON, IL 60187 WHEATON, IL 60187 WHEATON COLLEGE PO BOX 140800 ALPHA CENTER PO BOX 5039 PO BOX 236 57709

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GENERAL SUPPORT, CAMPAIGN (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT SCHOLARSHIP SUPPORT SCHOLARSHIP SUPPORT SCHOLARSHIP SUPPORT GENERAL SUPPORT CAPITAL PROJECT GENERAL SUPPORT GENERAL SUPPORT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 141,350. 74,709. 46,000, 11,100. 10,000. 6,000, 26,000. 25,000. 12,500, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 41-0705834 36-3916958 36-4112897 37-1640708 38 - 390846941-0693894 41 - 069397038-3519708 41-0682405 (p) EIN SIOUX FALLS TENNIS ASSOCIATION HAZELDEN BETTY FORD FOUNDATION (a) Name and address of organization or government SIOUX FALLS, SD 57107-1301 MN 55012-0011 SOUTHEAST TECH FOUNDATION UNIVERSITY OF ST. THOMAS GOLDEN VALLEY, MN 55422 AVA MARIA SCHOOL OF LAW DE LA SALLE HIGH SCHOOL 2320 N. CAREER AVENUE SIOUX FALLS, SD 57109 SIOUX FALLS, SD 57108 MINNEAPOLIS, MN 55401 SD 57032 ONE DELASALLE DRIVE 1025 COMMONS CIRCLE 2800 E. 57TH STREET EMMAUS ROAD CHURCH 2115 SUMMIT AVENUE ST. PAUL, MN 55105 123 OTTAWA AVENUE NAPLES, FL 34119 EMBRACE CHURCH PO BOX 89512 BRECK SCHOOL CENTER CITY, HARRISBURG, PO BOX 528 PO BOX 11

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Schedule I (Form 990) CAPITAL PROJECT, CAMPAIGN PUBLIC RADIO, GENERAL (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT ENDOWMENT TRANSFER CAMPAIGN SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT CAPITAL PROJECT SUPPORT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant 17,000. 700,000 160,000 20,000. 25,000. 1,200,000. 81,000. 16,330, 5,988, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 45-0458973 41-0711610 41-0969244 41 - 127266242-1231504 42-6139033 43-0670936 42-0772559 42-1437094 (b) EIN AVENUE E. - ALEXANDRIA, MN 56308 ALEXANDRIA TECHNICAL & COMMUNITY NORTHWESTERN/NORTHWESTERN MEDIA - 1915 GRAND AVENUE COMMUNITY FOUNDATION OF GREATER PO BOX 130517 - SAINT PAUL, MN COLLEGE FOUNDATION - 318 17TH FRIENDS OF LAKESIDE LABS, INC. (a) Name and address of organization or government 503 SEVENTH STREET N. #101 COLLEGE OF SAINT BENEDICT SAINT JOSEPH, MN 56374 SIOUX CENTER, IA 51250 ARNOLDS PARK, IA 51331 HISTORIC ARNOLDS PARK 498 FOURTH AVENUE NE DES MOINES, IA 50309 37 COLLEGE AVENUE S. REAL PRESENCE RADIO COLUMBIA, MO 65215 MILFORD, IA 51351 STEPHENS COLLEGE 1200 E. BROADWAY DORDT UNIVERSITY 1838 HIGHWAY 86 FARGO, ND 58102 DES MOINES PO BOX 609 55113-0005

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GENERAL SUPPORT, PROGRAMS BENERAL SUPPORT, CAPITAL (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT GROUNDS MAINTENANCE SIOUX FALLS THRIVE GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT CAMPAIGN SUPPORT PROGRAM (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 6,100. 12,912. 10,000. 220,459. 10,000. 819,640, 94,250. 5,078 10,900. (c) IRC section if applicable 501(C)(13) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(6) 46-0189300 45-2247326 45-2531813 45-4306370 45-2722954 45-2784394 45-3951308 45-4077445 46-0175208 (b) EIN - 200 N. PHILLIPS AVENUE #200 - SIOUX FALLS, SD 57104-6058 - 3220 W. 57TH GREATER SIOUX FALLS CHAMBER OF SIOUX EMPIRE CHARACTER COUNTS SD (a) Name and address of organization or government HUETHER FAMILY MATCH POINTE PARKER CEMETERY ASSOCIATION STREET #109 - SIOUX FALLS, 402 S. DOUGLAS PO BOX 578 ELK POINT, SD 57025-0578 4210 N. BOBHALLA DRIVE SIOUX FALLS, SD 57107 ABOVE & BEYOND CANCER COMPASSION CHILD CARE 1921 E. EIGHTH STREET SIOUX FALLS, SD 57104 SD 57103 SD 57101 DES MOINES, SD 50309 KING OF GLORY CHURCH 1001 E. 17TH STREET 1915 GRAND AVENUE SD 57053 COALITION, INC. SIOUX FALLS, SIOUX FALLS, 57108-3146 LOST&FOUND PO BOX 503 PO BOX 727 ELK POINT COMMERCE PARKER,

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SENERAL SUPPORT, PROGRAMS SENERAL SUPPORT, CAMPAIGN GENERAL SUPPORT, PROGRAMS PROGRAMS SUPPORT SCHOLARSHIPS, CAMPAIGN SCHOLARSHIPS, CAPITAL SCHOLARSHIPS, CAPITAL SCHOLARSHIPS (h) Purpose of grant or assistance CAMPAIGNS, PROGRAM CAMPAIGNS, PROGRAM SENERAL SUPPORT, GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SUPPORT, SUPPORT, SUPPORT SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant 10,844. 8,719. 1,605,218. 38,842. 104,837. 768,804. 97,215. 20,717. 84,257, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-0224588 46-0225435 46-0220678 46-0224599 46-0224600 46 - 022473146 - 022474346-0225354 46-0225021 (b) EIN LUTHERAN SOCIAL SERVICES OF SOUTH - 705 E. 41ST STREET #200 CRAZY HORSE MEMORIAL FOUNDATION SIOUX FALLS - 300 S. MINNESOTA FIRST CONGREGATIONAL CHURCH OF - SIOUX FALLS, SD 57105-6048 (a) Name and address of organization or government 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730-9506 SIOUX FALLS, SD 57105-1699 SD 57117-5045 SIOUX FALLS, SD 57104-6814 SIOUX FALLS, SD 57104-6314 UNIVERSITY OF SIOUX FALLS AVENUE - SIOUX FALLS, SD 220 S. MINNESOTA AVENUE SIOUX FALLS FAMILY YMCA 2001 S. SUMMIT AVENUE BOY SCOUTS OF AMERICA SIOUX FALLS, SD 57197 SIOUX FALLS, SD 57104 AUGUSTANA UNIVERSITY 1101 W. 22ND STREET 500 S. MAIN AVENUE 800 N. WEST AVENUE CALVARY CATHEDRAL AVERA FOUNDATION SIOUX FALLS, PO BOX 5045 57104-6352 DAKOTA

