PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

South Dakota Achieve 4100 S Western Ave Sioux Falls, SD 57105

Prepared By:

Eide Bailly LLP 200 E. 10th St., Ste. 500 Sioux Falls, SD 57104-6375

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

| | | | ** PUBLIC DISCLOSURE CO | | - | OMB No. 1545-0047 |
|---------------------------|----------------|---------------------------------|---|---------------|-------------------------------------|-------------------------------|
| _ | 0 | ON | Return of Organization Exempt F | | | 0040 |
| Forr (Rev | | JU Juary 2020) | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue | | ^{s)} ZU IS | |
| Depa | rtment | of the Treasury enue Service | Do not enter social security numbers on this form a Go to www.irs.gov/Form990 for instructions and | - | - | Open to Public Inspection |
| | | Inspection | | | | |
| | heck if | | ar year, or tax year beginning JUL 1,2019 and e f organization | | UN 30, 2020 D Employer identific | ation number |
| В С ај | pplicat | ole: | lorganization | | | |
| | Addr chan | ess SOUT | H DAKOTA ACHIEVE | | | |
| | Nam | | usiness as LIFESCAPE | | 23-707212 | L6 |
| | Initia | | | Room/suite | E Telephone number | |
| | Final | 4100 | S WESTERN AVE | , coon, conto | 605-444-9 | |
| | termi | n | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 29,017,943. |
| | Amer returi | nded CTOT | X FALLS, SD 57105 | | H(a) Is this a group re | |
| | Appli dtion | ^{ica-} F Name a | nd address of principal officer: STEVE WATKINS | | for subordinates' | |
| | pend | | AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| | | empt status: [| | or 📃 527 | If "No," attach a | list. (see instructions) |
| | | | LIFESCAPESD.ORG | | H(c) Group exemption | |
| KF | orm c | | X Corporation Trust Association Other ► | L Year | of formation: 1958 N | I State of legal domicile: SD |
| Pa | rt I | | | | | |
| Ð | 1 | | e the organization's mission or most significant activities: PROVI | IDE SU | PPORT SERVIC | ES TO |
| Governance | | PEOPLE | WITH DEVELOPMENTAL DISABILITIES. | | | |
| srne | 2 | Check this bo | x 🕨 🛄 if the organization discontinued its operations or dispose | ed of more | than 25% of its net ass | |
| ove | 3 | | | | | 18 |
| | 4 | | lependent voting members of the governing body (Part VI, line 1b) | | | 18 |
| es | 5 | | | 872 | | |
| viti | 6 | | of volunteers (estimate if necessary) | | | 1380 |
| Activities & | | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated | business taxable income from Form 990-T, line 39 | ····· | | 0. |
| | | | | | Prior Year | Current Year |
| e | 8 | | and grants (Part VIII, line 1h) | ······ — | 2,531,023. | 2,650,236. |
| ent. | 9 | • | ce revenue (Part VIII, line 2g) | | 25,070,540. | 26,151,188. |
| Revenue | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | <u>326,991</u> . | 204,749. |
| _ | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | ••• | 0. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 27,928,554. 0. | <u>29,006,173.</u> 31,580. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | <u> </u> |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 21,963,793. | 22,612,559. |
| ses | | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | <u>21,903,793</u> . 0. | 0. |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | 0. | 0. | 0. |
| Exp | | | ing expenses (Part IX, column (D), line 25) | | 6,800,087. | 6,593,398. |
| | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 28,763,880. | 29,237,537. |
| | 18 19 | | expenses. Subtract line 18 from line 12 | | -835,326. | -231,364. |
| | | Neveriue less | | | ginning of Current Year | End of Year |
| t Assets or d Balances | 20 | Total assets (| Part X line 16) | | 14,233,991. | 15,103,100. |
| Asse Bali | 21 | • | | | 11,065,553. | 12,219,107. |
| Net / und | 21 | | ; (Part X, line 26) fund balances. Subtract line 21 from line 20 | | 3,168,438. | 2,883,993. |
| | rt II | | | | -,, | 2,000,000 |
| | | • | I declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the best of my | knowledge and belief, it is |
| | • | | . Declaration of preparer (other than officer) is based on all information of whi | | | |
| | | , | | | | |
| Sigr | h | Signatur | e of officer | | Date | |
| Here | | STEV | E WILSON, CFO | | | |
| | - | | print name and title | | | |

| | Type of print name and the | | | | | | | | | |
|---|------------------------------------|----------------------|---------------|---------------------------|--|--|--|--|--|--|
| | Print/Type preparer's name | Preparer's signature | Date Che | | | | | | | |
| Paid | LAURIE HANSON, CPA | LAURIE HANSON, CPA | 05/13/21 self | employed P00851848 | | | | | | |
| Preparer | Firm's name EIDE BAILLY LLP | | Firm's EI | 45-0250958 | | | | | | |
| Use Only | Firm's address 200 E. 10TH ST., | STE. 500 | | | | | | | | |
| | SIOUX FALLS, SD | 57104-6375 | Phone no | .605-339-1999 | | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | | |
| | | | | | | | | | | |

Form **990** (2019)

| | m 990 (2019) SOUTH DAKOTA ACHIEVE | 23-7072116 Page | 2 |
|----|--|--|-----|
| Pa | art III Statement of Program Service Accomplishments | | 7 |
| | Check if Schedule O contains a response or note to any line in this Part | I <u>1</u> | ζ] |
| 1 | Briefly describe the organization's mission: <u>EMPOWERING PEOPLE TO LIVE THEIR BEST LI</u> | 'E. | |
| | VISION STATEMENT: | | |
| | LIFESCAPE WILL BE AN INNOVATIVE ORGANIZA | TTON, PROVIDING EXCEPTIONAL | _ |
| 2 | Did the organization undertake any significant program services during the yea | | |
| ~ | prior Form 990 or 990-EZ? | | In |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it c | onducts, any program services? | lo |
| U | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its the | ree largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount | | |
| | revenue, if any, for each program service reported. | 3 | |
| 4a | | 31,580.) (Revenue \$ 26,151,188. |) |
| | ADULT SERVICES SERVED 489 ADULTS IN FY20 | | - |
| | ACQUIRED DISABILITIES THROUGH RESIDENTIA | AL SERVICES, DAY PROGRAMMING, | |
| | SUPPORTED EMPLOYMENT, AND SUPPORTED LIVE | NG SERVICES. LIFESCAPE USES A | |
| | PERSON-CENTERED AND SELF-DIRECTED APPROA | ACH TO HELPING PEOPLE LEAD | |
| | FULFILLING LIVES WITH AS MUCH INDEPENDED | NCE AS POSSIBLE. | |
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| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ |) |
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| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | _) |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$ |) (Revenue \$ | |
| 4e | Total program service expenses ► 26,052,465. | | |
| | | Form 990 (20 | 10) |

| Form | aan | (201 | a١ |
|------|-----|------|----|
| FOUL | 990 | (201 | 9 |

 Form 990 (2019)
 SOUTH
 DAKOTA
 ACHIEVE

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

| | | | Yes | No |
|-----|--|------------|----------|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| • | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | - | | |
| 5 | ts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | - 23 |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | 37 | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 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 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | _ <u>_</u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| ~1 | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | х | |
| | domostio government of ratery, ordenin (ry, inter : II res, complete Schedule I, Parts Farld II | 2 1 | <u> </u> | 1 |

Form 990 (2019)

| Form | 990 | (2019) |
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 Form 990 (2019)
 SOUTH
 DAKOTA
 ACHIEVE

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

| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | | |
|-----|---|-----|-----|----|--|
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | | |
| | Schedule J | 23 | Х | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | | |
| | Schedule K. If "No." go to line 25a | 24a | | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | | |
| | any tax-exempt bonds? | 24c | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | |
| 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 | | | | |
| | Schedule L. Part I | 25b | | X | |
| 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 | 26 | | X | |
| 27 | 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 | 27 | | X | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | | |
| а | | | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X | |
| b | b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | | |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | | |
| | Schedule N, Part II | 32 | | X | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | | |
| | Part V, line 1 | 34 | Х | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | | |
| 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 | | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | | Yes | No | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56 | - | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | | |
| | Did the executive comply with healy withhelding vides for reportable payments to yandare and reportable coming | | | | |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

| | 990 (2019) SOUTH DAKOTA ACHIEVE 23-7072 | 116 | P | _{age} 5 | | | |
|----------|--|----------|-----|------------------|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
| | | | 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 872 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | <u> </u> | | | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | 37 | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X X | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | 37 | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | - | | v | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X X | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | <u> </u> | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 0 | | x | | | |
| L | any contributions that were not tax deductible as charitable contributions? | 6a | | <u> </u> | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 01 | | | | | |
| 7 | were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7- | | x | | | |
| | 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | | | | |
| | | 70 | | <u> </u> | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | x | | | |
| d | | | | | | | |
| | | 7e | | x | | | |
| f | | 7e 7f | | X | | | |
| g | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | <u> </u> | | | |
| - | If the organization received a contribution of qualified intellectual property, did the organization merior observation file a Form 1098-C? | 7g 7h | | <u> </u> | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| Ŭ | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | Ū | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| | 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 10b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| | Gross income from members or shareholders | | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | |
| | amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | 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. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | |
| с | Enter the amount of reserves on hand 13c | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | |

Form **990** (2019)

SOUTH DAKOTA ACHIEVE

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 1a 18 | | | |
| | 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| - | officer, director, trustee, or key employee? | 2 | х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| Ŭ | 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 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the experimention have meaning on standholders? | 6 | x | |
| 7a | | | | |
| 74 | more members of the governing body? | 7a | x | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| ~ | 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: | | | |
| a | The governing body? | 8a | x | |
| b | 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 | | | |
| | 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.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 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 | | | |
| | in Schedule O how this was done | 12c | Х | |
| 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 | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| 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 | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 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 | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website 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 | financ | al | |
| | 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 \blacktriangleright | | | |
| | <u>STEVE WILSON - (605) 444-9820</u> 4100 S. WESTERN AVE, SIOUX FALLS, SD 57105 | | | |
| | 4100 S. WESTERN AVE, SIOUX FALLS, SD 57105 | | | |

| Form 990 (2019) | SOUTH DAKOTA ACHIEVE | 23-7072116 | Page 7 | | | | | |
|--|---|------------|--------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| Employees, and Independent Contractors | | | | | | | | |
| Check if Sch | nedule O contains a response or note to any line in this Part VII | | | | | | | |
| Section A. Officers, D | Pirectors, Trustees, Key Employees, and Highest Compensated Employe | ees | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | |

