Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency	=
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Scientiff box in the Adobe 1 lint dialog.	
PUBLIC DISCLOSURE COPY	
TODATO DIBOLOBONE COLL	



CPAs & BUSINESS ADVISORS

May 10, 2018

LifeScape 2501 W 26th Street Sioux Falls, SD 57105 Attention: Steve Wilson

Dear Steve:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

2016 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) located on Eide Bailly Connect. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. You should print and sign the public disclosure copy(ies)and keep them available at your primary office location. A copy of the returns will be retained on Eide Bailly Connect for four years.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

South Dakota nonprofit organizations receiving grants, pass-through grants, or any other awards granted by a state agency after July 1, 2016, are required to display their public disclosure Form 990 on the organization's website immediately following filing of the Form 990 with the IRS.

Please make sure the public disclosure copy of the organizations' Form 990 is posted to your website, if applicable. This is a requirement under South Dakota Codified Law Chapter 1-56 Paragraph 10.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Laurie Hanson

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared for	LifeScape 2501 W 26th Street Sioux Falls, SD 57105
Prepared by	EIDE BAILLY LLP 200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125
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 return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2018.

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning $\ JUL\ 1$, 2016, and ending $\ JUN\ 30$, 20 $\ 17$

OMB No. 1545-1878

Department of the Treasury

Form 8879-EO

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization 46-5151247 LIFESCAPE Name and title of officer STEVE WILSON **CFO** Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 3 , 9 6 4 , 121 . 1a Form 990 check here ► X 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b **b Total tax** (Form 1120-POL, line 22) ________ **3b** ___ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) 5b _ 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | lauthorize EIDE BAILLY LLP to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ► Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 46047205537 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 05/10/18 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

> > Form **8879-EO** (2016)

LIFESCAPE CAROL PETERSON 2501 W 26TH STREET SIOUX FALLS, SD 57105

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalalalalillaaailllaallaaalallaalilal

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending JUN 30, 2017

6 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30,

3 c	Check if	C Name of organization		D Emp	loyer iden	tification	number		
	Addre	LIFESCAPE							
F	Name chang			\dashv	46-	5151	247		
F	Initial return	9	Room/sui	ite F Tele					
	Final	2501 ₩ 26ጥዙ ሮጥ₽፱፻ጥ	1100111/041		E E Telephone number 605-444-9500				
	termir ated			G Gross	receipts \$		3,964,121.		
	Amen	ded CTOTTY FATTE CD 57105			this a group		-,		
F	Appli	·			subordina		Yes X No		
	pendi	SAME AS C ABOVE					Yes No		
I T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 5				see instructions)		
		te: WWW.LIFESCAPESD.ORG		—	oup exemp		•		
		f organization: X Corporation Trust Association Other	L Ye				of legal domicile: SD		
	art I	Summary			-		<u> </u>		
_	1	Briefly describe the organization's mission or most significant activities: PROV	IDE N	IANAGE	MENT A	CTIV	ITIES TO		
Governance		SOUTH DAKOTA ACHIEVE AND CHILDREN'S CARE	HOSE	PITAL A	AND SC	HOOL	•		
rua	2	Check this box if the organization discontinued its operations or dispose	sed of m	ore than 25	% of its net	assets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)				з	18		
ত ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>	4	17		
es 9	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			[5	73		
ξ	6	Total number of volunteers (estimate if necessary)				6	16		
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				'a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34			7	'b	0.		
				Prio	Year		Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)				•	0.		
eun	9	Program service revenue (Part VIII, line 2g)		3,9	10,760		3,964,121.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				•	0.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,9	10,760		3,964,121.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				•	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			-	•	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,0	72,701		3,840,751.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	•	0.		
ă	l .	Total fundraising expenses (Part IX, column (D), line 25)	0.		00 040				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			20,840		28,898.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			93,541		3,869,649.		
_ ഗ		Revenue less expenses. Subtract line 18 from line 12			82,781	_	94,472.		
Net Assets of Fund Balance		T	-	Beginning o	02,545		End of Year		
SSE	20	Total assets (Part X, line 16)			53,449		849,570. 906,002.		
ind in	21	Total liabilities (Part X, line 26)			50,904		-56,432.		
	ırt II	Net assets or fund balances. Subtract line 21 from line 20			30,304	•	-JU,4JZ•		
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etate	ements and	to the hest of	my know	ledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh				my know	nougo ana bonoi, it io		
i uo,	, 00110	and complete. Boolardion of property (canor than officer) to become on an information of wi	mon propu	iror nao any k	nowiougo.				
Sign	n	Signature of officer			Date				
Her		STEVE WILSON, CFO							
ICI	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date	Check		PTIN		
Paid	i	LAURIE HANSON LAURIE HANSON		05/10	/18 if self-em	nloved P	00851848		
	arer	Firm's name EIDE BAILLY LLP			Firm's EIN		-0250958		
	Only	Firm's address 200 EAST 10TH ST, PO BOX 5125			2 =				
	-	SIOUX FALLS, SD 57117-5125			Phone no. 6	05-3	39-1999		
May	the I	RS discuss this return with the preparer shown above? (see instructions)					X Ves No		