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Schedule I (Form 990) GENERAL SUPPORT, PROGRAMS GENERAL SUPPORT, HOLIDAY (h) Purpose of grant or assistance GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT PROGRAM SUPPORT PROGRAMS SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö 5,798. (d) Amount of cash grant 124,153, 14,499, 63,794. 13,000. 15,436. 8,600. 8,000 13,494, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-0234112 46-0259350 46-0234998 46 - 023591246-0239786 46-0247335 46 - 025328346-0250744 46-0253194 (p) EIN SIOUX FALLS AREA HUMANE SOCIETY (a) Name and address of organization or government SIOUX FALLS, SD 57104-6306 SD 57106-3466 ST. JOSEPH'S INDIAN SCHOOL EAST SIDE LUTHERAN CHURCH CHRIST THE KING CHURCH SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57103 CHAMBERLAIN, SD 57326 SIOUX FALLS, SD 57104 SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57104 1700 S. CLIFF AVENUE S. BROWN PLACE 1300 E. TENTH STREET HOPE LUTHERAN CHURCH FAMILY SERVICE, INC. 1501 W. 26TH STREET 1101 S. MARION ROAD 3720 E. BENSON ROAD 300 W. 11TH STREET 311 E. 14TH STREET CAMINANDO JUNTOS SIOUX FALLS, GIRL SCOUTS PO BOX 326 2210

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GENERAL SUPPORT, PROGRAMS SENERAL SUPPORT, CAMPAIGN BENERAL SUPPORT, MINISTRY GENERAL SUPPORT, CAPITAL GENERAL SUPPORT, CAPITAL (h) Purpose of grant or assistance HEADLIGHTS THEATER GENERAL SUPPORT, GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SCHOLARSHIPS CAMPAIGN CAMPAIGN SUPPORT SUPPORT SUPPORT PROJECT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 115,870. 56,750. 7,600 132,941. 11,947. 156,771, 43,000. 27,812, 13,621, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-0354287 46-0308425 46 - 031191346-0324210 46-0324244 46-0340024 46-0353254 46-0349098 46-0343381 (b) EIN JUNIOR LEAGUE OF SIOUX FALLS, INC. FIRST CHRISTIAN REFORMED CHURCH - 6715 S. BOE SIOUX FALLS CHRISTIAN SCHOOLS SD 57108 (a) Name and address of organization or government SIOUX FALLS LUTHERAN SCHOOL GLORY HOUSE OF SIOUX FALLS SIOUX FALLS, SD 57109-8145 SIOUX FALLS, SD 57107-6428 SD 57104-1309 SIOUX FALLS, SD 57105-2498 SOUTH DAKOTA HALL OF FAME 1000 N. WEST AVENUE #225 2011 W. 26TH STREET #201 SIOUX FALLS ARTS COUNCIL 6120 S. CHARGER CIRCLE SIOUX FALLS, SD 57108 CHAMBERLAIN, SD 57325 SIOUX FALLS, SD 57103 SD 57101 MCCROSSAN BOYS RANCH LIFESCAPE FOUNDATION 1480 S. MAIN STREET LANE - SIOUX FALLS, 2901 E. 26TH STREET 47135 260TH STREET ASSOCIATION INC. PO BOX 88145 SIOUX FALLS, SIOUX FALLS, PO BOX 2053

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Schedule I (Form 990) SENERAL SUPPORT, PROGRAMS SUPPORT, CAMPAIGN SUPPORT AUDIO/VISUAL UPGRADES (h) Purpose of grant or assistance TEA AREA FOOD PANTRY, MINISTRY SUPPORT GENERAL SUPPORT EQUIPMENT NEEDS GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance 681. (d) Amount of cash grant 46,372. 5,600. 13,399, 483,486. 10,000, 37,827. 10,500. 7,000. 31, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-0359776 46-0355004 46-0359947 46-0366277 46-0375265 46-0375953 46 - 037913846-0362692 46-0376472 (b) EIN S. SPRING AVENUE - SIOUX FALLS, SD FOUNDATION/CHILDREN'S HOME SOCIETY BRANDON VOLUNTEER FIRE DEPARTMENT FOUNDATION OF SIOUX FALLS - 401 NEU HUTTERHALER MENNONITE CHURCH - 800 E. I - SIOUX FIRST UNITED METHODIST CHURCH PARALYZED VETERANS OF AMERICA 523 W. 14TH STREET PO BOX 756 SPECIAL OLYMPICS SIOUX FALLS - PO BOX 1749 - SIOUX (a) Name and address of organization or government SIOUX FALLS, SD 57101-0756 SIOUX FALLS, SD 57104-5601 MOUNT ZION CONGREGATION TRINITY LUTHERAN CHURCH 401 N. SIOUX BOULEVARD 209 N. GARFIELD AVENUE SD 57319 SD 57104 SD 57101-1749 335 W. FIRST STREET 1400 W. 17TH STREET 27165 432ND AVENUE BRANDON, SD 57005 FALLS, SD 57104 CHILDREN'S HOME TEA, SD 57064 BRIDGEWATER, SIOUX FALLS, FIREWORKS FALLS, OF SD MAKE