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A) | (B) | (C) | | (D) (E) | | (F) | | | | | |
|---------------------------|----------------------|-------------------------------------|----------------------|---|--------------|---------------------------------|--------------|---------------------------------|------------|-----------|--------------------------|
| Name and title | Average | (do not a | | Position (do not check more than one | | | ne | Reportable | Reporta | ıble | Estimated |
| | hours per | box, unless per officer and a di | | son i | s both | n an | compensation | compensa | ation | amount of | |
| | week | | cer an | aau | recio | r/trus | lee) | from | from rela | | other |
| | (list any | ndividual trustee or director | | | | | | the | organizat | | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099- | IVIISC) | from the organization |
| | organizations | ruste | nstitutional trustee | | /ee | npen | | (00-2/1099-00130) | | | and related |
| | below | dual t | utiona | - | Key employee | st col | Ŀ | | | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highest compensated employee | Former | | | | 5 |
| (1) STEVEN WATKINS | 23.00 | | | | | | | | | | |
| CEO | 27.00 | 1 | | х | | | | 0. | 266, | 015. | 22,181. |
| (2) STEVE WILSON | 22.00 | | | | | | | | | | |
| CFO | 28.00 | | | Х | | | | 0. | 168, | 417. | 24,099. |
| (3) JASON HARRIS | 1.00 | | | | | | | | | | |
| CHAIR | 2.50 | Х | | Х | | | | 0. | | 0. | 0. |
| (4) LARRY FENTON | 1.00 | | | | | | | | | | |
| VICE CHAIR | 2.00 | Х | | Х | | | | 0. | | 0. | 0. |
| (5) JACK HOPKINS | 1.00 | | | | | | | | | | |
| TREASURER | 2.00 | Х | | Х | | | | 0. | | 0. | 0. |
| (6) MARLI SCHIPPERS | 1.00 | | | | | | | | | | |
| SECRETARY | 2.00 | Х | | Х | | | | 0. | | 0. | 0. |
| (7) GAYLE VER HEY | 1.00 | | | | | | | | | | |
| IMMEDIATE PAST CHAIR | 2.50 | Х | | Х | | | | 0. | | 0. | 0. |
| (8) JOHN ROZELL | 1.00 | | | | | | | | | | |
| MEMBER-AT-LARGE | 2.00 | Х | | Х | | | | 0. | | 0. | 0. |
| (9) BOB MCNANEY | 1.00 | | | | | | | | | | |
| DIRECTOR FROM 10/2019 | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (10) P. DANIEL DONOHUE | 1.00 | | | | | | | | | | |
| DIRECTOR | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (11) JOE HENKIN | 1.00 | | | | | | | | | | |
| DIRECTOR | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (12) MOLLY MCCARTHY | 1.00 | | | | | | | | | • | • |
| DIRECTOR | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (13) JON SODERHOLM | 1.00 | | | | | | | | | • | • |
| DIRECTOR | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (14) MARK STERNHAGEN | 1.00 | | | | | | | | | • | • |
| DIRECTOR | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (15) AMY PREATOR | 1.00 | | | | | | | | | • | • |
| DIRECTOR FROM 10/2019 | 2.00 | X | | | | | | 0. | | 0. | 0. |
| (16) TERRI GRABLANDER | 1.00 | | | | | | | | | ~ | 0 |
| DIRECTOR | 2.00 | Х | | | | | | 0. | | 0. | 0. |
| (17) NAN BAKER | 1.00 | | | | | | | <u>^</u> | | ~ | 0 |
| DIRECTOR/FOUNDATION CHAIR | 1.50 | Х | | | | | | 0. | | 0. | 0 . |

| Form | 990 | (201 | q |
|------|-----|------|---|
| | 330 | (201 | J |

| Part VII | Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | | | ghes | st C | ompensated Employee | s (continued) | | | | |
|-------------------|--|------------------------|--------------------------------|-------------------|----------------|--------------|---------------------------------|--------|---------------------------------------|-------------------------------|-------------|---------|-----------------------------|-------------|
| | (A) | (B) | | | _ (C | | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | not c | Posi heck r | | | one | Reportable | Reportable | | | timate | |
| | | hours per week | | , unles cer an | | | | | compensation | compensatio | | | nount | of |
| | | (list any | | | | | | | - from the | from related organizations | | | other pensa [:] | tion |
| | | hours for | direct | | | | Ð | | organization | (W-2/1099-MIS | | | om the | |
| | | related | tee or | trustee | | | ensate | | (W-2/1099-MISC) | (| -/ | | anizati | |
| | | organizations | l trust | nal tru | | oyee | ompe | | | | | an | d relate | ed |
| | | below | Individual trustee or director | In stitutio nal t | Officer | ƙey employee | Highest compensated employee | Former | | | | orga | anizatio | ons |
| | | line) | pul | lnst | Offi | Key | e Hig | For | | | | | | |
| | FNELSON | 1.00 | | | | | | | | | | | | • |
| | /PAST FOUNDATION CHAIR | 0.50 | Х | | | | | | 0. | | 0. | | | 0. |
| | JOSH PAULI | 1.00 | | | | | | | 0 | | | | | ^ |
| DIRECTOR | | 2.00 | Х | | | | | | 0. | | 0. | | | 0. |
| | TY PETERS | 1.00 | | | | | | | 0 | | | | | 0 |
| DIRECTOR | | 2.00 | Х | | | | | | 0. | | 0. | | | 0. |
| | UDIA VUCUREVICH | 1.00 | | | | | | | 0 | | | | | ^ |
| | UNTIL 09/2019 | 2.00 | Х | | | | | | 0. | | 0. | | | 0. |
| | F HAZARD | 1.00 | | | | | | | 0 | | | | | ^ |
| DIRECTOR | UNTIL 08/2019 | 2.00 | Х | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | | |
| | | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | |
| 1b Sub | total | 1 | | | | | | | 0. | 434,43 | 12. | 4 | 6,28 | 80. |
| | I from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | - / - · | 0. |
| | al (add lines 1b and 1c) | | | | | | | | 0. | 434,43 | | 4 | 6,28 | |
| | I number of individuals (including but n | | | | | | | o re | eceived more than \$100. | | | | | |
| | pensation from the organization | | | | | | , | | · · · · · · · · · · · · · · · · · · · | | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 Did t | the organization list any former officer, | director, trust | ee, k | key e | mpl | oye | e, or | hig | hest compensated empl | oyee on | [| | | |
| line [.] | 1a? If "Yes," complete Schedule J for s | uch individual | | | | - | | 0 | | | | 3 | | Х |
| | any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| and | related organizations greater than \$150 |),000? <i>If</i> "Yes, | " со | mple | ete S | Sche | dule | Jf | or such individual | - | | 4 | Х | |
| | any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rend | lered to the organization? If "Yes." corr | plete Schedule | e J f | or sı | ich r | bers | on . | | | | | 5 | | Х |
| Section E | 3. Independent Contractors | | | | | | | | | | | | | |
| 1 Com | plete this table for your five highest co | mpensated inc | lepe | nder | nt co | ontra | actor | rs th | nat received more than \$ | 100,000 of comp | ensat | ion fro | m | |
| the c | organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | | |
| | (A) | | | | | | | | (B) | | - | (0 | | |
| | Name and business | address | | | | | | | Description of s | | C | ompe | nsatior | <u>า</u> |
| LIFES | | | _ | _ | | | _ | | IT, MATERIALS | · I | | | | |
| | W 26TH STREET, SIOUX | | S | D | 57 | 10 | 5 | | ENT, AND OTH | | 1 | ,96 | 1,1: | <u> 39.</u> |
| | CITIES PUBLIC TRANS | | | | | | | | TRANSPORTATI(| | | 4 - | ~ • | ~ <i>c</i> |
| | E DAKOTA AVE, PIERRE | s, SD 57 | 50 | T | | | | - | SERVICES | | | 17 | 0,48 | 56. |
| | CARLSON COMPANY | | ~- | - | - 4 | ~ 4 | | | ~~~~~~~~~ | | | 1 2 | ~ 4 | |
| 1205 T | W RUSSELL ST, SIOUX | FALLS, | SD | 5 | 11 | υ4 | | | CONSTRUCTION | | | 13 | 8,44 | ±5. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

| rm 99 art \ | | | | | JTA | ACHIEVE | | | 23-7072 | 116 Pa |
|---------------------------|-----|--------------------------------------|----------|-----------|---------------|--------------------|-----------------------------|--------------------------|------------------|--------------------|
| | | Check if Schedule O c | conta | ins a res | ponse | or note to any lin | e in this Part VIII | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue exc |
| | | | | | | | Total revenue | function revenue | business revenue | from tax ur |
| <i>(</i> 0 1 | | Endorated compaigns | | 10 | | | | | | sections 512 |
| and Other Similar Amounts | | | | | | | | | | |
| 10L | | Fundraising events | | | - | | | | | |
| LA I | | – | | | | 2,400,930. | | | | |
| nila | | Government grants (contri | ibutic | | | 183,139. | | | | |
| Sin | | All other contributions, gifts, | | | - | | | | | |
| her | • | similar amounts not included | | | | 66,167. | | | | |
| ŏ | a | Noncash contributions included in | | | 1\$ | 77,075. | | | | |
| and | - | Total. Add lines 1a-1f | | | | | 2,650,236. | | | |
| | | | | | | Business Code | · · | | | |
| 2 | 2 a | FEES FOR SERVICES | | | | 561499 | 23,793,899. | 23,793,899. | | |
| | b | FOOD SERVICE | | | | 722210 | 1,063,643. | 1,063,643. | | |
| nue | с | CUSTODIAL | | | | 561499 | 303,522. | 303,522. | | |
| Revenue | d | PRODUCTION | | | | 561439 | 168,045. | 168,045. | | |
| æ | е | INSPIRATIONS | | | | 561499 | 172. | 172. | | |
| | f | All other program service | rever | nue | | 900099 | 821,907. | 821,907. | | |
| | | Total. Add lines 2a-2f | | | | > | 26,151,188. | | | |
| 3 | 3 | Investment income (includ | ding c | dividends | , intere | est, and | | | | |
| | | other similar amounts) | | | | ► | 216,519. | | | 216, |
| 4 | ŀ | Income from investment of | of tax | -exempt | bond p | roceeds 🕨 🕨 | | | | |
| 5 | 5 | Royalties | | | | | | | | |
| | | | | (i) Re | eal | (ii) Personal | | | | |
| 6 | | Gross rents | 6a | | | | | | | |
| | | Less: rental expenses | 6b | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | | |
| | | Net rental income or (loss) |) | | | | | | | |
| 7 | a | Gross amount from sales of | _ | (i) Secu | inties | (ii) Other | | | | |
| | • | assets other than inventory | 7a | | | | | | | |
| , | a | Less: cost or other basis | 76 | | | 11,770. | | | | |
| | ~ | and sales expenses Gain or (loss) | 7b 7c | | | -11,770. | | | | |
| | | Net gain or (loss) | | | | , | -11,770. | | | -11, |
| 8 | | Gross income from fundraisin | | | ····· | | ,,,,,, | | | , |
| | , u | including \$ | | | . | | | | | |
| · | | contributions reported on | | | | | | | | |
| | | Part IV, line 18 | | , | 8a | | | | | |
| | b | Less: direct expenses | | | | | | | | |
| | | Net income or (loss) from | | | | ► | | | | |
| 9 | | Gross income from gamin | | | | | | | | |
| | | Part IV, line 19 | | | | | | | | |
| | b | Less: direct expenses | | | | | | | | |
| | | Net income or (loss) from | | | | | | | | |
| 10 |) a | Gross sales of inventory, I | ess r | eturns | | | | | | |
| | | and allowances | | | | | | | | |
| | b | Less: cost of goods sold | | | . 10 k | | | | | |
| | с | Net income or (loss) from | sales | of inven | tory | | | | | |
| | | | | | | Business Code | | | | |
| 11 Revenue | a | | | | | | | | | |
| ent | b | | | | | | | | | |
| Bev | С | | | | | | | | | |
| 7 | | All other revenue | | | | | | | | |
| | | | | | | | | | | |