LIFESCAPE 46-5151247 Page **3** Form 990 (2016) LIFESCAPE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
J	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
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		Х
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

Form **990** (2016)

46-5151247 Page 4 Form 990 (2016) LIFESCAPE

Part IV Checklist of Required Schedules (continued) LIFESCAPE

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			٠,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		х	
	Schedule J	23		
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	240		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		1
		24b		
C	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		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	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			X
00	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		22
34		34	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		Х
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		Х
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	X	

Form **990** (2016)

46-5151247 LIFESCAPE Page 5

Form 990 (2016) LIFESCAPE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Scriedule O contains a response of note to any line in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 I	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		72			
	filed for the calendar year ending with or within the year covered by this return		73		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	.		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country:	1000115	λ+ο (ΕΒΛΒ)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transalf "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			30		
va	any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			- Ou		
~	were not tax deductible?		ū	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	l	ı			
	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:	۔ د د ا	1			
	Gross income from members or shareholders	11a				
а	Gross income from other sources (Do not net amounts due or paid to other sources against	445				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	120		
		1041 12b	<u>;</u>	12a		
ъ 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	<u>l</u>			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	100, The Railed & Ferrit Fee to report these payments: If Tvo, provide an explanation in General	J J			990	(2016

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
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	0.0		
·	organization's mailing address? If "Yes," provide the names and addresses in 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		X
	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				
12a	and the second s	12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
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	
	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).	.5.0		
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		
Sec	tion C. Disclosure	10.5		
<u> 17</u>	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.	α.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEVE WILSON - 605-444-9820			
	2501 W 26TH STREET STOLLS SD 57105			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A)	(B)	1		((C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable compensation	Reportable	Estimated amount of
	hours per week		cer an					from	compensation from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee (rustee		س ا	bensa		(W-2/1099-MISC)		organization
	organizations below	nal tru	onal t		ploye	com				and related
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. PATTY PETERS	1.00	트	트	5	<u>~</u>	王ə	윤			
CHAIR	2.50	x		x				0.	0.	0.
(2) GAYLE VER HEY	1.00									
VICE CHAIR	2.00	Х		х				0.	0.	0.
(3) JOHN ROZELL	1.00									
TREASURER	2.00	Х		х				0.	0.	0.
(4) JEFF HAZARD	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(5) JACK HOPKINS	1.00									
IMMEDIATE PAST CHAIR	2.50	Х		Х				0.	0.	0.
(6) JASON HARRIS	1.00									
MEMBER-AT-LARGE	2.00	Х		Х				0.	0.	0.
(7) ANNE RIECK MCFARLAND	2.00									
CEO	48.00	Х		Х				211,387.	0.	12,192.
(8) P. DANIEL DONOHUE	1.00								_	_
DIRECTOR	2.00	Х						0.	0.	0.
(9) JOE HENKIN	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) MOLLY MCCARTHY	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(11) JON SODERHOLM	1.00	١								
DIRECTOR	2.00	Х						0.	0.	0.
(12) DR. LARRY FENTON	1.00	,,								_
DIRECTOR	2.00	Х						0.	0.	0.
(13) MARK STERNHAGEN	1.00	٠,,							_	_
DIRECTOR	2.00	Х						0.	0.	0.
(14) CLAUDIA VUCUREVICH	1.00	X						0.	0.	_
DIRECTOR	+	^						0.	0.	0.
(15) TERRI GRABLANDER DIRECTOR	2.00	v						0.	0.	0.
(16) MARLI SCHIPPERS	1.00	^					\vdash	0.	0.	<u></u>
DIRECTOR (BEG 01/2017)	2.00	y						0.	0.	0.
(17) CURT HOHMAN	1.00	<u> </u>		\vdash				0.	· ·	·
DIRECTOR/FOUNDATION PAST CHAIR	2.50	X						0.	0.	0.
COORT 11 11 16	1 2.50					_			<u> </u>	Form 990 (2016)