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GENERAL SUPPORT, PROGRAMS GENERAL SUPPORT, BUILDING SCHOLARSHIPS, SUPPORT FOR GENERAL SUPPORT, PROGRAMS GENERAL SUPPORT, PROGRAMS FUNDS OF THE FOUNDATION (h) Purpose of grant or assistance ENVISION SIOUX FALLS TECHNOLOGY UPGRADES /ETERAN'S CEMETERY, SUPPORT, CHILDCARE, GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT EXPANSION PROGRAM SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 94,025. 97,076 35,950. 50,000 364,450. 83,193, 10,000. 39,600 38,298. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-0382186 46-0398115 46-0407140 46-0387495 46-0396579 46 - 040616846 - 040644346-0396647 46-0399482 (p) EIN SIOUX FALLS, INC. - 721 E. AMIDON SOUTH DAKOTA COMMUNITY FOUNDATION - 4100 S. BAHNSON AVENUE BOYS & GIRLS CLUBS OF THE SIOUX HABITAT FOR HUMANITY OF GREATER - 100 S. SPRING AVENUE 2310 PATRON PARKWAY PO BOX 296 #280 - SIOUX FALLS, SD 57104 ABIDING SAVIOR FREE LUTHERAN (a) Name and address of organization or government 200 N. PHILLIPS AVENUE #200 GLORIA DEI LUTHERAN CHURCH SIOUX FALLS, SD 57108-2500 SIOUX FALLS, SD 57103-5851 SIOUX FALLS, SD 57101-0907 STREET - SIOUX FALLS, SD OAK HILLS BAPTIST CHURCH 6201 S. LYNCREST AVENUE 2101 E. 41ST STREET #23 SIOUX FALLS, SD 57108 SIOUX FALLS, SD 57103 SIOUX FALLS, SD 57105 900 E. EIGHTH STREET FORWARD SIOUX FALLS 5500 E. 57TH STREET PIERRE, SD 57501 REACH LITERACY THE BANQUET 57104-1015 EMPIRE CHURCH

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Schedule I (Form 990) CAPITAL PROJECTS, TEACHER GENERAL SUPPORT, PROGRAMS GENERAL SUPPORT, PROGRAMS GENERAL SUPPORT, PROGRAM SALARY FUND, CAMPAIGN (h) Purpose of grant or assistance ADAPTIVE SKI PROGRAM GYMNASIUM UPGRADES CHAIRLIFT PROJECT, FIRE ALARM SYSTEM GENERAL SUPPORT CAMP JUDSON SUPPORT SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 10,977. 84,686. 12,500. 48,100. 10,000, 47,936. 33,799. 22,150, 10,000, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-0430647 46-0410470 46-0413495 46-0416744 46-0417880 46-0420489 46-0423202 46 - 041359146-0424427 (b) EIN BISHOP O'GORMAN CATHOLIC SCHOOLS AMERICAN BAPTIST CHURCHES OF THE - 1101 W. 22ND STREET -GARRETSON CHILD CARE CORPORATION BRANDON VALLEY ASSEMBLY OF GOD LORD OF LIFE LUTHERAN CHURCH (a) Name and address of organization or government SIOUX FALLS, SD 57105-1699 SIOUX FALLS, SD 57110-5968 1915 E. EIGHTH STREET #105 SIOUX FALLS, SD 57105-6500 SIOUX FALLS, SD 57105-4222 GREAT BEAR MANAGEMENT INC. SD 57005 2600 S. SYCAMORE AVENUE THE COMMUNITY OUTREACH 210 N. SHERMAN AVENUE SIOUX FALLS, SD 57103 SIOUX FALLS, SD 57103 SIOUX FALLS AREA CASA SIOUX FALLS, SD 57104 100 S. SPRING AVENUE 2401 W. 49TH STREET GARRETSON, SD 57030 3100 W. 41ST STREET ST. FRANCIS HOUSE 701 FIRST STREET SIOUX BOULEVARD, PO BOX 888 201 DAKOTAS

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

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Parl	t III.)	
(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
FAMILY CONNECTION PO BOX 100 SIOHX FALLS SD 57101	46-0435140	501(7)(3)	14 290	C			GENERAL SUPPORT, HOPE HOIISE PROGRAM
1 % 2 0	46-0435791	501(C)(3)		. 0			GENERAL SUPPORT, PLANETARIUM, PROGRAMS SUPPORT, ARTWORK
LANDS LUTHERAN CHURCH 47998 292ND STREET HUDSON, SD 57034	46-0438066	501(C)(3)	30,	.0			.] "
NEW HAVEN MINISTRIES 1915 E. EIGHTH STREET #102 SIOUX FALLS, SD 57103	46-0439619	501(C)(3)	11,554.	.0		Ĭ	GENERAL SUPPORT
SIOUX EMPIRE HOUSING PARTNERSHIP 200 N. PHILLIPS AVENUE #200 SIOUX FALLS, SD 57104-6058	46-0442266	501(C)(3)	.000,08	0			GENERAL SUPPORT
SANFORD SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTH DAKOTA - 414 E. CLARK STREET - VERMILLION, SD 57069	46-0448678	501(C)(3)	.008,8	.0			SCHOLARSHIP SUPPORT
SOUTH DAKOTA GOLF ASSOCIATION JUNIOR GOLF FOUNDATION - PO BOX 88938 - SIOUX FALLS, SD 57109	46-0449824	501(C)(3)	15,629.	.0			GENERAL SUPPORT, PROGRAMS SUPPORT
SIOUX FALLS CARES PO BOX 91831 SIOUX FALLS, SD 57109	46-0450382	501(C)(3)	6,536.	.0			GENERAL SUPPORT
SOUTH DAKOTA SCHOOL FOR THE DEAF FOUNDATION - 4101 W. 38TH STREET #101 - SIOUX FALLS, SD 57106	46-0455984	501(C)(3)	22,350.	.0			GENERAL SUPPORT
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GENERAL SUPPORT, CAPITAL (h) Purpose of grant or assistance MAINTENANCE SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT VETERAN'S PARK CAMPAIGN (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 22,600. 23,000. 8,700. 5,825, 26,016. 10,550. 150,000. 13,250. 50,000. (c) IRC section if applicable 501(C)(13) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 170(C)(1) 501(C)(3) 46-6000125 46-0457455 46-0460742 46 - 046313846-0463362 46-3508366 46-4291756 46-1750461 46-3296505 (p) EIN ST. PETER'S CEMETERY ASSOCIATION SPIRIT OF JOY LUTHERAN CHURCH (a) Name and address of organization or government SIOUX FALLS, SD 57103-1809 PO BOX 10 302 E 4TH STREET LIFELIGHT COMMUNICATIONS BALTIMORE, MD 21297-5913 2522 W. 41ST STREET #125 HELPING KIDS ROUND FIRST 2208 W. LAQUINTA STREET SIOUX FALLS, SD 57108 SD 57105 DELL RAPIDS, SD 57022 SIOUX FALLS, SD 57104 SIOUX FALLS, SD 57105 1905 E. EIGHTH STREET 420 S. DULUTH AVENUE HARMONY SOUTH DAKOTA STAND TOGETHER TRUST 23075 SD HIGHWAY 13 FLANDREAU, SD 57028 CITY OF DELL RAPIDS 1605 W. 51ST STREET 23994 452ND AVENUE MADISON, SD 57042 CENTER OF HOPE CALVARY CHAPEL PO BOX 45913 SIOUX FALLS,