| | Check if Schedule O contains a respor not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--------|--|-----------------------|---|--|--------------------------------|
| 1 | Grants and other assistance to domestic organizations | 21 500 | 21 500 | | |
| | and domestic governments. See Part IV, line 21 | 31,580. | 31,580. | | |
| 2 | Grants and other assistance to domestic | | | | |
| ~ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| 4 5 | Compensation of current officers, directors, | | | | |
| 5 | | | | | |
| 6 | trustees, and key employees Compensation not included above to disqualified | | | | |
| °. | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 18,373,917. | 18,143,055. | 230,862. | |
| 8 | Pension plan accruals and contributions (include | , ,,,,,,,, | , | , | |
| | section 401(k) and 403(b) employer contributions) | 241,165. | 238,135. | 3,030. | |
| 9 | Other employee benefits | 2,650,698. | 2,617,393. | 33,305. | |
| 0 | Payroll taxes | 1,346,779. | 1,329,857. | 16,922. | |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 6,203. | 2,024. | 4,179. | |
| с | Accounting | 95,377. | | 95,377. | |
| d | Lobbying | 13,037. | 13,037. | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 31,714. | 10,655. | 21,059. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 2,103,058. | 53,771. | 2,049,287. | |
| 2 | Advertising and promotion | 24,793. | 2,076. | 22,717. | |
| 3 | Office expenses | 225,238. | 125,274. | 99,964. | |
| 4 | Information technology | 46,212. | 40,372. | 5,840. | |
| 15 | Royalties | 1 0 0 0 0 0 | 010 015 | 150 584 | |
| 6 | Occupancy | 1,062,789. | 912,215. | 150,574. | |
| 7 | Travel | 690,721. | 684,858. | 5,863. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | 24 500 | 5,356. | 29,234. | |
| 9 | Conferences, conventions, and meetings | 34,590. 85,816. | 85,816. | 29,234. | |
| 0 | Interest | 05,010. | .010,010 | | |
| 21 | Payments to affiliates | 871,248. | 518,088. | 353,160. | |
| 2 | Depreciation, depletion, and amortization | 230,193. | 230,193. | 555,100. | |
| 3 | Other expenses. Itemize expenses not covered | 230,193. | 230,193. | | |
| | 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 0.) | | | | |
| а | FOOD | 469,645. | 465,645. | 4,000. | |
| b | EQUIPMENT | 237,980. | 220,526. | 17,454. | |
| c | SUPPLIES | 170,332. | 170,332. | | |
| d | MEDICAL SUPPLIES | 106,064. | 106,064. | | |
| e | All other expenses | 88,388. | 46,143. | 42,245. | |
| 5 | Total functional expenses. Add lines 1 through 24e | 29,237,537. | 26,052,465. | 3,185,072. | 0 |
| 6 | 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 Figure if following SOP 98-2 (ASC 958-720) | | | | |

SOUTH DAKOTA ACHIEVE

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

Form 990 (2019)

Part IX Statement of Functional Expenses

| SOUTH DAKOTA | ACHIEVE |
|--------------|---------|
|--------------|---------|

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to any | / line in this Part X | | | X |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | 49,469. | 2 | 458,480. | | |
| | 3 | Pledges and grants receivable, net | 38,071. | 3 | | | |
| | 4 | Accounts receivable, net | 2,426,641. | 4 | 2,651,104. | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | 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 disgualif | ied per | | | | |
| | | under section 4958(f)(1)), and persons described | in sect | tion 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 52,041. | 8 | 48,472. |
| As | 9 | | | | 45,395. | 9 | 48,472. 54,966. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 17,664,517. | | | |
| | b | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10b | 12,622,677. | 4,912,041. | 10c | 5,041,840. |
| | 11 | Investments - publicly traded securities | | | 4,937,486. | 11 | 5,143,419. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 1,429,222. | 12 | 1,371,142. |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 343,625. | 15 | 333,677. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 14,233,991. | 16 | 15,103,100. |
| | 17 | Accounts payable and accrued expenses | 1,648,317. | 17 | 1,949,766. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 44,503. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| ő | 22 | Loans and other payables to any current or form | er offic | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial c | ontributor, or 35% | | | |
| abil | | controlled entity or family member of any of thes | e perso | ons | | 22 | |
| 1 | 23 | Secured mortgages and notes payable to unrela | ted thir | | 1,527,700. | 23 | 1,456,755. |
| | 24 | Unsecured notes and loans payable to unrelated | third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, page | /ables t | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24). | . Complete Part X | | | |
| | | of Schedule D | | | 7,845,033. | 25 | 8,812,586. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 11,065,553. | 26 | 12,219,107. |
| | | Organizations that follow FASB ASC 958, che | ck here | e ▶ X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| an | 27 | Net assets without donor restrictions | | | 1,650,335. | 27 | 1,433,808. |
| Ba | 28 | Net assets with donor restrictions | | | 1,518,103. | 28 | 1,450,185. |
| pur | | Organizations that do not follow FASB ASC 9 | 58, che | ck here 🕨 🗌 | | | |
| ц | | and complete lines 29 through 33. | | | | | |
| S S | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | uipmer | nt fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Nei | 32 | Total net assets or fund balances | | | 3,168,438. | 32 | 2,883,993. |
| | 33 | Total liabilities and net assets/fund balances | | | 14,233,991. | 33 | 15,103,100. |

Form **990** (2019)

Part X Balance Sheet

| Form | 990 | (201) | 9 |
|---------|-----|-------|---|
| 1 01111 | 000 | (201 | J |

| Form | 990 (2019) SOUTH DAKOTA ACHIEVE | 23- | 7072116 | Pad | _{ge} 12 |
|------|---|----------|---------|-----|------------------|
| | rt XI Reconciliation of Net Assets | | | | 4 |
| | 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 | 29,000 | 5,1 | 73. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 29,23 | 7,5 | 37. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -23 | 1,3 | 64. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,16 | 3,4 | 38. |
| 5 | Net unrealized gains (losses) on investments | 5 | -5 | 3,0 | 81. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | ļ | 5,0 | 00. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 2,883 | 3,9 | 93. |
| 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 in Schedule | 0. | | | |
| 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 | Х | |
| | 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 | e 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 Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | it | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2019)

| SCHEDULE A |
|------------|
|------------|

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

Name of the organizatio

| Nar | ne o | πτ | ne organization | | | | | | | | | | | | |
|----------|--|---|---|-------------------------|---|-------------------------------------|------------------|------------------|--------------|----------------------------|--|--|--|--|--|
| Pa | art I | | Reason for Public (| H DAKOTA A | | molata thi | ic part) Sc | o instructions | <u> </u> | 3-7072116 | | | | | |
| | | | | | | | | | | | | | | | |
| | orga | _ | zation is not a private found | | | | | | | | | | | | |
| 1 | | | A church, convention of ch | | | | | I)(A)(I). | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| 4 | | | | ation operated in col | njunction with a nospital | described | in sectio | n 170(b)(1)(A | (III). Enter | the hospital's name, | | | | | |
| - | | ٦ | city, and state: | ar the henefit of a cal | | or on or ot | | verenentel | ait describe | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | | | |
| ~ | | | | | | | | | | | | | | | |
| 6 | | A rederal, state, or local government or governmental unit described in section 1/u(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | | | | |
| 7 | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | | |
| 0 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | | |
| 8 9 | | | | | | | | | | | | | | | |
| 9 | | An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | | | | | | | |
| | | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: | | | | | | | | | | | | | |
| 10 | | ٦ | An organization that norma | Illy receives: (1) more | than 33 1/3% of its supr | ort from c | ontributio | ns memberst | nin fees an | nd aross receipts from | | | | | |
| 10 | | | activities related to its exem | | | | | | | | | | | | |
| | | | income and unrelated busir | | | | | | | | | | | | |
| | | | See section 509(a)(2). (Con | | | | eee aequi | | | | | | | | |
| 11 | | _ | An organization organized a | | ively to test for public saf | ety. See | section 50 |)9(a)(4). | | | | | | | |
| 12 | | _ | An organization organized a | - | • | • | | | rry out the | purposes of one or | | | | | |
| | | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section & | 509(a)(2). | See section & | 509(a)(3). | Check the box in | | | | | |
| | | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. | | | | | | | | | | | | | |
| а | • [| |] Type I. A supporting orga | anization operated, s | upervised, or controlled l | by its supp | ported org | anization(s), ty | pically by | giving | | | | | |
| | | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | upporting | | | | | |
| | _ | | organization. You must o | complete Part IV, Se | ections A and B. | | | | | | | | | | |
| b |) [| | Type II. A supporting org | anization supervised | l or controlled in connect | ion with its | s supporte | ed organizatio | n(s), by hav | ving | | | | | |
| | | | control or management o | f the supporting orga | anization vested in the sa | ame persoi | ns that co | ntrol or manag | ge the supp | ported | | | | | |
| | _ | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | | | |
| C | ; L | | Type III functionally inte | | | | | | ly integrate | ed with, | | | | | |
| | F | | its supported organization | | | | | | | | | | | | |
| c | 1 | | Type III non-functionally | | | | | | - | | | | | | |
| | | | that is not functionally int | | | • | | - | an attentiv | veness | | | | | |
| | Г | | requirement (see instructi | - | | | | | | | | | | | |
| e | • [| | Check this box if the orga | | | | | Type I, Type | II, Type III | | | | | | |
| | : г. | -+- | functionally integrated, or | | | | | | | | | | | | |
| 1 | | | r the number of supported or ide the following informatior | • | d organization(a) | | | | | | | | | | |
| <u> </u> | | | Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of | monetary | (vi) Amount of other | | | | | |
| | | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) | | | | | |
| | | | | | | | | | | | | | | | |
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| Tot | al | | | | | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019 SOUTH DAKOTA ACHIEVE