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Section A. Officers, Directors, Trus	1	ploy	/ees			ighe	st C	1	·				
(A)	(B)			((-			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable	_		timate	
	hours per week					is bot or/trus		compensation from	compensation from related		1	nount other	OŤ
	(list any	tor						the	organizations			pensa	tion
	hours for	direc				pa		organization	(W-2/1099-MIS		l	om th	
	related	stee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	onal tr		loyee	comp						d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) JEFF NELSON	1.00	흐	Ë	Þ	<u>\$</u>	主旨	요						
DIRECTOR/CURRENT FOUNDATION CHAIR	2.50	X						0.		0.			0.
(19) BRANDI KOWALCZYK	5.00							0.		<u> </u>			<u> </u>
CFO (UNTIL 11/2016)	45.00	-		x				102,354.		0.	1	4,0	28.
(20) STEVE WILSON	4.00							102/3310		<u> </u>	-	-, -	
CFO (BEG 01/2017)	46.00	1		x				0.		0.			0.
(21) KIMBERLY MARSO	5.00			 		\vdash				-			
CHIEF OPERATING OFFICER	35.00	1				x		144,355.		0.	1	6,7	22.
(22) LON CLEMENSEN	5.00							,					
VP PROGRAM SUPPORT(UNTIL 09/2016)	35.00	1				X		105,303.		0.		7,7	37.
(23) KRISTIN TUTTLE	5.00												
VP OF MEDICAL & THERAPY SE	35.00	1				X		108,330.		0.		7,5	60.
(24) CAROL PETERSON	5.00												
DIRECTOR OF FINANCE	35.00	1				X		100,983.		0.		9,0	36.
(25) JESSICA WELLS	0.00												
FOUNDATION PRESIDENT	45.00					Х		120,390.		0.		2,3	82.
1b Sub-total								893,102.		0.	6	9,6	
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								893,102.		0.	6	9,6	5/.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			7
compensation from the organization												Yes	No
2 Did the averagination list any favore water		4_	- 1		1			h:		ſ		163	NO
3 Did the organization list any former officer,	,		,	,	•	,	,	•	' '		3		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	•							•	ine organization		4	х	
5 Did any person listed on line 1a receive or a	•								dual for services				
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		,								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation	rom	
the organization. Report compensation for										•			
(A)								(B)			(C		
Name and business	address	N	INC	E				Description of s	ervices	C	compe	nsatio	n
							_						
							_						
							\dashv						
							\dashv		-				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ster	l d above) who received m	ore than				
\$100,000 of compensation from the organi				0		0							
+											Гокт	000 /	2040)