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GENERAL SUPPORT, MINISTRY SUPPORT, CAPITAL PROJECTS VETERAN'S MEMORIAL, PARK MUNICIPAL BAND, HOMELESS COMMUNITY HEALTH CLINIC, GENERAL SUPPORT, BOOK (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT SCHOLARSHIP SUPPORT CLUBS, FIELD TRIPS, SUPPORT, PROGRAMS PROGRAMS SUPPORT CAMPAIGN SUPPORT GENERAL SUPPORT EVENT SUPPORT JPGRADES RELIEF (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 11,054. 258,855. 456,825. 26,729. 5,106 502,513. 14,100. 5,500, 500,000 (c) IRC section if applicable 170(C)(1) 501(C)(3) 501(C)(3) 170(C)(1) 501(C)(3) 170(C)(1) 170(C)(1) 501(C)(3) 501(C)(3) 46-6000364 46-6000180 46-6000424 46-6000425 46-6002586 46-6003751 46-6001961 46-6002577 46-6003662 (b) EIN CATHOLIC DIOCESE OF SIOUX FALLS SIOUX FALLS SCHOOL DISTRICT #49 SOUTH DAKOTA BOARD OF REGENTS (a) Name and address of organization or government PARKSTON SCHOOL DISTRICT 33 301 S. SPLITROCK BOULEVARD SIOUX FALLS, SD 57108-2605 SIOUX FALLS, SD 57104-2714 BRANDON VALLEY HIGH SCHOOL SIOUX FALLS, SD 57105-5897 MEMORIAL LUTHERAN CHURCH BROOKINGS, SD 57007-2797 HARTFORD, SD 57033-2166 PO BOX 2201, ADMIN 233 BRANDON, SD 57005-1651 5000 S. WESTERN AVENUE 102A S. CHAPMAN DRIVE DELL RAPIDS, SD 57022 SIOUX FALLS, SD 57117 523 N. DULUTH AVENUE CITY OF SIOUX FALLS 608 E. EIGHT STREET PARKSTON, SD 57366 125 N. MAIN AVENUE 201 E. 38TH STREET ST. MARY'S PARISH CITY OF HARTFORD PO BOX 7402

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

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Schedule I (Form 990) SENERAL SUPPORT, SECTION LIONS (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT SCHOLARSHIPS, OLLI SENERAL SUPPORT, TRAINING SUPPORT PROJECT, CAPITAL SENERAL SUPPORT, PROGRAMS SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SPONSORSHIPS CAMPAIGNS PROGRAM (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 Ö (e) Amount of noncash assistance (d) Amount of cash grant 6,749. 113,773. 419,079, 15,735. 264,152. 30,000 12,000. 18,480. 11,267, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(6) 46-6037574 46-6011973 46-6011771 46-6015015 46-6017026 46-6026433 46-6015073 46 - 601889146-6034467 (b) EIN STREET - VERMILLION, SD 57069-1217 600 E. HOLLY BOULEVARD PO BOX 320 SCOTTISH RITE FOUNDATION OF SOUTH - 805 S. KIWANIS AVENUE - PO BOX 567 - MITCHELL, SOUTH DAKOTA SYMPHONY ORCHESTRA STREET #102 - SIOUX FALLS, SD GREAT PLAINS ZOO & DELBRIDGE - 1110 N. DAKOTA MEDICAL CARE - 2600 W. 49TH (a) Name and address of organization or government WEST NIDAROS LUTHERAN CHURCH SOUTH DAKOTA FOUNDATION FOR SIOUX FALLS, SD 57104-3798 ST. MARK'S LUTHERAN CHURCH UNIVERSITY OF SOUTH DAKOTA 330 E. KANSAS CITY STREET BRANDON LUTHERAN CHURCH 2001 S. ELMWOOD AVENUE SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57104 RAPID CITY, SD 57701 25403 471ST AVENUE 301 S. MAIN AVENUE BRANDON, SD 57005 CROOKS, SD 57020 SDSM&T CARA FOUNDATION SD 57301 MUSEUM DAKOTA 57105

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GENERAL SUPPORT, PROGRAMS CAMPAIGN SUPPORT, CAPITAL (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT GROUNDS MAINTENANCE PROGRAMS SUPPORT SENERAL SUPPORT, GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SCHOLARSHIPS PROJECTS SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 29,064. 000'6 832,843. 7,440. 40,000. 20,000. 10,294. 86,500. 10,000. (c) IRC section if applicable 501(C)(13) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-6068924 47-5479625 46-6058891 47-0376524 47-3077055 47-4832848 47-4960735 47-5334258 47-5469817 (p) EIN - 523 N. DULUTH AVENUE CATHOLIC COMMUNITY FOUNDATION FOR ST. JUDE, TANZANIA - PO BOX 3994 AMERICAN FRIENDS OF THE SCHOOL OF SOUTH DAKOTA YOUTH FOUNDATION - SIOUX FALLS, SD 57104-2714 NEBRASKA WESLEYAN UNIVERSITY (a) Name and address of organization or government MOUNT ZION CEMETERY SOCIETY VETERANS COMMUNITY PROJECT SIOUX FALLS, SD 57105-7138 1915 E. EIGHTH STREET #100 SD 57104 1310 MAIN AVENUE S. #109 ROAD CHAPPAQUA, NY 10514 505 E. SUNNYBROOK DRIVE LINCOLN, NE 68504-2760 - RAPID CITY, SD 57709 1600 W. RUSSELL STREET SIOUX FALLS, SD 57103 5000 ST. PAUL AVENUE DES MOINES, IA 50312 BROOKINGS, SD 57006 55 RAMBLING BROOK 721 FOSTER DRIVE SD BREATHE BRAVELY CALL TO FREEDOM HEARTLAND VELO SIOUX FALLS, EASTERN SD