23-7072116 Page 2

| Part II | Support Schedule for C | Drganizations De | scribed in Sections 1 | 170(b)(1)(A)(iv) and 17 | /0(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.)

| 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 9 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization c 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | Sec | tion A. Public Support | | - | - | - | | - |
|--|------|---|-----------------------|---------------------|-------------------------|----------------------|---------------------|---------------|
| membership fees received. (Do not include any "unusual grants.") | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| include any "unusual grants.") 2 2 Tax revenues levide for the organization includes on the spended 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 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 5 Public support. byteactine 5 trons in 4. Section B. Total Support (a) 2015 (b) 2016 (c) 2017 7 Amounts from line 4 8 Goss income from interest, organization without some sequences on the sale of capital assets (Epplain in Part V) how the sale of capital assets (Epplain in Part V). 9 Net income from mitreest carlines and thinks 7 through 10 10 Other income. Do not include gain or loss from the sale of capital assets (Epplain in Part V). 12 Cross recents from 2018 Explored activities, etc. (see instructions) 12 Cross recents from related business activities, whether or not the business is regularly carlied on or Public Support Percentage 14 Loss upport percentage for 2019 (in 6, column (f) divided by line 11, column (f)) 14 9 Public support tesc? 2019. If the organization did not check th | 1 | Gifts, grants, contributions, and | | | | | | |
| 2 Tax meanues levid for the organization's benefit and either paid to or expended on its behalf ministed by a governmental unit to the organization without charge 3 The value of services or facilities timnisted by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Guedar year (or fiseal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Section B. Total Support Caledar year (or fiseal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (f) Total (d) conserve to not interest, and income from similar sources and income from minates and income from similar sources and income the sol capital assets (Explain in Part VI) (f) Total support. Add files 7 through 10 (f) | | membership fees received. (Do not | | | | | | |
| is brenetit and either paid to or expanded on its behalf image: constraints 3 The value of services or facilities furnished by a governmental unit to the organization without charge image: constraints 4 Total. Add lines 1 through 3 image: constraints 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) image: constraints 6 Public support: Soluted dividends, payments received on securities lcans, rents, royalties, and income from interest, dividends, payments received on securities lcans, rents, royalties, and income from interest; (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 10 Other income. Do not include gain or loss from the sale or capital assets (Explain in Part VI) image: constraint or governance and interest. image: constraint or governance and interest. 14 Total support. Add lines 7 through 10 constraints, ncheck this box and stop here. image: constraint or governance and interest. image: constraint or governance and interest. 14 Public support percentage for 2018 (lines 6 column (f) divided by line 11, column (f) 14 9 constraints 9 constraints 15 Public support percentage for 2018 (lines 6, column (f) divided by line 11, column (fi) 14 9 constraints 9 constraints 16 Total support test - 2018. If the organization did not check | | include any "unusual grants.") | | | | | | |
| or expended on its behalf | 2 | Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization visuation without charge Image: Control of the co | | ization's benefit and either paid to | | | | | | |
| furnished by a governmental unit to the organization without charge | | or expended on its behalf | | | | | | |
| the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support: Subtract lines to mine. Section B. Total Support Calendar year (or fiscal year beginning in) > (a) Costs income from interest, dividends, payments received on securities (long) and interest, dividends, payments received on securities (long) and interest, dividends, payments received on securities (long) and income from interest, dividends, payments received on securities (long) and income from similar sources 9 Net income from interest, dividends, payments received on securities (long) and income from similar sources 10 Other income. Do not include gain or long and a sets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fith tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 4 Public support percentage from 2019 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2018 Schedule A, Part II, line 14. 15 Other income. Do not inqualifies as a publicly supported organization. 16 Arous support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage form 2018 Schedule A, Part II, line 14. 16 Sa 1/3% support test - 2018. If the organization did not check h | 3 | The value of services or facilities | | | | | | |
| 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 256 of the amount shown on line 11, column (f) 6 Public support: Subsective 3 from the 4. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (d) vidends, payments free/vide on securites loans, rents, royatiles, and income from winelard business activities, whether or not the business is regularly carried on or loss from the sale of capital assest (Explain in Part VI) 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 11 Total support test - 2019. If the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check ta box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check the box on line 13, or 16a, and line 14 is 30 from ore, and if the organization meets the "facts-and-icroumstances" test, check this box and stop here. Explain in Part VI how the organization | | furnished by a governmental unit to | | | | | | |
| 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) Image: the second seco | | the organization without charge | | | | | | |
| 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) Image: the second seco | 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) 6 Public support: Subtact time 5 trom time 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 . 8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources . 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 . 21 Gross receipts from related activities, etc. (see instructions) . 12 Gross receipts from related activities, etc. (see instructions) . 13 First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 24 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 9 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 9 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 9 Public support percentage for 2018 Schedule A, Part II, line 14 | 5 | | | | | | | |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) image: column (f) 6 Public support. Subtract line 5 tom line 4. image: column (f) 2 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4. image: column (f) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from sinilar sources image: column (f) image: column (f) (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Cpilain in Part VI) image: column (f) image: column (f) 10 Cher income. Do not include gain or loss from related activities, etc. (see instructions) image: column (f) image: column (f) 11 Total support. Add lines 7 through 10 image: column (f) image: column (f) image: column (f) 12 Gross receipts from related activities, etc. (see instructions) image: column (f) image: column (f) image: column (f) 14 Public support percentage for 2019 (lin | | • | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) image: column (f) 6 Public support: image: column (f) 7 Amounts from line 4 image: column (f) 7 Amounts from line 4 image: column (f) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources image: column (f) 9 Net income from similar sources image: column (f) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) image: column (f) 11 Total support. Add lines 7 through 10 image: column (f) image: column (f) 12 Gross receipts from related activities, etc. (see instructions) image: column (f) 12 Gross receipts from related activities, etc. (see instructions) image: column (f) 14 9 image: column (f) image: column (f) 15 Public support test - 2019 (line 6, column (f) image: column (f) image: column (f) 16 31/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 14 Public suppo | | | | | | | | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) i 6 Public support. Submatiline 5 from line 4. i Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 i | | | | | | | | |
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| 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 6 0 (f) Total (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 12 12 13 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here > > 14 9 14 Public support percentage form 2019 (line 6, column (f) divided by line 11, column (f)) 14 9 9 15 Output comparization qualifies as a publicly supported organization > 15 9 14 Public support percentage form 2019. If the organization did not check the box on line 13, rad, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
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| organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 9 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 9 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | - | - | | | | | |
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| 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 9/16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | Sec | | | | | | | |
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| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | 16a | | | | | | nore, check this bo | x and |
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| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | b | 33 1/3% support test - 2018. If the c | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check th | is box |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | and stop here. The organization qual | ifies as a publicly s | supported organiz | ation | | | |
| | 17a | 10% -facts-and-circumstances test | - 2019. If the org | anization did not | | | | |
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| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | b | 10% -facts-and-circumstances test | - 2018. If the org | anization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | | more, and if the organization meets th | ne "facts-and-circu | mstances" test, cl | neck this box and | stop here. Explai | n in Part VI how th | e |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | organization meets the "facts-and-circ | umstances" test. | The organization of | ualifies as a publi | cly supported orga | nization | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | 18 | | | | | | | s > |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOUTH DAKOTA ACHIEVE Part III Support Schedule for Organizations Described in Section 509(a)(2)

23-7072116 Page 3

(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.)

| Se | ction A. Public Support | | | | | | |
|-----------|--|-----------------|-----------------|--------------------|----------|-------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, 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 | | | | | | |
| Ū | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disgualified persons | | | | | | |
| k | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | (4) 2010 | (6) 2010 | (0) 2011 | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | al faculto a COL 1 | <u> </u> | = E01(-)(0) | |
| 14 | First five years. If the Form 990 is for | e e | | | 2 | | |
| 80 | check this box and stop here ction C. Computation of Publi | | | | | | |
| | • | | | | | 1 .= 1 | |
| | Public support percentage for 2019 (I | | - | column (f)) | | 15 | % |
| <u>16</u> | Public support percentage from 2018 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| 18 | | | | | | 18 | % |
| 19a | a 33 1/3% support tests - 2019. If the | | | | | | ne 17 is not |
| Ł | more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the | | | | | | ► |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| _ | J | | , : = | , | | | |

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b 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?
- 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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 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.)