Pa	rt V			or note to any li	no in this Bort VIII			
		Check if Schedule O conta	uns a response	or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership dues	1b					
ts, (Am	•	c Fundraising events	1c					
a git	•	d Related organizations	1d					
JS,	(e Government grants (contribution	ons) 1e					
er S	1	f All other contributions, gifts, grants	s, and					
ξġ		similar amounts not included above	e 1f					
a de	9	g Noncash contributions included in lines 1	1a-1f: \$					
<u>a</u> <u>c</u>	ı	h Total. Add lines 1a-1f						
		WANTA CEMENTE FEE		Business Code		2 064 101		
ice	2 3			201000	3,964,121.	3,964,121.		
er.		b						
m S ven		c						
gra Re	•	d						
Program Service Revenue		f All other program service rever						
		g Total. Add lines 2a-2f			3,964,121.			
	3	Investment income (including of						
		other similar amounts)	•	•				
	4	Income from investment of tax						
	5	Royalties	•	•				
		· [(i) Real	(ii) Personal				
	6 8	a Gross rents						
	ı	b Less: rental expenses						
	(c Rental income or (loss)						
	•	d Net rental income or (loss)		<u></u>				
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	ı	b Less: cost or other basis						
		and sales expenses		-	_			
		c Gain or (loss)						
		d Net gain or (loss)a Gross income from fundraising		······				
nue		including \$						
eve		contributions reported on line						
<u>ν</u> Ω		Part IV, line 18		ı				
Other Revenu	ı	b Less: direct expenses						
O	(c Net income or (loss) from fundr	raising events	>				
	9 8	a Gross income from gaming act	rivities. See					
		Part IV, line 19		ı <u> </u>				
		b Less: direct expenses						
		c Net income or (loss) from gamin		<u></u>				
	10 (a Gross sales of inventory, less r						
		and allowances			_			
		b Less: cost of goods sold						
		c Net income or (loss) from sales						
	11 :	Miscellaneous Revenue	7	Business Code				
	_	a b						
		С						
		d All other revenue						
		e Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			3,964,121.	3,964,121.	0.	0.

Form 990 (2016) LIFESCAPE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	374,490.	352,774.	21,716.	
6	trustees, and key employees	3/4,4500	332,114.	21,710.	
O	persons (as defined under section 4958(f)(1)) and				
	navagna dagarihad in agatian 4000(a)(0)(D)				
7	Other salaries and wages	2,839,439.	2,839,439.		
8	Pension plan accruals and contributions (include	_, ,	_, ,		
-	section 401(k) and 403(b) employer contributions)	60,210.	60,210.		
9	Other employee benefits	340,127.	340,127.		
10	Payroll taxes	226,485.	224,946.	1,539.	
11	Fees for services (non-employees):			· · · · · · · · · · · · · · · · · · ·	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,898.	28,898.		
23	Insurance	•			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses	3 860 640	3 846 304	23 255	0.
25	Total functional expenses. Add lines 1 through 24e	3,869,649.	3,846,394.	23,255.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	I TOHOWING GOT 90-2 (AGC 930-720)				

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Form 990 (2016) Part X Balance Sheet

Pai	ILA	Balance Sneet				
		Check if Schedule O contains a response or note to	o any line in this Part X			<u></u>
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		-2,385.	2	270,740.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	36.
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	d persons (as defined under			
		section 4958(f)(1)), persons described in section 4				
		employers and sponsoring organizations of section				
ets		employees' beneficiary organizations (see instr). C	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		50.060	7	
٩	8	Inventories for sale or use		58,960.	8	51,468.
	9	Prepaid expenses and deferred charges		37,269.	9	83,495.
	10a	Land, buildings, and equipment: cost or other	105 114			
		basis. Complete Part VI of Schedule D1	0a 107,114.	E0 (10		50 500
	b	Less: accumulated depreciation1		79,619.	10c	50,722.
	11	Investments - publicly traded securities		204 000	11	202 100
	12	Investments - other securities. See Part IV, line 11		324,020.	12	393,109.
	13	Investments - program-related. See Part IV, line 11	F		13	
	14	Intangible assets		205 062	14	
	15	Other assets. See Part IV, line 11		205,062.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal l		702,545.	16	849,570.
	17	Accounts payable and accrued expenses	529,429.	17	355,413.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa			21	
Liabilities	22	Loans and other payables to current and former of				
bilit		key employees, highest compensated employees,				
Lia		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	, · ·	324,020.	٥-	550,589.
	00	Schedule D		853,449.	25	906,002.
	26	Total liabilities. Add lines 17 through 25		033,443.	26	500,002.
"						
Fund Balances	27	complete lines 27 through 29, and lines 33 and 3		-150,904.	27	-56,432.
<u>la</u>	28	Unrestricted net assets		130,301.	28	30,432.
B	29				29	
nu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	\$ 958) check here		29	
Ϋ́		and complete lines 30 through 34.	, 300), CHECK HEIE			
ts c	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equi			31	
Net Assets or	32	Retained earnings, endowment, accumulated inco			32	
Š	33	Total net assets or fund balances		-150,904.	33	-56,432.
				702,545.	34	849,570.
	34	Total liabilities and net assets/fund balances		104,545.	34	043,370