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GENERAL SUPPORT, DISASTER GENERAL SUPPORT, PROGRAM BENERAL SUPPORT, PROGRAM GENERAL SUPPORT, CAMP (h) Purpose of grant or assistance ADMISSION ASSISTANCE HURRICANE RELIEF GENERAL SUPPORT, GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SCHOLARSHIPS SUPPORT SUPPORT RELIEF (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 Ö Ö Ö (e) Amount of noncash assistance ,265. 582. (d) Amount of cash grant 10,000. 48,991. 10,000. 50,000 54,750. 20,000. 14,400, 38 65 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 48-1009910 47-6026578 51-0140098 52-1394893 52-2370420 53-0196605 59-1026096 51-0145184 52-1527294 (b) EIN MIDWEST DISTRICT MISSIONARY CHURCH UNITED WAY OF COLLIER AND THE KEYS FOUNDATION - 3100 W. 41ST STREET BISHOP O'GORMAN CATHOLIC SCHOOLS WISCONSIN AVE., NW, SUITE 400 PRAIRIE HILLS COVENANT CHURCH 9015 STRADA STELL COURT #204 - SIOUX FALLS, SD 57105-4222 -5100BUTTERFLY HOUSE AND AQUARIUM (a) Name and address of organization or government - PO BOX 45914 SIOUX FALLS, SD 57106-4110 WASHINGTON, DC 20016-4131 MD 21297-5914 PHYSICIANS COMMITTEE FOR AMERICANS FOR PROSPERITY NE 68423 SIOUX FALLS, SD 57110 SIOUX FALLS, SD 57108 RESPONSIBLE MEDICINE KANSAS CITY, KS 66101 CARITAS CLINICS, INC. 4320 S. OXBOW AVENUE 636 TAUROMEE AVENUE 6000 E. 33RD STREET 2925 E. 57TH STREET AMERICAN RED CROSS NAPLES, FL 34109 PLEASANT DALE, 1518 O STREET FOUNDATION BALTIMORE,

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GENERAL SUPPORT, MINISTRY SUPPORT, CAPITAL PROJECTS SENERAL SUPPORT, PROGRAM SENERAL SUPPORT, PROGRAM GENERAL SUPPORT, PROGRAM GENERAL SUPPORT, CONCERT (h) Purpose of grant or assistance SUPPORT, PROGRAMS HURRICANE RELIEF PUBLIC BUILDING GENERAL SUPPORT GENERAL SUPPORT SPONSORSHIPS RENOVATION SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 25,000. 88,300. 5,600. 40,500. 123,074. 46,852. 183,115. 953,423. 10,000. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4) 501(C)(3) 61 - 169991059-1533907 62-0988294 63-0896878 72-1529199 81 - 058450081-1000922 80 - 007462281 - 0585921(b) EIN - 8570 CYPRESS LAKE DRIVE FURNITURE MISSION OF SOUTH DAKOTA CYPRESS LAKE UNITED METHODIST LIFELINE CHILDREN'S SERVICES (a) Name and address of organization or government THE DIOCESE OF SOUTH DAKOTA 1915 E. EIGHTH STREET #101 SIOUX FALLS, SD 57104-6005 SOUTH DAKOTA AG FOUNDATION MERRIFIELD, VA 22116-1550 408 N. JEFFERSON AVENUE 400 N. MAIN AVENUE #202 THE PREMIERE PLAYHOUSE 315 N. PHILLIPS AVENUE - FORT MYERS, FL 33919 SIOUX FALLS, SD 57103 SD 57501-2626 209 N. NESMITH AVENUE SIOUX FALLS, SD 57104 SIOUX FALLS, SD 57103 SIOUX FALLS, SD 57104 SD 57532 LEVITT AT THE FALLS STARTUP SIOUX FALLS 100 E. SIXTH STREET PRISON FELLOWSHIP FORT PIERRE, PO BOX 1198 PO BOX 1550 PIERRE, CHURCH

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule (Form 990), Part II.)	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t 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
THINK 3D SOLUTIONS 401 E. EIGHTH STREET #207 SIOUX FALLS, SD 57103	81-1888215		329,500.	0			PROGRAMS SUPPORT, COMMUNITY TABLE TALKS
CHABAD LUBAVITCH OF SOUTH DAKOTA 2900 W. OLD YANKTON ROAD SIOUX FALLS, SD 57108	81-4118734	501(C)(3)	62,000.	.0			GENERAL SUPPORT
RENEW CHURCH PO BOX 167 WESTMONT, IL 60559	81-4252965	501(C)(3)	7,000.	.0			GENERAL SUPPORT
SIOUX FALLS THRIVE 2104 S. SUMMIT AVENUE #237 SIOUX FALLS, SD 57105	81-4491870	501(C)(4)	417,609.	0			GENERAL SUPPORT, PROGRAMS SUPPORT
SOUTH DAKOTA NEWS WATCH PO BOX 90205 SIOUX FALLS, SD 57109	81-4674814	501(C)(3)	93,250.	0.			GENERAL SUPPORT
ROCK RANCH 355 40TH AVENUE HILLS, MN 56138	81-5070254	501(C)(3)	5,494.	0.			GENERAL SUPPORT, SCHOLARSHIPS, EQUIPMENT NEEDS
LEADERSHIP SOUTH DAKOTA PO BOX 91533 SIOUX FALLS, SD 57109	82-0880122	501(C)(3)	40,850.	0			GENERAL SUPPORT
SIOUX FALLS HOPE COALITION 2601 S. MINNESOTA AVENUE #105 - PMB SIOUX FALLS, SD 57105	82-2097994	501(C)(3)	90,732.	.0			GENERAL SUPPORT, PROGRAMS SUPPORT
SOUTH DAKOTA SALUTES 158 SIGNAL HILL ROAD YANKTON, SD 57078	82-2307913	501(C)(3)	40,000.	.0			EVENT 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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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	[III.)	
(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
CASTLEWOOD COMMUNITY FOUNDATION PO BOX 263 CASTLEWOOD, SD 57223	82-2466393	501(C)(3)	5,400.	•0			DISASTER RELIEF
SOUTH DAKOTA VOICES FOR PEACE PO BOX 600 SIOUX FALLS, SD 57101	82-3171574	501(C)(3)	56,475.	.0			GENERAL SUPPORT
SIOUX FALLS SKATEPARK ASSOCIATION 6009 S. SUNDOWNER AVENUE SIOUX FALLS, SD 57106	82-3310395	501(C)(3)	1,117,477.	.0			SKATEPARK PROJECT
TOY LENDING LIBRARY OF SOUTH DAKOTA - 401 S, SPRING AVENUE - SIOUX FALLS, SD 57104	82-3666152	501(C)(3)	21,000.	.0		Ĭ.	GENERAL SUPPORT
LESTER VISIONING PO BOX 296 LESTER, IA 51242	82-4203727	501(C)(3)	5,442.	.0			FACILITIES UPGRADES
BADLANDS NATIONAL PARK CONSERVANCY PO BOX 495 RAPID CITY, SD 57709	83-0728866	501(C)(3)	.000,05	0			VISITOR CENTER PROJECT
TRE MINISTRIES 900 W. 11TH STREET SIOUX FALLS, SD 57104	83-1551427	501(C)(3)	14,250.	.0			GENERAL SUPPORT
SHIFT GARAGE 110 S. KIWANIS AVENUE SIOUX FALLS, SD 57104	83-1938450	501(C)(3)	12,000.	.0		-	GENERAL SUPPORT, PROGRAMS SUPPORT
SOUTH DAKOTA MILITARY HERITAGE ALLIANCE - 1600 W. RUSSELL STREET - SIOUX FALLS, SD 57104	83-2381925	501(C)(3)	87,000.	.0			GENERAL SUPPORT
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Schedule I (Form 990) MINISTRY SUPPORT, PROGRAM (h) Purpose of grant or assistance ENDOWMENT SUPPORT MINISTRY SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT PROGRAM SUPPORT GENERAL SUPPORT GENERAL SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 6,400. 7,500. 107,200. 10,000. 200,000 10,000. 800,008 11,780. 17,250, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 84-6007896 83-3324332 84-0385934 84 - 056344084 - 180566684-4093436 84-1522811 84-3711088 84 - 4806781(p) EIN FELLOWSHIP OF CATHOLIC UNIVERSITY - PO BOX 17408 ORTHOPEDIC INSTITUTE FOUNDATION (a) Name and address of organization or government 3409 GATEWAY BOULEVARD #1000 SOUTH DAKOTA BALLET COMPANY COLORADO SPRINGS, CO 80949 6225 S. MINNESOTA AVENUE SIOUX FALLS, SD 57108 SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57109 SIOUX FALLS, SD 57106 SIOUX FALLS, SD 57104 132 N. DAKOTA AVENUE 204 E. WILLOW STREET BERESFORD, SD 57004 810 E. 23RD STREET EMILY'S HOPE, INC. 45618 278TH STREET STUDENTS (FOCUS) CO 80217 SD 57053 WINGS OF VALOR THE NAVIGATORS PO BOX 50500 PO BOX 88102 LUKE SOCIETY YOUNG LIFE THE LINK DENVER, PARKER,