10b

| | | | Yes | No |
|-----|--|-----------|--------|-----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 100 | 110 |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| - | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | 2 | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| U | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 0 | | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | • | | |
| а | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi | ructions, |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| J | | 3b | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 30 | I | L |

Schedule A (Form 990 or 990-EZ) 2019

| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |
|------------|---|
| Schedule A | (Form 990 or 990-EZ) 2019 SOUTH DAKOTA ACHIEVE |

1

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

| Sect | ion A - Adjusted Net Income | | tions A through E. (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 | tion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | 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 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | | 1 1 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SOUTH DAKOTA ACHIEVE

| Par | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|-------|---|-------------------------------|--|---|--|--|--|
| Secti | on D - Distributions | | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | |
| 8 | Distributions to attentive supported organizations to which the | | | | | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | | | | |
| | able cause required- explain in Part VI). See instructions. | | | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | | | |
| a | From 2014 | | | | | | |
| b | From 2015 | | | | | | |
| C | From 2016 | | | | | | |
| d | From 2017 | | | | | | |
| e | From 2018 | | | | | | |
| f | Total of lines 3a through e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2019 distributable amount | | | | | | |
| i | Carryover from 2014 not applied (see instructions) | | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributions for 2019 from Section D, | | | | | | |
| | line 7: \$ | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | |
| b | Applied to 2019 distributable amount | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | | | | |
| | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| a | Excess from 2015 | | | | | | |
| b | Excess from 2016 | | | | | | |
| C | Excess from 2017 | | | | | | |
| d | Excess from 2018 | | | | | | |
| е | Excess from 2019 | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Fo | orm 990 or 990-EZ) 2019 SOUT | H DAKOTA | ACHIEVE | 23-7072116 Page 8 |
|----------------|---|--|---|--|
| Part VI S | Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c ne 1; Part IV, Section D, lines 2 an | Provide the exp , 4b, 4c, 5a, 6, 9a d 3; Part IV, Sect | lanations required by Part II, line 10; Part a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec ion E, lines 1c, 2a, 2b, 3a, and 3b; Part V | II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V, |
| S | section D, lines 5, 6, and 8; and Pa See instructions.) | rt V, Section E, li | nes 2, 5, and 6. Also complete this part fo | or any additional information. |
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

23-7072116

| Organization type (chec | sk one): |
|-------------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

SOUTH DAKOTA ACHIEVE

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Page **2** Employer identification number

23-7072116

SOUTH DAKOTA ACHIEVE

| Part I | t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
|------------|--|---------------------------------|---|--|--|--|--|
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 1 | | \$10,800. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 2 | | \$34,164. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 3 | | \$2,400,930. | PersonXPayrollNoncashX(Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions \$ | Type of contribution Person X Payroll | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| <u>No.</u> | Name, address, and ZIP + 4 | \$ | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

23-7072116

SOUTH DAKOTA ACHIEVE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 3 | DR CONTINUUM HOME | | |
| | | \$\$ | 04/03/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

Page **4**

| Name of or | rganization | | Employer identification number | | |
|---------------------------|--------------------------------|--|---|--|--|
| SOUTH | DAKOTA ACHIEVE | | 23-7072116 | | |
| Part III | | through (e) and the following line er charitable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gi | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | Transferee's name, address, ar | (e) Transfer of gi | jift Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | Transferee's name, address, ar | (e) Transfer of gi | jift Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | (e) Transfer of gift | | | | |
| - | Transferee's name, address, ar | Ind ZIP + 4 | Relationship of transferor to transferee | | |

| SCHEDULE C | Political Campaign and Lobbying Activities | | OMB No. 1545-0047 | |
|--|--|-----------------|-------------------|-----------|
| (Form 990 or 990-EZ) | For Organizations Exempt From Income Tax Under section 501(c) and section | | | |
| Department of the Treasury Internal Revenue Service | Complete if the organization is described below. Attach to Form 990 or For Go to www.irs.gov/Form990 for instructions and the latest information | | Open to Inspe | |
| If the organization answ | vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Ca | mpaign Activ | ties), then | |
| Section 501(c)(3) org | anizations: 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 F | Part I-B. | | |
| Section 527 organiza | ations: Complete Part I-A only. | | | |
| If the organization answ | vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying A | ctivities), the | n | |
| Section 501(c)(3) org | anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. D | o not complet | e Part II-B. | |
| Section 501(c)(3) org | anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part I | I-B. Do not co | mplete Part I | I-A. |
| - | vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Fo | rm 990-EZ, P | art V, line 35 | ōc (Proxy |
| Tax) (see separate inst | ructions), then | | | |
| | , or (6) organizations: Complete Part III. | | | |
| Name of organization | | | identificatio | |
| | SOUTH DAKOTA ACHIEVE | | 3-70722 | 116 |
| Part I-A Comple | ete if the organization is exempt under section 501(c) or is a section | 527 organ | zation. | |
| 2 Political campaign | on of the organization's direct and indirect political campaign activities in Part IV. activity expenditures political campaign activities | | | |
| Part I-B Comple | ete if the organization is exempt under section 501(c)(3). | | | |
| 1 Enter the amount o | f any excise tax incurred by the organization under section 4955 | ▶\$ | | |
| 2 Enter the amount o | f any excise tax incurred by organization managers under section 4955 | ▶\$ | | |
| 3 If the organization in | ncurred a section 4955 tax, did it file Form 4720 for this year? | | Yes | No |
| 4a Was a correction m | ade? | | Yes | No |
| b If "Yes," describe ir | Part IV. | | | |
| Part I-C Comple | ete if the organization is exempt under section 501(c), except section | n 501(c)(3). | | |
| 1 Enter the amount d | irectly expended by the filing organization for section 527 exempt function activities | ► \$ | | |
| 2 Enter the amount o | f the filing organization's funds contributed to other organizations for section 527 | | | |
| exempt function ac | tivities | ► \$ | | |
| 3 Total exempt functi | on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, | | | |
| line 17b | | ► \$ | | |
| 4 Did the filing organi | zation file Form 1120-POL for this year? | | Yes | 🗌 No |
| 5 Enter the names, ad | dresses and employer identification number (EIN) of all section 527 political organizations | to which the | 0 0 | |
| made payments. Fo | or each organization listed, enter the amount paid from the filing organization's funds. Also | enter the amo | ount of polition | cal |

| contributions received that were proposed political action committee (PAC). If a | ., , | | , , | e segregated fund or a |
|--|-------------|---------|---|---|
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate |

| | funds. If none, enter -0 | promptly and directly delivered to a separate political organization. If none, enter -0 |
|--|--------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Schedule C (Form 990 or 990-EZ) 2019 | SOUTH | DAKOT | A ACHIEVE | | 23-7 | 7072116 Page 2 |
|--|--------------|---------------|---|----------------------------|---|--------------------------------|
| Part II-A Complete if the organized section 501(h)). | anizatio | n is exer | npt under sectior | n 501(c)(3) and file | d Form 5768 (ele | ection under |
| | tion belond | is to an affi | liated group (and list in | Part IV each affiliated of | aroup member's nam | ne address FIN |
| expenses, and share | | • | 0 1 (| | group member e nam | ie, address, Env, |
| | | , , | nd "limited control" pro | visions apply. | | |
| Limit | s on Lobb | ying Expe | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | ence publi | c opinion (| grassroots lobbving) | | | |
| b Total lobbying expenditures to influ | | | | | | |
| c Total lobbying expenditures (add lin | • | | | | | |
| d Other exempt purpose expenditures | | | | | | |
| e Total exempt purpose expenditures | | | | | | |
| f Lobbying nontaxable amount. Enter | | | | | | |
| If the amount on line 1e, column (a) or | r (b) is: | The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | | 20% of | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | ,000 | \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,50 | 00,000 | \$175,00 | 0 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,0 | 000,000 | \$225,00 | 0 plus 5% of the exce | ss over \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000, | 000. | | | |
| | | | | | | |
| g Grassroots nontaxable amount (ent | er 25% of | line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | o or less, e | nter -0 | | | | |
| i Subtract line 1f from line 1c. If zero | or less, er | nter -0 | | | | |
| j If there is an amount other than zero | o on eithei | r line 1h or | line 1i, did the organiza | ation file Form 4720 | | |
| reporting section 4911 tax for this y | | | | | | Yes No |
| (Some organizations th | at made a | section 5 | eraging Period Under 01(h) election do not ate instructions for lin | have to complete all o | f the five columns b | elow. |
| | Lobb | ying Expe | nditures During 4-Yea | ar Averaging Period | | - |
| Calendar year (or fiscal year beginning in) | (a) 2 | 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | | | | | | |
| | | | | | | |
| c Total lobbying expenditures | | | | | | |
| | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | | | |
| | | | | | | |
| f Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 SOUTH DAKOTA ACHIEVE 23-7072116 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed descrip | otion | (8 | a) | (k |) |
|---|---|-----------------|--------------|--------------|------------|
| of the lobbying activity. | | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence foreign, national, stallocal legislation, including any attempt to influence public opinion on a legislative mor referendum, through the use of: a Volunteers? | natter | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c | through 1i)? | X | | | |
| c Media advertisements? | • | | | | |
| d Mailings to members, legislators, or the public? | | X | | | 109. |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative bod | | Х | | 12 | 2,928. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar r | | | | | |
| i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | 13 | 3,037. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501 | | | Х | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under sect | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this ye | ar? | | | | |
| Part III-A Complete if the organization is exempt under section 50 501(c)(6). |)1(c)(4), sectior | n 501(c)(ł | 5), or sec | tion | |
| | | | | 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? | | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity ex | penditures from the | e prior year' | ? 3 | | |
| Part III-B Complete if the organization is exempt under section 50 | | | | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." | ire answered " | 'No" OR | (b) Part I | II-A, line | 3, is |
| | | | | | |
| 1 Dues, assessments and similar amounts from members | | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include a supersonal for which the postion 507(f) to where points) | amounts of politic | ai | | | |
| expenses for which the section 527(f) tax was paid). | | | 00 | | |
| a Current year | | | | | |
| b Carryover from last year | | | | | |
| c Total | | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section | | | 3 | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductik | • | | | | |
| evenediture next veer? | | Dillical | 4 | | |
| expenditure next year?5 Taxable amount of lobbying and political expenditures (see instructions) | | | 4 | | |
| Part IV Supplemental Information | <u></u> | <u></u> | 5 | i | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II | -A (affiliated group | list). Part II. | Δ lines 1 a | nd 2 (see | |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information. | A (annated group | 1150, 1 411 11 | A, 11103 T a | 10 2 (500 | |
| PART II-B, LINE 1, LOBBYING ACTIVITIES: | | | | | |
| SOUTH DAKOTA ACHIEVE (SDA) CONTRACTS FOR LOBE | BYING SERV | ICES. | THE | | |
| LOBBYIST IS IN DIRECT CONTACT WITH LEGISLATOF | S, THEIR | STAFFS | 5 AND | | |
| GOVERNMENT OFFICIALS DURING THE STATE'S 30-40 | | | | GTOM | |
| | | | | | |
| THE LOBBYIST HELPS SDA DEFINE ISSUES AND MAKE | CONTACT | WITH A | APPROP | RIATE | |
| LEGISLATIVE AND EXECUTIVE BRANCH PERSONNEL TO |) MAKE SUR | | | | |
| | | Schedu | ile C (Form | . 990 or 990 | D-EZ) 2019 |

UNDERSTAND HOW ISSUES THAT MAY BE IN FRONT OF THEM WILL AFFECT SDA.