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1 2 3 4	3,96 3,86 9 -15	9,6 4,4	49. 72.
5 6 7 8	Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	5 6 7 8			
9 10	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	9	-5	6,4	32.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	O.		Yes	NO
2 a	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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Separate basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,	2b	X	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	edule O. ngle Audit	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-5151247 LIFESCAPE

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.					
The	organ	rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	Щ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	_	section 170(b)(1)(A)(vi). (C										
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a land-grant	college				
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of the colleg	je or				
		university:										
10		An organization that norma										
		activities related to its exen										
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Con	•	5	-f-t- 0	- : - :	20/-1/41					
11	X	An organization organized	•		•							
12	_2_	An organization organized a										
		more publicly supported or lines 12a through 12d that						DIRECK THE DOX III				
а		Type I. A supporting orga						, aivina				
а		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•							
		organization. You must o			a majority v	or tric dire	otors or trustees or the s	supporting				
b	X				tion with it	s sunnort	ed organization(s), by ha	avina				
-		control or management o	· · · · · · · · · · · · · · · · · · ·					-				
		organization(s). You mus			amo poroc	orio triat ot	or manage the ear	portod				
С		☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.				
		its supported organizatio	-					,				
d		Type III non-functionally		•				ization(s)				
		that is not functionally int					• • • • • •	• •				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е	X	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.						
f	Ente	er the number of supported o	organizations					. 2				
g		vide the following information		<u> </u>								
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
-		REN'S CARE										
		TAL & SCHOOL D	46-0233030	3	X		0.					
		DAKOTA	00 7070116	2	37							
AC.	HTE	VE D/B/A LIFES	23-7072116	2	X		0.					
					1							
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Tota	l						0.	0.				
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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 line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		•	-	·	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	_	•			*	
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Galendary part (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total membrabers pless received. (Do not include any "unusual grants.") Gross receipts from admissions, marchandise said or services personal and a services are services as a services and a services and a services are services as a services and a services are services as a services and a services are services as a services and a services and a services are services as a services and a services and a services are services as a services and a services are services as a services and a services are services as a services as a services and a services are services as a services and a services as a services as a services and a services and a services as a ser	Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
I Giffs, grants, contributions, and membership feer received. (Do not include any "unusual grants.") Gress receipts from admissions, merchandise acid or services per formed, or facilities furnished in any activity that is related to the organization's tix-evempt purpose 3 Gross receipts from admissions, merchandise acid or services per formed, or facilities furnished in any activity that is related to the organization's tix-evempt purpose 3. Gross receipts from admission of the product of the product of the organization's benefit and either paid to or expended on its chain 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add install through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add install through 5. 7.4 Amounts included on lines 1, 2, and 3 received from disqualified persons be asserted the grature of 8,000 or 1% of the amounts of the 1% to your 2. Add lines 7 and 7 b. 8. Public support, inspect services, and the services of the grature of 8,000 or 1% of the amounts of the 1% to your 2. A dollines 7 and 7 b. 9. Amounts from line 6. B. Public support (support excellent) and the services of the grature of 8,000 or 1% of the amounts of the 1% to your 2. Add lines 7 and 7 b. 9. Amounts from line 6. 10. Gross income from line'est, childred, payments received on and income from line'est, childred, payments received on and income from line'est, childred, payments received on similar sources. b. Unrelated business toxable income (less section 5.1 taxes) from businesses acquired after Juan 9,000 pays to 100 payments. The product of 100 payments are selected on a section 100 payments are selected on a section 100 payments are selected on a section 100 payment percentage to 2016 (line 8, column ft) divided by line 15, column ft). 10. Total support percentage from 2016 Schedule A, Part III, line 17. 11. Total support percentage from 2016 Schedule A, Part III, lin		• • • • • • • • • • • • • • • • • • • •	(a) 2012	(b) 2013	(6) 2014	(4) 2015	(a) 2016	(f) Total
memborship fees received. (Do not included any funsished in continuity and private 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 business under section 513 4 Tax revenues levied for the organization's trace section 513 5 The value of services or facilities furnished in the control of the organization's benefit and either paid to or expended on its behalf or expended on its behalf or or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to ore several expended on its behalf or the organization's benefit and either paid to ore several expended on its behalf or the organization's benefit and either paid to ore several expended on its behalf or the organization's benefit and either paid to ore several expended on its behalf or the organization's benefit and either paid to ore several expended on its behalf or the organization without charge or the organization or the organization or the several expended on the organization of the organization or the organization organization or the organization or			(a) 2012	(6) 2013	(6) 2014	(u) 2013	(e) 2010	(i) iotai
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Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							10	70
18 Investment income percentage from 2015 Schedule A, Part III, line 17		•					17	
19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	138							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h							
\cdot \square	,							
	20							