SIOUX FALLS AREA COMMUNITY

INC FOUNDATION, Schedule I (Form 990)

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GENERAL SUPPORT, PROGRAM GENERAL SUPPORT, PROGRAM GENERAL SUPPORT, PROGRAM BENERAL SUPPORT, PROGRAM (h) Purpose of grant or assistance GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö Ö (d) Amount of cash grant 11,000. 8,500 10,250, 8,000. 15,000. 51,000. 14,475. 15,500, 101,091, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 85-1684375 85-1369562 85-3189862 87-1202375 88-1810650 85-3298369 86-0724498 86 - 127248787-2228828 (b) EIN CHRIST OUR HOPE ANGLICAN CHURCH SOUTH DAKOTA NONPROFIT NETWORK HURDLE LIFE COACH FOUNDATION EMPIRE MENTAL HEALTH SUPPORT (a) Name and address of organization or government SUN LAKES LUTHERAN CHURCH 23914 S. ALMA SCHOOL ROAD JOY RANCH OF SOUTH DAKOTA 7416 S. VALENCIA DRIVE SIOUX FALLS, SD 57108 2100 S. SUMMIT AVENUE SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57105 SIOUX FALLS, SD 57109 57532 LUTHER HOUSE OF STUDY SIOUX FALLS, SD 57104 SIOUX FALLS, SD 57101 509 S. WILLOW AVENUE 1310 S. MAIN AVENUE JOURNEY OF HOPE INC. SUN LAKES, AZ 85248 16633 448TH AVENUE THE GATHERING WELL FLORENCE, SD 57235 SD PO BOX 88631 FORT PIERRE, PO BOX 1196 PO BOX 826

SIOUX FALLS AREA COMMUNITY

Schedule (Form 990) FOUNDATION, INC.

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GENERAL SUPPORT, PROGRAM GENERAL SUPPORT, PROGRAM (h) Purpose of grant or assistance SCHOLARSHIP SUPPORT MINISTRY SUPPORT, DISASTER RELIEF GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT STARTUP COSTS SUPPORT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 0 0 (e) Amount of noncash assistance Ö (d) Amount of cash grant 10,000. 21,518, 7,039 12,000. 43,300. 10,000. 10,000. 8,410. 10,000, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 95-1922279 88-1895627 88-4255007 90-0387693 91-1784670 93-0669857 94-1156365 91-0565571 91-1836528 (b) EIN - 2310 N. MAPLE BISHOP DUDLEY HOSPITALITY HOUSE SOUTH DAKOTA DEAF RESOURCE AND WALK THRU THE BIBLE MINISTRIES COMMUNITY ACTION FOR VETERANS AVENUE - RAPID CITY, SD 57701 (a) Name and address of organization or government PACIFIC LUTHERAN UNIVERSITY - PO BOX 20466 -STANFORD UNIVERSITY HOOVER CA 94309-0466 4201 N. PEACHTREE ROAD 101 N. INDIANA AVENUE SD 57103 SIOUX FALLS, SD 57109 WA 98063 SIOUX FALLS, SD 57104 VERMILLION, SD 57069 227 W. NINTH STREET OUTREACH PROGRAMS GA 30341 420 PURDUE STREET 12180 PARK STREET TACOMA, WA 98447 DUCKS UNLIMITED PO BOX 91543 WORLD VISION SIOUX FALLS, FEDERAL WAY, DIRECT LINE PO BOX 9716 INSTITUTE STANFORD, ATLANTA,

SCHEDUR 1 (Form 990) FOUNDATION, INC.