LOBBYING REVOLVES AROUND PROPOSED BUDGETARY ISSUES AS WELL AS

ADVOCATING FOR THE WELFARE OF PEOPLE SERVED BY SDA.

| 90 | HEDULE D | Supplement | al Financial Statements | | | OMB No. 15 | 545-004 | 47 |
|--------|----------------------|--|---|----------------|------------|----------------------|---------|-------|
| | n 990) | Complete if the org | anization answered "Yes" on Form 990, | | | 20 | 19 | |
| Depart | ment of the Treasury | Part IV, line 6, 7, 8, 9, 10 | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. | | | Open to | | lic |
| | I Revenue Service | | 90 for instructions and the latest information. | | | Inspect | | |
| Nam | e of the organizati | on SOUTH DAKOTA ACHIE | VE | Emp | | entificatio 70721 | | nber |
| Pa | rt I Organiza | | d Funds or Other Similar Funds or Ac | coun | | | | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | | | | |
| | 5 | | | b) Fund | ds and ot | ther accou | ints | |
| 1 | Total number at er | nd of year | | | | | | |
| 2 | | f contributions to (during year) | | | | | | |
| 3 | | f grants from (during year) | | | | | | |
| 4 | | t end of year | | | | | | |
| 5 | | | writing that the assets held in donor advised func | ls | | | | |
| - | - | | exclusive legal control? | | | Yes | | No |
| 6 | | | dvisors in writing that grant funds can be used o | | ····· ∟ | | L |] 110 |
| Ū | • | | r donor advisor, or for any other purpose conferr | - | | | | |
| | impermissible priv | | | 0 | | Yes | | No |
| Pa | | | ganization answered "Yes" on Form 990, Part IV, | | | | | |
| 1 | | servation easements held by the organization | | | | | | |
| • | | of land for public use (for example, recrea | | vically | importan | t land are | 2 | |
| | | of natural habitat | Preservation of a certi | | | | 4 | |
| | — | n of open space | | neu ma | stone stru | cluie | | |
| 2 | | | ied conservation contribution in the form of a co | nservat | tion ease | ment on ti | ne las | t. |
| ~ | day of the tax year | • • | | | | ne End of th | | |
| а | | | | 2a | neiu at ti | | | TCar |
| b | | And and the second second form the second seco | | 2a 2b | | | | |
| c | - | - | ucture included in (a) | 20 20 | | | | |
| d | | | after 7/25/06, and not on a historic structure | 20 | | | | |
| u | | | | 2d | | | | |
| 3 | | | eased, extinguished, or terminated by the organi | · | during th | | | |
| 3 | year ► | valion easements modified, transiered, rei | eased, extinguished, or terminated by the organi | Lation | | 5 lax | | |
| 4 | | where property subject to conservation eas | sement is located | | | | | |
| 5 | | tion have a written policy regarding the per | | | | | | |
| 5 | 0 | orcement of the conservation easements it | | | | Yes | | No |
| 6 | , | | handling of violations, and enforcing conservatio | | | | | |
| 0 | | a nours devoted to morntoning, inspecting, | handling of violations, and emotioning conservatio | n casci | ments du | ning the y | cai | |
| 7 | Amount of oxpone | | lling of violations, and enforcing conservation eas | omont | | the year | | |
| ' | ► \$ | ses incurred in monitoring, inspecting, nanc | | Sement | s during i | ine year | | |
| 8 | | viction accoment reported on line 2(d) above | e satisfy the requirements of section 170(h)(4)(B) | (i) | | | | |
| 0 | | | | ., | | Yes | | No |
| 9 | | | on easements in its revenue and expense statem | | | | L | |
| 5 | | • | note to the organization's financial statements that | | | | | |
| | | ounting for conservation easements. | | 11 0630 | nbes the | | | |
| Pa | rt III Organiza | ations Maintaining Collections of | Art, Historical Treasures, or Other S | imilar | r Asset | s. | | |
| | | f the organization answered "Yes" on Form | | | | | | |
| 1a | | | 8, not to report in its revenue statement and bala | ance sh | | | | |
| iu. | • | | blic exhibition, education, or research in furtherar | | | 5 | | |
| | | · · | ncial statements that describes these items. | e oi p | | | | |
| h | • | | | shoot | worke of | | | |
| b | - | | to report in its revenue statement and balance exhibition, education, or research in furtherance | | | | | |
| | | | exhibition, equivation, or research in furtherance | or hup | NIC SELVIC | с, | | |
| | - | ing amounts relating to these items: | | • | ¢ | | | |
| | | | | | \$ \$ | | | |
| 0 | ., | | asures, or other similar assets for financial gain, r | - | | | | |
| 2 | | unts required to be reported under FASB A | | noviue | | | | |
| | and ronowing allou | anto required to be reported under rAOD A | oo ooo relating to these items. | | | | | |

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 932051 10-02-19

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

▶ \$

▶ \$

| Sche | | AKOTA ACHI | | | | | | 72116 | | је 2 |
|--------|---|-----------------------|--------------------------|-------------------|-------------|--------------------|--------------|-------------------|-----------|-------------|
| Par | t III Organizations Maintaining C | ollections of Ar | rt, Historical T | reasures, o | r Other | Simila | r Assets | (continu | ed) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check any of th | ne following that | t make sig | gnificant ι | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | 🗴 📃 Loan or e | exchange progra | am | | | | | |
| b | Scholarly research | e | e 🗌 Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how they furthe | r the organizatio | on's exem | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, historical tr | easures, or othe | er similar | assets | | _ | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the organiza | ation answered ' | "Yes" on | Form 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | _ | | |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | | | | | | |
| | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| | Did the organization include an amount on F | | | | | ty? | L | Yes | \square | No |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | <u></u> | | |
| Fai | t V Endowment Funds. Complete | | | | | | | ()[| | |
| 4. | De sinsis e foren halana | (a) Current year | (b) Prior year | (c) Two yea | rs dack | (d) Three y | ears back | (e) Four y | ears b | аск |
| | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C A | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | l | | |
| f | and programs | | | | | | | | | |
| | Administrative expenses End of year balance | | | | | | | | | |
| g 2 | End of year balance Provide the estimated percentage of the curr | Lent year and balanc | l e (line 1 a. column | | | | | L | | |
| 2 | Board designated or quasi-endowment | | | (a)) Helu as. | | | | | | |
| b | Permanent endowment | | /0 | | | | | | | |
| | | % % | | | | | | | | |
| Ŭ | The percentages on lines 2a, 2b, and 2c sho | · - | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are held | l and administer | ed for the | e organiza | ation | | | |
| 04 | by: | | | | | oorganiza | | | /es | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | 0, Part IV, line 11a | a. See Form 990 | , Part X, I | line 10. | | | | |
| | Description of property | (a) Cost or o | | ost or other | | ccumulate | ed | (d) Book | value | |
| | | basis (investr | | sis (other) | | preciation | | ., | | |
| 1a | Land | | 4 | 195,635. | | | | 495 | ,63 | 5. |
| | Buildings | | | 515,817. | 7,8 | 342,5 | 55. | 2,773 | | |
| | Leasehold improvements | | | 66,471. | | 25,4 | | 41 | ,05 | 4. |
| | Equipment | | | 283,906. | | 94,1 | | 1,289 | ,77 | 5. |
| | Other | | 1,2 | 202,688. | 7 | 760,5' | | 442 | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X. column (B), line | e 10c.) | | | | 5,041 | ,84 | 0. |

Schedule D (Form 990) 2019

| |) (Form 990) | | | | ACHIEVE |
|----------|--------------|---------|------------|---------|---------|
| Part VII | Investr | nents - | Other Secu | rities. | |

| art VII | Inv | estn | nents | - Other S | Securities. | | |
|---------|-----|------|-------|-----------|-------------|-------|--|
| | - | | | | | _ | |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) INVESTMENT IN LOW INCOME | | |
| (B) HOUSING | 1,371,142. | COST |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1,371,142. | |

Part VIII Investments - Program Related.

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

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

Other Assets. Part IX

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

| (a) Description | (b) Book value |
|--|----------------|
| | |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | ► |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, | line 25. |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) DUE TO OTHER RELATED PARTY | 8,812,586. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

► 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

8,812,586.

(8) (9)

| Sche | dule D (Form 990) 2019 SOUTH DAKOTA ACHIEVE | | | 23- | 7072116 Pag | 4 |
|--|--|---|------------------|---|--|----------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Stateme | ents With | Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 28,395,516 | 6. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | -58,081. | | | |
| b | Donated services and use of facilities | . 2b | | | | |
| с | Recoveries of prior year grants | . 2c | | | | |
| d | Other (Describe in Part XIII.) | | 5,000. | | | |
| е | Add lines 2a through 2d | | | 2e | -53,081 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 28,448,59 | 7. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| b | Other (Describe in Part XIII.) | . 4b | 557,576. | | | |
| с | Add lines 4a and 4b | | | 4c | 557,576 | |
| - | | | | 5 | 29,006,173 | ົ |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | | J• |
| | rt XII Reconciliation of Expenses per Audited Financial Statem | ents With | Expenses per F | | | 5. |
| | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents With a. | Expenses per F | Retur | n. | |
| | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | ents With a. | Expenses per F | | | |
| Pa | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents With | Expenses per F | Retur | n. | |
| Pa 1 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | ents With | Expenses per F | Retur | n. | |
| Pa 1 2 | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b | Expenses per F | Retur | n. | |
| Pa 1 2 | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b | Expenses per F | Retur | n. | |
| Pa 1 2 a b | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | I Expenses per F | Retur | n. | |
| Pa 1 2 a b | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | I Expenses per F | Retur | n. 28,802,079 | 9. |
| Pa 1 2 a b c d | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | I Expenses per F | Retur | n. | 9. |
| Pa 1 2 a b c d e | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | I Expenses per F | Retur | n. 28,802,079 | 9. |
| Pa 1 2 a b c d e 3 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | I Expenses per F | Retur | n. 28,802,079 | 9. |
| Pa 1 2 a b c d e 3 4 | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d | I Expenses per F | Retur | n. 28,802,079 (28,802,079 | 9. 9. |
| Pa 1 2 a b c d e 3 4 a | Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d | 435,458. | 1 2e 3 4c | n. 28,802,079 (28,802,079 435,458 | 9. 9. 9. |
| Pa 1 2 a b c d a b c 3 4 b c 5 | Image: Network State Image: Network State Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d | 435,458. | Retur | n. 28,802,079 (28,802,079 | 9. 9. 9. |

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

PART X, LINE 2:

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED

INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND

LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE

INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET ASSETS RELEASED FROM RESTRICTION

| Schedule D (Form 990) 2019 SOUTH DAKOTA ACHIEVE Part XIII Supplemental Information (continued) | 23-7072116 Page 5 |
|--|-----------------------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| HORIZON APARTMENTS | 406,581. |
| HOSPITALITY APARTMENTS | 129,936. |
| RECLASS INVESTMENT FEES | 21,059. |
| | 557,576. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| HORIZON APARTMENTS | 309,597. |
| HOSPITALITY APARTMENTS | 104,802. |
| RECLASS INVESTMENT FEES | 21,059. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 435,458. |
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| | Sabadula D. (Form 000) 2010 |

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(Form 990 or 990-EZ)

Name of the organization

Schools

OMB No. 1545-0047

Open to Public

g

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

ZU

ſ

SOUTH DAKOTA ACHIEVE

| npioyer | Identification number |
|---------|-----------------------|
| 2 | 3-7072116 |

| Part I |
|--------|
| |

| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | x x x x x x x x x | |
|--|---|---|
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 3 AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. 3 2 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a 2 b Records documenting that scholarships? 4 2 4 d Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4d 2 5 Does the organization discriminate by race in any way with respect to: a Sudents' rights or privileges? 5a | x x x x x x x x | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 2 AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION 3 2 WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a 2 d Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4d 2 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 2 f you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 5 5 Does the organization discriminate by race in any way with respect to: a 5a | x x x x x x | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | x x x x x x | |
| period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes 3 it policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. 3 if you need more space, use Part II 3 AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION 3 WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA 3 ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? 4 a Records indicating the racial composition of the student body, faculty, and administrative staff? 4 b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 d Copies of all material used by the organization or on its behalf to solicit contributions? 4 If you answered "No" to any of the above, please explain. If you need more space, use Part II. 4 5 Does the organization discriminate by race in any way with respect to: 5a | x x x x | |
| the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. 3 If you need more space, use Part II 3 AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION 3 WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. | x x x x | |
| If you need more space, use Part II 3 | x x x x | |
| AT ADMISSION MOST PEOPLE COMPLETE AN ADMISSION APPLICATION WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | x x x x | |
| WHICH STATES THE NONDISCRIMINATION PRACTICES OF SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5a | X X | |
| ACHIEVE, DBA LIFESCAPE. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | X X | |
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| a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4d d Copies of all material used by the organization or on its behalf to solicit contributions? 4d if you answered "No" to any of the above, please explain. If you need more space, use Part II. 4d 5 Does the organization discriminate by race in any way with respect to: 5a | X X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b 2 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c 2 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 2 if you answered "No" to any of the above, please explain. If you need more space, use Part II. 4d 2 5 Does the organization discriminate by race in any way with respect to: 5a | X X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c 2 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 2 if you answered "No" to any of the above, please explain. If you need more space, use Part II. 4d 2 5 Does the organization discriminate by race in any way with respect to: 5a | x | |
| admissions, programs, and scholarships? 4c 2 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 2 If you answered "No" to any of the above, please explain. If you need more space, use Part II. 4d 2 5 Does the organization discriminate by race in any way with respect to: 5a | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. 4d 5 Does the organization discriminate by race in any way with respect to: 5a | | |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | X | |
| 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | | _ |
| a Students' rights or privileges? 5a | | |
| a Students' rights or privileges? 5a | | |
| a Students' rights or privileges? 5a | | |
| a Students' rights or privileges? 5a | | |
| a Students' rights or privileges? 5a | | |
| | | х |
| D Admissions policies? | | X |
| | | X |
| c Employment of faculty or administrative staff? 5c d Scholarships or other financial assistance? 5d | | X |
| | | X |
| | | X |
| | | X |
| | | X |
| h Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | |
| | | |
| | | |
| | | |
| | | |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? | x | |
| b Has the organization's right to such aid ever been revoked or suspended? | | Х |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of | | |
| Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | | |

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

Schedule E (Form 990 or 990-EZ) 2019

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES A SUBSTANTIAL AMOUNT OF ITS SUPPORT FROM THE

FEDERAL GOVERNMENT, THE STATE OF SOUTH DAKOTA AND LOCAL GOVERNMENTS IN

SOUTH DAKOTA. A SIGNIFICANT REDUCTION IN THE LEVEL OF SUPPORT, IF THIS

WERE TO OCCUR, WOULD HAVE A SIGNIFICANT EFFECT ON THE ORGANIZATION'S

PROGRAMS AND ACTIVITIES.

| SCHEDULE I (Form 990) | | Go | irants and Oth vernments, an | d Individual | s in the Uni | ted States | | OMB No. 1545-0047 |
|--|--|------------------------|------------------------------------|-----------------------------|--|---|---------------------------------------|--|
| Department of the Treasury Internal Revenue Service | | Comple | ete if the organization | Attach to Form | m 990. | | | Open to Public |
| | | | Go to www.ir | s.gov/Form990 fo | r the latest inform | nation. | | Inspection |
| Name of the organizati | on SOUTH DAK | OTA ACHIE | VE | | | | | Employer identification number 23-7072116 |
| Part I General In | formation on Grants a | nd Assistance | | | | | | |
| criteria used to a | ation maintain records t ward the grants or assis | stance? | | | | J. J | | |
| | IV the organization's pro | | | | | | | |
| | d Other Assistance to I | - | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and ad | nat received more than Idress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | ed. (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| LIFESCAPE FOUNDAT 2501 W. 26TH STRE SIOUX FALLLS, SD | ET | 46-0353254 | 501(C)(3) | 31,580. | 0. | | | FINANCIAL ASSISTANCE FOR LIFESCAPE STAFF WHO EXPERIENCED FINANCIAL HARDSHIP DUE TO COVID-19 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3 Enter total numb | er of section 501(c)(3) and er of other organizations | s listed in the line 1 | table | e line 1 table | | | | |
| LHA For Paperwork | Reduction Act Notice, | | | | _ | | | Schedule I (Form 990) (2019) |

Schedule I (Form 990) (2019) SOUTH DAKOTA ACHIEVE

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LIFESCAPE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL ASSISTANCE FOR LIFESCAPE

STAFF WHO EXPERIENCED FINANCIAL HARDSHIP DUE TO COVID-19 RELATED ISSUES.

| CHEDULE J | Compensation Information | OMB No. 1 | 545-0047 |
|---------------------------------------|--|---------------|----------|
| Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | 20 | 10 |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | 20 | IJ |
| epartment of the Treasury | Attach to Form 990. | Open to | |
| ternal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | Inspec | |
| ame of the organiza | | identificatio | |
| Part I Questi | SOUTH DAKOTA ACHIEVE 23- ons Regarding Compensation | /0/2110 |) |
| | | | Vac Na |
| 12 Check the appr | opriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | Yes No |
| | A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| | or charter travel Housing allowance or residence for personal use | | |
| | | | |
| | companions Payments for business use of personal residence infication and gross-up payments Health or social club dues or initiation fees | | |
| | | | |
| | ary spending account Personal services (such as maid, chauffeur, chef) | | |
| b If any of the heat | as an line to are shocked, did the executivation follow a written policy recording normant or | | |
| • | tes on line 1a are checked, did the organization follow a written policy regarding payment or | 16 | |
| | or provision of all of the expenses described above? If "No," complete Part III to explain | <u>1b</u> | |
| | ation require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | |
| trustees, and or | ficers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| | | | |
| | if any, of the following the organization used to establish the compensation of the organization's | | |
| | Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | |
| | ensation of the CEO/Executive Director, but explain in Part III. | | |
| | tion committee Written employment contract | | |
| · | nt compensation consultant | | |
| Form 990 o | of other organizations Approval by the board or compensation committee | | |
| | | | |
| During the year, | did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | |
| U U | a related organization: | | |
| | ance payment or change-of-control payment? | | <u> </u> |
| | r receive payment from, a supplemental nonqualified retirement plan? | | <u> </u> |
| | r receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any o | of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | | | |
| - |)1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons liste | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | |
| contingent on th | | | |
| | ו? | | <u> </u> |
| | anization? | | X |
| If "Yes" on line ! | 5a or 5b, describe in Part III. | | |
| For persons liste | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | |
| | ne net earnings of: | | |
| | ו? | | <u> </u> |
| | anization? | | X |
| | 6a or 6b, describe in Part III. | | |
| For persons liste | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | |
| not described o | n lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| B Were any amou | nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | |
| initial contract e | xception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line | 3, did the organization also follow the rebuttable presumption procedure described in | | |
| | | | |

23-7072116

Page **2**

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

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred benefits | | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|------|--------------------------|---|-----------------|--|---|------------------------------------|-----------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | | | reported as deferred on prior Form 990 | | |
| (1) STEVEN WATKINS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CEO | (ii) | 265,499. | 0. | 516. | 0. | 22,611. | 288,626. | 0. |
| (2) STEVE WILSON | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CFO | (ii) | 167,901. | 0. | 516. | 3,539. | 20,989. | 192,945. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION RELIED ON A RELATED PARTY, LIFESCAPE, TO DETERMINE

COMPENSATION FOR THE CEO AND CFO. LIFESCAPE USES THE METHODS LISTED IN PART

I, LINE 3 TO DETERMINE THE COMPENSATION.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury | |
|----------------------------|--|
| Internal Revenue Service | |

Name of the organization

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.

| 2019 |
|----------------|
| Open to Public |
| Inspection |

| SOUTH | DAKOTA | ACHIEVE | |
|-------|--------|---------|--|

| Employer | identification number |
|----------|-----------------------|
| 2 | 3-7072116 |

| Par | rt I Types of Property | | | | | | |
|-----|---|-----------------|----------------------------|---|----------------------|----------|------|
| | | (a) | (b) | (c) | (d) | | |
| | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of detern | • | - |
| | | applicable | | Form 990, Part VIII, line 1g | noncash contribution | amount | 5 |
| 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 | | | | | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| •• | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | X | 1 | 77,075. | СОЅТ | | |
| 17 | Real estate - Other | | | , | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other • () | | | | | | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other () | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation during | the tax year for c | ontributions | | | |
| | for which the organization completed Form 82 | | | | | 0 | |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | , contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | |
| | must hold for at least three years from the date | e of the initia | l contribution, and | which isn't required to be us | sed for | | |
| | exempt purposes for the entire holding period? | ? | | | | а | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | quires the review o | of any nonstandard contribut | ions? <u>3</u> | 1 | X |
| 32a | a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | |
| | contributions? | | | | | | |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) foi | a type of property | / for which column (a) is cheo | ked, | | |
| | describe in Part II. | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruct | tions for Form 990 |). | Schedule M (Fo | orm 990) | 2019 |