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 (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.)

		V	Na
		Yes	No
	1	Х	
	2		Х
	3a		Х
	3b		
	3с		
			Х
	4a		Λ
	4b		
	4c		
	40		
	5a		Х
	5b		
	5c		
	6		Х
	7		Х
			77
	8		Х
	9a		Х
			77
	9b		Х
	9c		Х
	90		-22
	10a		Х
	10b		
n a	90 or 90	10-F7	2016

Pa	rt IV Supporting Organizations (continued)			
	(oonsingod)		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		Х
b	A family member of a person described in (a) above?	11b		Х
С	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		X
	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			
	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	Х	
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion 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			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
<u>a</u>	5 (2010			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)										
SCHEDULE A, PART I, LINE 12G, COLUMN (VI):										
LIFESCAPE PROVIDES MANAGEMENT SERVICES AND SUPPORT TO SOUTH DAKOTA										
ACHIEVE AND CHILDREN'S CARE HOSPITAL & SCHOOL. MANAGEMENT SERVICES										
PROVIDED INCLUDE ACCOUNTING, IT, MARKETING, HUMAN RESOURCES, AND										
OVERALL MANAGEMENT OF THE ENTITIES.										

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number LIFESCAPE 46-5151247

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva-	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part Y		• •

Sche	dule D (Form 990) 2016 LIFESCA	PE					46-	51512	47 _F	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Other	Similar As	ssets(cor	itinued))
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	t are a sigr	ificant use of	f its collect	tion iter	ns
	(check all that apply):									
а	Public exhibition	c	ı 🖳 ı	Loan or exc	hange progra	ıms				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ey further t	he organizati	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similar a	ssets		_	_
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	ollection?			Yes		□ No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on Fo	orm 990, Parl	IV, line 9,	or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded		_	_
	on Form 990, Part X?							Yes	L	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
								Amou	unt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on F						?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanatio	n has been	provided on	Part XIII			<u> </u>	
Par	t V Endowment Funds. Complete i	if the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d)	Three years b	ack (e) Fo	our years	s back
1a	Beginning of year balance									
b	Contributions									_
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the cur		re (line 1:	a column (s	a)) held as:	I		_		
a	Board designated or quasi-endowment	rent year end balanc	%	g, coluitiii (e	ajj ricia as.					
	Permanent endowment									
	• —									
C	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho			ماماما مسما						
Sa	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	ina aaministe	red for the	organization		Vaa	NI.
	by:							0.4	Yes	No
	(i) unrelated organizations							3a(
_	(ii) related organizations							3a(i		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		owment 1	funds.						
Par	t VI Land, Buildings, and Equipm			, ,, ,, ,			40			
	Complete if the organization answere							(1 5 5		
	Description of property	(a) Cost or o		. ,	or other		umulated	(d) Bo	ook valu	ne
		basis (investr	nent)	pasis	(other)	aepre	ciation			
	Land									
	Buildings									
С	Leasehold improvements			4.4						700
d	Equipment			10	7,114.	5	6,392.		50,7	122.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	X, colun	nn (B), line 1	10c.)				50,7	/22.