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

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Parl	(` i:	
(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
SOUTHWEST CHURCH 44 - 175 WASHINGTON STREET INDIAN WELLS, CA 92210	95-2816362	501(C)(3)	250,000.	.0			CAMPAIGN SUPPORT
CRU PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	.06,390.	.0			MINISTRY SUPPORT
BOYS & GIRLS CLUB OF THE COACHELLA VALLEY - 42 - 600 COOK STREET #120 - PALM DESERT, CA 92211	95-6122699	501(C)(3)	10,000.	0			GENERAL SUPPORT
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	7,845.	0			GENERAL SUPPORT
SIOUX EMPIRE WHEELS TO WORK 5400 W. 57TH STREET #7 SIOUX FALLS, SD 57106	06-1722652	501(C)(3)	5,600.	0			GENERAL SUPPORT
VOLUNTEERS OF AMERICA, DAKOTAS 1309 W. 51ST STREET PO BOX 89306 SIOUX FALLS, SD 57109-9306	13-1692595	501(C)(3)	261,188.	0			GENERAL SUPPORT, CAMPAIGN SUPPORT, CHILD CARE
LUTHERAN WORLD RELIEF PO BOX 17061 BALTIMORE, MD 21297	13-2574963	501(C)(3)	5,110.	0			GENERAL SUPPORT, UKRAINE RELIEF
ALZHEIMER'S ASSOCIATION 5915 S. REMINGTON PLACE #110 SIOUX FALLS, SD 57108	13-3039601	501(C)(3)	.607,3	0.			GENERAL SUPPORT
							Schedule I (Form 990)

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SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Schedule I (Form 990) 2022 FOUNDATION, INC.

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	183	506,200.	.0	0. N/A	N/A
HARDSHIP ASSISTANCE	1	10,000.	•0	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.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
SFACF REVIEWS THE TAX STATUS OF POT	POTENTIAL GRANTEES	- 1	USING GUIDES	GUIDESTAR CHARITY	
CHECK, WHICH INTEGRATES DATA FROM 1	IRS PUBLI	PUBLICATION. MONITORING		PROCEDURES	
VARY BASED ON THE GRANTEE'S TAX STA	STATUS, THE	PURPOSE	OF THE GRANT,	I, AND THE	
SOURCE OF THE RECOMMENDATION FOR TE	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

232102 10-31-22

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

USED FOR THE INTENDED PURPOSE OR 2) ARE REQUIRED TO SUBMIT A REPORT TO

SIOUX FALLS AREA COMMUNITY

31-1748533 Page 2 FOUNDATION, INC. Schedule I (Form 990) Part IV | Supplemental Information 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.

SCHEDULE J (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

Inspection Employer identification number

OMB No. 1545-0047

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. 31-1748533

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		<u> </u>
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?	2		
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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

SIOUX FALLS AREA COMMUNITY

INC. FOUNDATION,

Schedule J (Form 990) 2022 FOUNDATION, INC. 31–1748533

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

31-1748533

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				or rep
(1) ANDREW PATTERSON	≘	151,491.	24,750.	0	16,750.	31,922.	224,913.	0
PRESIDENT/CEO	€	0	0.	0.	0.	0.	• 0	0.
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Schedule J (Form 990) 2022

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. Schedule J (Form 990) 2022

Part III Supplemental Information

31-1748533

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

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

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

 $Employer\ identification\ number\\31-1748533$

Pai	t 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 det noncash contribut			6
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	110	5.166.099.	AVERAGE MARK	TET	VAT	JUE
10	Securities - Closely held stock	X	3	257 175	APPRAISAL		V 1 1 1	
11	Securities - Partnership, LLC, or			23771730				
•••		X	1	3,949,732.	WALIIATTON			
12	trust interests Securities - Miscellaneous	- 21		3,545,152.	VALOATION			
13	Qualified conservation contribution -							
13								
44	Historic structures Qualified conservation contribution - Other							
14								
15	Real estate - Residential							
16	Real estate - Commercial	X	2	970 000	APPRAISAL			
17	Real estate - Other			370,000.	AFFRAISAL			
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 organiz			1 1			_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			3	
					r	\rightarrow	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

SIOUX FALLS AREA COMMUNITY 31-1748533 Schedule M (Form 990) 2022 FOUNDATION, INC. Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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 M, PART I, COLUMN (B): REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE 0 (Form 990)

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 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Employer identification number 31-1748533

FORM 990, PART III, LINE 1
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 ENVIRONMENTS 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 GENERATION 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
CHARITABLE ORGANIZATIONS RECEIVED SUPPORT IN PROGRAM AREAS THAT INCLUDE
ARTS AND HUMANITIES, COMMUNITY DEVELOPMENT, EDUCATION, ENVIRONMENT,
HEALTH, HUMAN SERVICES, AND RELIGION.
SFACF HAS MET AND ADHERES TO NATIONAL STANDARDS FOR COMMUNITY

WWW.COF.ORG, ARLINGTON, VIRGINIA.

FOUNDATIONS IN THE U.S. AS ESTABLISHED BY THE COUNCIL ON FOUNDATIONS,

Schedule O (Form 990) 2022 Page 2 SIOUX FALLS AREA COMMUNITY Name of the organization **Employer identification number** 31-1748533 FOUNDATION, INC. 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 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.

Schedule O (Form 990) 2022 Page 2

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

Employer identification number 31-1748533

AT THE BEGINNING OF EACH MEETING, THE PERSON PRESIDING CALLS FOR DISCLOSURE

OF CONFLICTS RELATED TO AGENDA ITEMS. BOARD AND COMMITTEE MEMBERS ARE

REQUIRED TO GIVE NOTICE OF ANY POTENTIAL CONFLICT OF INTEREST AND "SHALL

NOT VOTE ON SUCH MATTER, AND SHALL NOT ATTEMPT TO EXERT PERSONAL INFLUENCE

IN CONNECTION THEREWITH."

IN THE EVENT THE EXISTENCE OF A CONFLICT OF INTEREST IS UNCLEAR, AFTER

DISCLOSING THE INTEREST AND ALL MATERIAL FACTS, THE PERSON WILL LEAVE THE

MEETING WHILE THE REMAINING BOARD OR COMMITTEE MEMBERS DETERMINE WHETHER A

CONFLICT OF INTEREST EXISTS.

IF THE BOARD OR A COMMITTEE PERCEIVES THAT A PERSON HAS FAILED TO DISCLOSE

ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT WILL INFORM THE PERSON OF THE

BASIS FOR SUCH BELIEF AND GIVE THAT PERSON AN OPPORTUNITY TO EXPLAIN THE

ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THAT PERSON'S RESPONSE AND AFTER MAKING FURTHER

INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE

DETERMINES THE PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT

OF INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION,

WHICH MAY INCLUDE TERMINATION OF EMPLOYMENT OR DISMISSAL FROM THE BOARD OR

COMMITTEE.