Schedule M (Form 990) 2019 SOUTH DAKOTA ACHIEVE Part II Supplemental Information. Provide the information

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



SOUTH DAKOTA ACHIEVE

Employer identification number 23 - 7072116

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES AND CREATIVE SOLUTIONS FOR PEOPLE WITH VARIED NEEDS AND

COMPLEX CARE ACROSS THEIR LIFE SPAN. THROUGH COLLABORATIVE

PARTNERSHIPS, LIFESCAPE WILL BECOME A DESTINATION FOR RESEARCH, AND THE

DEVELOPMENT, IMPLEMENTATION, AND TRAINING OF TECHNOLOGY-BASED SOLUTIONS

TO IMPROVE THE LIVES OF PEOPLE WE SUPPORT.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, IMMEDIATE PAST CHAIR, CHIEF EXECUTIVE OFFICER, AND ONE DIRECTOR. THE COMMITTEE CAN ACT ON BEHALF OF THE BOARD BETWEEN BOARD MEETINGS. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE MUST BE RATIFIED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

STEVE WATKINS HAS A BUSINESS RELATIONSHIP WITH PATTY PETERS, GAYLE VER HEY, JOHN ROZELL, JEFF HAZARD, JACK HOPKINS, JASON HARRIS, P. DANIEL DONOHUE, JOE HENKIN, MOLLY MCCARTHY, JON SODERHOLM, LARRY FENTON, MARK STERNHAGEN, CLAUDIA VUCUREVICH, TERRI GRABLANDER, MARLI SCHIPPERS, JOSH PAULI, NAN BAKER, AMY PREATOR, BOB MCNANEY AND JEFF NELSON. THE BUSINESS RELATIONSHIP EXISTS BECAUSE STEVE WATKINS WAS PAID BY LIFESCAPE. PERSONS LISTED AS HAVING A BUSINESS RELATIONSHIP WITH HIM SERVE ON THE BOARD OF LIFESCAPE. ADDITIONALLY, STEVE WATKINS AND STEVE WILSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

Name of the organization

SOUTH DAKOTA ACHIEVE

Employer identification number 23-7072116

THE SOLE MEMBER OF THE ORGANIZATION IS LIFESCAPE, A SOUTH DAKOTA

NON-PROFIT, EXEMPT UNDER INTERNAL REVENUE CODE 501(C)(3).

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS SHALL BE ELECTED BY THE MEMBER AND SHALL BE THE SAME PERSONS

WHO SERVE AS THE DIRECTORS OF THE MEMBER.

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

THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND A FINAL COPY OF THE

990 IS SHARED WITH THE BOARD OF DIRECTORS.

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

LIFESCAPE HAS A CONFLICT OF INTEREST POLICY THAT IS SIGNED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. IN ADDITION, A CONFLICT LETTER IS SENT TO ALL BOARD MEMBERS AND SENIOR LEADERS OF LIFESCAPE TO COMPLETE AND TO DISCLOSE ANY POTENTIAL CONFLICTS.

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

THE CEO AND CFO OF SOUTH DAKOTA ACHIEVE ARE COMPENSATED BY LIFESCAPE, A

RELATED ORGANIZATION.

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

DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART X, LINE 20:

SOUTH DAKOTA ACHIEVE, D/B/A LIFESCAPE, IS PART OF THE LIFESCAPE

OBLIGATED GROUP WHICH CONSISTS OF LIFESCAPE, CHILDREN'S CARE HOSPITAL

AND SCHOOL D/B/A LIFESCAPE, SOUTH DAKOTA ACHIEVE D/B/A LIFESCAPE, AND

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization SOUTH DAKOTA ACHIEVE | Employer identification number 23-7072116 |
| LIFESCAPE FOUNDATION. SOUTH DAKOTA ACHIEVE WAS NOT ALLOCAT | ED ANY SHARE |
| OF THE BOND ISSUE, AND THUS DOES NOT HAVE AN AMOUNT ON LIN | IE 20. |
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| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| NET ASSETS RELEASED FROM RESTRICTION | 5,000. |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

ne of the organization

SOUTH DAKOTA ACHIEVE

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
| | - | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile (state or | (d) Exempt Code | (e) Public charity | (f) Direct controlling | cont | g) 512(b)(13) trolled |
|--|--------------------------------|---------------------------------|--------------------|----------------------------------|---------------------------|------|------------------------------------|
| of related organization | | foreign country) | section | status (if section 501(c)(3)) | entity | Yes | tity? No |
| SIOUX RESIDENTIAL SERVICES, INC AKA HARVEST | HUD PROPERTY FOR | | | | | | |
| APARTMENTS - 46-0378935, 4100 S WESTERN AVE, | INDIVIDUALS SUPPORTED BY | | | | SOUTH DAKOTA | | |
| SIOUX FALLS, SD 57105 | SDA | SOUTH DAKOTA | 501(C)(3) | LINE 10 | ACHIEVE | x | |
| LIFESCAPE - 46-5151247 | ASSIST CHILDREN'S CARE | | | | | | |
| 4100 S WESTERN AVE | HOSPITAL & SCHOOL AND SD | | | | | | |
| SIOUX FALLS, SD 57105 | ACHIEVE | SOUTH DAKOTA | 501(C)(3) | LINE 12A, I | N/A | | Х |
| CHILDREN'S CARE HOSPITAL & SCHOOL DBA | HOSPITAL & SCHOOL FOR | | | | | | |
| LIFESCAPE - 46-0233030, 2501 W 26TH ST., | CHILDREN WITH SPECIAL | | | | | | |
| SIOUX FALLS, SD 57105 | NEEDS & THEIR FAMILIES | SOUTH DAKOTA | 501(C)(3) | LINE 3 | LIFESCAPE | | Х |
| LIFESCAPE FOUNDATION - 46-0353254 | SUPPORT PROGRAMS & | | | | | | |
| 4100 S WESTERN AVE | SERVICES OF LIFESCAPE | | | | | | |
| SIOUX FALLS, SD 57105 | ENTITIES | SOUTH DAKOTA | 501(C)(3) | LINE 12A, I | LIFESCAPE | | х |

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

OMB No. 1545-0047

Employer identification number

23-7072116

2019

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

| (b) | (c) | (d) | (e) | (f) | (g) | 1) | n) | (i) | (j) | (k) | | |
|------------------|---|--|---|---|---|---|--|--|---|--|--|--|
| Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | alloca | tions? | amount in box 20 of Schedule | managin partner? | ^r Percentage ownership | | |
| | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | | | |
| | | | | | | | | | | | | |
| | | SOUTH DAKOTA | | | | | | | | | | |
| OW INCOME | | ACHIEVE D/B/A | | | | | | | | | | |
| OUSING | SD | LIFESCAPE | RELATED | -5. | 309,538. | Х | | N/A | X | .01% | | |
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| | Primary activity | Primary activity Legal domicile (state or foreign country) DW INCOME | Primary activity Legal domicile (state or foreign country) Direct controlling entity DW INCOME SOUTH DAKOTA ACHIEVE D/B/A | Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) DW INCOME SOUTH DAKOTA ACHIEVE D/B/A Predominant income (related, unrelated, excluded from tax under sections 512-514) | Primary activity Legal domicile (state or roreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income DW INCOME SOUTH DAKOTA ACHIEVE D/B/A ACHIEVE D/B/A | Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets DW INCOME SOUTH DAKOTA ACHIEVE D/B/A ACHIEVE D/B/A Achieve assets Achieve assets | Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Disprop alloca DW INCOME SOUTH DAKOTA ACHIEVE D/B/A Achieve D/B | Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Disproportionate allocations? DW INCOME SOUTH DAKOTA ACHIEVE D/B/A SOUTH DBAKOTA ACHIEVE D/B/A Image: Control of the con | Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Disproprionate allocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) DW INCOME SOUTH DAKOTA ACHIEVE D/B/A South DAKOTA ACHIEVE D/B/A Image: Code V-UBI amount in box assets Image: Code V-UBI amount in box assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Disproportionate allocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Generator managing partner? DW INCOME SOUTH DAKOTA ACHIEVE D/B/A ACHIEVE D/B/A ACHIEVE D/B/A Achievee D | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, | (f) Share of total income | (g) Share of end-of-year | (h) Percentage ownership | 512(b | (i) ction b)(13) rolled |
|--|--------------------------------|------------------------------------|--|--|--|---------------------------------------|--------------------------------|-------|----------------------------------|
| of related organization | | foreign country) | entry | or trust) | income | assets | ownership | ent | tity? No |
| REHABILITATION MEDICAL SUPPLY - 41-1936988 | SALES & SERVICE OF | | | | | | | | |
| 2501 W 26TH STREET | DURABLE MEDICAL | | | | | | | | |
| SIOUX FALLS, SD 57105 | EQUIPMENT, ORTHOTICS, | SD | N/A | C CORP | N/A | N/A | N/A | | Х |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule R (Form 990) 2019 SOUTH DAKOTA ACHIEVE

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

| Not | e: 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? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | Х |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| | Loans or loan guarantees to or for related organization(s) | 1d | X | |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | l | | |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| I. | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| | Sharing of paid employees with related organization(s) | 10 | | X |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | X | |
| | Reimbursement paid by related organization(s) for expenses | 1q | X | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| S | Other transfer of cash or property from related organization(s) | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

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

Т

Schedule R (Form 990) 2019 SOUTH DAKOTA ACHIEVE

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.

| (-) | (1-) | (-) | (-1) | 10 | | (4) | () | | - \ | (1) | (1) | (1.) |
|-------------------------------------|------------------|-------------------------------------|--|-----------------------------|---------------|----------------|-------------------------|-----|--------------------------|--|----------|----------|
| (a) | (b) | (c) | (d) | (e) Are a | i ll | (f) | (g) | | h) | (i) | (j) | (k) |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners 501(c) orgs. | s sec. (3) | Share of total | Share of end-of-year | tio | ropor- nate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managin | |
| of entity | | country) | excluded from tax under | orgs. | | income | | | tions? | of Schedule K-1 | partner? | |
| | | country) | sections 512-514) | Yes I | No | Income | 255615 | Yes | No | (Form 1065) | Yes No | · |
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Schedule R (Form 990) 2019

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

REHABILITATION MEDICAL SUPPLY

PRIMARY ACTIVITY: SALES & SERVICE OF DURABLE MEDICAL EQUIPMENT, ORTHOTICS,

& PROSTHETICS