Schedule D (Form 990) 2016 LIFESCAPE			4 6	-515124/ Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) EMPLOYEE BENEFIT RESERVE	393,109.	END-OF-Y	EAR MARKET	' VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	393,109.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or en	d-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.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, I	Part X, line 15.	
(a) D	escription			(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.)		>	
Part X Other Liabilities.	,		·	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED COMPENSATION		393,109.		
(3) DUE TO RELATED PARTIES		157,480.		
(4)		, = 3 3		
(5)				
(6)				
(7)				
(8)				
(O)				

550,589.

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 organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

a Net unrealized gains (losses) on investments 27,503. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 27,503. e Add lines 2a through 2d 2e 3,964,121. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 3.964 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

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

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

1	Total expenses and losses per audited financial statements			1	3,897,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	27,503.		
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	27,503.
	Subtract line 2e from line 1			3	3,869,649.
4	Amounts included on Form 990, Part IX, line 25, 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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,869,649.

Part XIII Supplemental Information.

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

PART X, LINE 2:

LIFESCAPE IS ORGANIZED AS A SOUTH DAKOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. THE ORGANIZATION HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS.

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

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number 46-5151247 LIFESCAPE

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Z Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			.,
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			Х
	The organization?	5a		X
D	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
_	contingent on the net earnings of:	6-		Х
	The organization?	6a 6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		- 22
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
8	not described on lines 5 and 6? If "Yes," describe in Part III	+		- 22
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
	IIIIIIIII OOTIIIIIIOI EAGEPIIOH UESCHDEU III NEQUIAIIOHS SECIIOH JJ.4330°4(A)(J)! II- TES, UESCHDE III FAIL III	_ 0		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2016

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	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(U)	reported as deferred on prior Form 990
(1) ANNE RIECK MCFARLAND	(i)	210,120.	0.	1,267.	4,265.	8,520.	224,172.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLY MARSO	(i)	144,175.	0.	180.	3,000.	14,289.	161,644.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Schedule J (Form 990) 2016	LIFESCAPE	46-5151247	Page 3
Part III Supplemental Inform			
Provide the information, explana	tion, 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 informa	ation.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

16 **Open to Public**

OMB No. 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection

Name of the organization

LIFESCAPE

Employer identification number 46-5151247

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 B, LINE 11B:

THE 990 IS REVIEWED BY THE CFO AND A FINAL COPY OF THE 990 IS SHARED WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

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. RESTRICTIONS IMPOSED ON A PERSON WITH A CONFLICT WOULD BE DETERMINED ON A CASE BY CASE BASIS.

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

COMPENSATION OF THE CEO/PRESIDENT WAS DETERMINED BY THE LIFESCAPE GOVERNING EXECUTIVE COMMITTEE, PERFORMING ANNUAL PERFORMANCE REVIEWS AND UTILIZING SALARY RECOMMENDATIONS FROM AN INDEPENDENT THIRD PARTY COMPENSATION THE FINAL RECOMMENDATION FOR THE CEO COMPENSATION IS APPROVED CONSULTANT. BY THE EXECUTIVE COMMITTEE AND PROVIDED AS A RECOMMENDATION TO THE LIFESCAPE GOVERNING BOARD OF DIRECTORS FOR FINAL APPROVAL. THIS PROCESS WAS