FURTHERMORE, THE IMMEDIATE FAMILY OF BOARD AND STAFF ARE NOT ELIGIBLE TO

APPLY FOR ANY AWARD PROGRAM ADMINISTERED BY SFACF. AN IMMEDIATE FAMILY

MEMBER IS DEFINED AS PARENT OR STEP-PARENT, SPOUSE, CHILD OR STEP-CHILD,

GRANDPARENT, GRANDCHILD OR STEP-GRANDCHILD, SIBLING OR STEP-SIBLING, AUNT

OR UNCLE, NIECE OR NEPHEW, IN-LAW (MOTHER, FATHER, SISTER, BROTHER,

Schedule O (Form 990) 2022 Page 2 SIOUX FALLS AREA COMMUNITY Name of the organization **Employer identification number** FOUNDATION, INC. 31-1748533 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 OF 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 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 170,264.

Schedule O (Form 990) 2022	Page 2
Name of the organization SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.	Employer identification number 31-1748533
CHANGE IN NET ASSETS HELD FOR OTHERS, NET OF DISTRIBUTIONS	-2,348,644.
TOTAL TO FORM 990, PART XI, LINE 9	-2,178,380.

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Related Organizations and Unrelated Partnerships Attach to Form 990. SCHEDULE R (Form 990)

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

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

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

AREA COMMUNITY

SIOUX FALLS FOUNDATION,

Name of the organization

Partl

Department of the Treasury Internal Revenue Service

INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 31-1748533

Direct controlling

e

9

End-of-year assets 0 0 970,000 Total income Legal domicile (state or foreign country) стотн ракота SOUTH DAKOTA SOUTH DAKOTA TO OWN, MANAGE, SELL, LEASE OTHERWISE HOLD TITLE TO & TO OWN, MANAGE, SELL, LEASE OTHERWISE HOLD TITLE TO & TO OWN, MANAGE, SELL, LEASE OTHERWISE HOLD TITLE TO & Primary activity OPERATE REAL ESTATE OPERATE REAL ESTATE OPERATE REAL ESTATE - 47-4549848 Name, address, and EIN (if applicable) -81-142379385-2962967 of disregarded entity LLC EASTBANK LAND COMPANY II, SIOUX FALLS, SD 57103 SIOUX FALLS, SD 57103 SIOUX FALLS, SD 57103 EASTBANK LAND IV, LLC EASTBANK LAND V, LLC 200 N CHERAPA PLACE 200 N CHERAPA PLACE 200 N CHERAPA PLACE

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. Part II

970,000. COMMUNITY FOUNDATION

SIOUX FALLS AREA

150,000, COMMUNITY FOUNDATION

IOUX FALLS AREA

COMMUNITY FOUNDATION

565,000.

IOUX FALLS AREA

(g)	Trolled	ıtity?	No						
O GCI TOO	COD	eu	Yes						
(£)	Direct controlling	entity							
(e)	Public charity	status (if section	501(c)(3))						
(p)	Exempt Code	section							
(c)	Legal domicile (state or	foreign country)							
(q)	Primary activity								
(a)	Name, address, and EIN	of related organization							

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

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SIOUX FALLS AREA COMMUNITY

INC. FOUNDATION, Schedule R (Form 990) 2022

Page 2

31-1748533

General or Percentage managing ownership 图 Code V-UBI General or Pramount in box managing or 20 of Schedule K-1 (Form 1065) Yes No 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. 9 Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets (g) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling entity Legal domicile (state or foreign country) Primary activity **(** Name, address, and EIN of related organization <u>a</u> Part III

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 conocration or trust during the tax year. Part IV

	<u>.</u>	(13)	olled ity?	Š								
	ز	512(k	controlled entity?	Yes								
	(h)	Percentage	ownership									
			end-ot-year									
	(£)	Share of total	income									
	(e)	pe of entity	corp, S corp	0 11 00 1								
	(p)	Direct controllin	entity									
	(c)	Legal domicile	(state or foreign	country)								
IIIg IIIe iax year.	(q)	Primary activity										
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN	of related organization									

Schedule R (Form 990) 2022

Page 3 31-1748533

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. Schedule R (Form 990) 2022 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			1 a	+
b Gift, grant, or capital contribution to related organization(s)				9	
c Gift, grant, or capital contribution from related organization(s)				၁	
d Loans or loan guarantees to or for related organization(s)				Þ	
				1e	
6 Dividends from related execusions				7	
Sale of assets to related organization(s)				- 5	
Purchase of assets from related organization(s)				, -	<u> </u>
				÷	<u> </u>
Lease of facilities, equipment, or other assets to related organization(s)				; -	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				0	
q Reimbursement paid by related organization(s) for expenses				19	+
				+	
Other transfer of cash or property from related organization(s)				- \$	
If the answer to any of the above is "Yes," see the instructions f	who must complete th	is line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					
232.163 09-14-22	_		Schedule R (Form 990) 2022	R (Form	990) 2023

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC.

Schedule R (Form 990) 2022 FOUNDATION, INC.

31-1748533 Page 4

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

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

Primary activity Legal domicile Predominarisms. Share of country) sections 512-514) Yes No. Country) Sections 512-514) Yes No. Sections 512-514 Yes No.	Primary activity Legal domicile Country) Sections 512-514) Sections 512-514 Sections 512-51	(a)	(q)	(c)	(p)	(e)	(f)	(6)	(h)	(i)	9	(K)
ON Nest Call Call Call Call Call Call Call Cal	ON Section 2016	Name, address, and EIN of entity	Primary activity	ign	Predominant income (related, unrelated, excluded from tax und	artners sec. 501(c)(3) orgs.?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	amount in box 20 of Schedule K-1	General o managing partner?	Percentage ownership
	Schedule R Form 9900 2002				Sections 3 12-3 14)	o No			Yes No	(con	Yes	
	Schedule R F from 990) 2022											
	Schedule B (Form 990) 2002											
	Schedule R Form 990 2002											
	Schedule R Form 990) 2022											
	Schedule R Form 990 2022											
	Schedule P (Form 990) 2022											
	Schedule R IForm 990) 2022											
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	Schedule R (Form 990) 2022											
	Schedule R (Form 990) 2022											
	Schedule B (Form 990) 2022											

SIOUX FALLS AREA COMMUNITY FOUNDATION, INC. 31-1748533 Page 5 Schedule R (Form 990) 2022 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