LAST UNDERTAKEN IN MAY 2017 AND OCCURS ANNUALLY. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization LIFESCAPE	Employer identification number 46-5151247
FOR ALL OTHER POSITIONS THAT ARE DIRECTOR LEVEL ABOVE: TH	E THIRD PARTY
COMPENSATION CONSULTANT REVIEWS ALL SALARY RANGES FOR POS	SITIONS THAT ARE
CONSIDERED DIRECTOR LEVEL AND ABOVE AND MAKES RECOMMENDATE	IONS FOR
ADJUSTMENTS TO THE RANGES TO THE VICE PRESIDENT OF HUMAN	RESOURCES.
THE VICE PRESIDENT OF HUMAN RESOURCES MAKES FINAL RECOMME	ENDATIONS TO THE
CEO AND COO FOR FINAL APPROVAL OF SALARY RANGES AND ANY	NDIVIDUAL
ADJUSTMENTS. THIS PROCESS WAS LAST UNDERTAKEN IN APRIL 20	17 AND OCCURS
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number

46-5151247

(a)	(b)	(c)	(d)	(e)	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	y activity Legal domicile (state or foreign country)		End-of-year assets	Direct controllii entity	
	1					

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) 512(b)(13) atrolled atity?	
				501(c)(3))		Yes	No	
CHILDREN'S CARE HOSPITAL AND SCHOOL D/B/A	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	X		
SOUTH DAKOTA ACHIEVE D/B/A LIFESCAPE -	PROVIDE SUPPORT SERVICES							
23-7072116, 4100 S WESTERN AVE, SIOUX FALLS,	TO PEOPLE WITH							
SD 57105	DEVELOPMENTAL DISABILITIES	SOUTH DAKOTA	501(C)(3)	LINE 2	LIFESCAPE	X		
LIFESCAPE FOUNDATION - 46-0353245								
4100 S WESTERN AVE	SUPPORT PROGRAM & SERVICE							
SIOUX FALLS, SD 57105	OF LIFESCAPE ENTITIES	SOUTH DAKOTA	501(C)(3)	LINE 12A, I	LIFESCAPE	X		
SIOUX RESIDENTIAL SERVICES INC. D/B/A	HUD PROPERTY FOR				SOUTH DAKOTA			
HARVEST APARTMENTS - 46-0378935, 4100 S	INDIVIDUALS SUPPORTED BY				ACHIEVE D/B/A			
WESTERN AVE, SIOUX FALLS, SD 57105	SDA	SOUTH DAKOTA	501(C)(3)	LINE 10	LIFESCAPE	Х		

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

LIFESCAPE

Schedule R (Form 990) 2016

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ownership
BEACON APARTMENTS LIMITED											
PARTNERSHIP - 47-1232136,											
4100 S WESTERN AVENUE, SIOUX	LOW INCOME										
FALLS, SD 57105	HOUSING	SD	N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti	b)(13) rolled ity?
		country)		,				Yes	No
REHABILITATION MEDICAL SUPPLY - 41-1936988	PROVIDE HEALTH CARE								
2501 W 26TH ST	PRODUCTS AND								
SIOUX FALLS, SD 57105-2498	EQUIPMENT	SD	N/A	C CORP	N/A	N/A	N/A		X
	1								
	1								
	1								
	1								
	1								
	1								
	1								

Page 3

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

Not	te: 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		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
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		Х
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
-1	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		Х
	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		Х
	Other transfer of cash or property from related organization(s)	1s		X
	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.			

(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
0	1,771,727.	CASH
Q	3,800,947.	CASH
0	1,771,727.	CASH
Q	4,120,914.	CASH
0	495,586.	CASH
	Transaction type (a-s) O Q O Q	Transaction type (a-s) O 1,771,727. Q 3,800,947. O 1,771,727. Q 4,120,914. O 495,586.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(i orgs.? Yes N	(f) Share of total income	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner 2 Yes NO	(k) Percentage ownership