** PUBLIC DISCLOSURE COPY **

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

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

Open to Public Inspection

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Internal Revenue Service

| <u>A</u> F | or the | 2019 calendar year, or tax year beginning and e | ending | | | | | | | | |
|--|---|---|-----------------------|-------------------------------------|-----------------------------|--|--|--|--|--|--|
| | Check if | C Name of organization | | D Employer identific | cation number | | | | | | |
| | Addre | UNIVERSITY OF SOUTH DAKOTA FOUNDATION | | | | | | | | | |
| | Name chang | Doing business as | 46-60188 | 91 | | | | | | | |
| | □Initial □return □Final □return/ | Number and street (or P.O. box if mail is not delivered to street address) 1110 N. DAKOTA | E Telephone numbe | | | | | | | | |
| | termin ated | | G Gross receipts \$ | 84,468,457. | | | | | | | |
| - | Ameno | | | H(a) Is this a group re | | | | | | | |
| | Applic | | | for subordinates | | | | | | | |
| pending SAME AS C ABOVE H(b) Are all subordinates included? Yes | | | | | | | | | | | |
| 1 7 | I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) | | | | | | | | | | |
| | J Website: ► WWW . USDALUMNI . ORG | | | | | | | | | | |
| <u>K</u> F | K Form of organization: X Corporation Trust Association Other L Year of formation: 1928 M State of legal domicile: SD | | | | | | | | | | |
| | irt I | Summary | | | | | | | | | |
| 4 | 1 | Briefly describe the organization's mission or most significant activities: PROVI | DE PR | IVATE RESOU | RCES TO | | | | | | |
| Activities & Governance | | BENEFIT THE UNIVERSITY OF SOUTH DAKOTA. | | | | | | | | | |
| rna | 2 | Check this box $lacktriangle$ $$ $$ if the organization discontinued its operations or dispose | ed of more | than 25% of its net ass | ets. | | | | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 22 | | | | | | |
| ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 22 | | | | | | |
| es & | | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 59 | | | | | | |
| vitie | 6 | Total number of volunteers (estimate if necessary) | | 6 | 113 | | | | | | |
| \cti | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 92,180. | | | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 39 | | 7b | 75,472. | | | | | | |
| | | | | Prior Year | Current Year | | | | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 12,490,989. | 16,510,392. | | | | | | |
| | | Program service revenue (Part VIII, line 2g) | | 915,075. | 978,707. | | | | | | |
| ev. | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 9,752,110. | 10,708,298. | | | | | | |
| т. | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 200,121. | 233,319. | | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 23,358,295. | 28,430,716. | | | | | | |
| | l | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,603,144. | 20,453,306. | | | | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,825,235. | 3,495,329. | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 156,056. | 136,478. | | | | | | |
| ďx | b | Total fundraising expenses (Part IX, column (D), line 25) 2,681,08 | | 2 040 027 | 2 021 062 | | | | | | |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,849,837. | 3,231,063. | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 21,434,272. | 27,316,176. | | | | | | |
| . " | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 1,924,023. | 1,114,540. | | | | | | |
| ts or | | T. I. (D. IV.). 40) | | ginning of Current Year 74,381,578. | End of Year | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 17,637,036. | 299,140,070. 18,953,962. | | | | | | |
| let A | 21 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | 56,744,542. | 280,186,108. | | | | | | | |
| P | 22 art | Signature Block | 4 | JO,/44,J4Z. | 200,100,100. | | | | | | |
| 4.5 | | ties of perjury, I declare that I have examined this return, including accompanying schedules a | and stateme | nts, and to the hest of my | knowledge and helief it is | | | | | | |
| | • | | | • | Knowledge and benef, it is | | | | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **Constinct Substitute Su | | | | | | | | | | | |
| Sign | | Signature of officer | | Date | | | | | | | |
| | | ► CHRISTINE TJELMELAND, CFO | | | | | | | | | |
| Here CHRISTINE TJELMELAND, CFO Type or print name and title | | | | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | ate Check | PTIN | | | | | | |
| Paid | l | LAURIE HANSON LAURIE HANSON | 1 | 0/13/20 if self-employ | P00851848 | | | | | | |
| | arer | Firm's name ► EIDE BAILLY LLP | | 45-0250958 | | | | | | | |
| - | Only | Firm's address 200 E. 10TH ST., STE. 500 | | | | | | | | | |
| | • | SIOUX FALLS, SD 57104-6375 | Phone no.605-339-1999 | | | | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | | | |

| Form | n 990 (2019) UNIVERSITY OF SOUTH DAKOTA FOUNDATION | 46-6018891 | Page 2 |
|------|--|---------------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: TO PROVIDE PRIVATE RESOURCES FOR THE UNIVERSITY OF SOUTH | ракота то | - |
| | INCREASE THE EXCELLENCE OF ITS STUDENTS' EDUCATIONAL EXPE | | ··· |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes | X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as me | easured by expenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | • • | d |
| 4- | revenue, if any, for each program service reported. (Code:) (Expenses \$9, 807, 057. including grants of \$9, 807, 057.) (Revenue) | \$ 989,0 | 144 |
| 4a | (Code:) (Expenses \$9,807,057. including grants of \$9,807,057.) (Revenue PROVIDE SCHOLARSHIP FUNDS TO INCREASE THE ACADEMIC EXCELLI | | <u>/44•</u>) |
| | STUDENT BODY AND THE QUALITY OF THEIR EDUCATIONAL EXPERIE | | |
| | SCHOLARSHIPS ARE AWARDED FOR BOTH RECRUITING AND RETENTION | N PURPOSES. | |
| | FOR THE 2018-2019 ACADEMIC YEAR, \$8.4 MILLION IN SCHOLARS | | |
| | AWARDED. FOR THE 2019-2020 ACADEMIC YEAR, \$9.8 MILLION IN | | |
| | WERE AWARDED. THIS LEVEL OF FUNDING REPRESENTS AN INCREASE | E OF 18% OVE | ER |
| | THE LAST 5 YEARS. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (Code:) (Expenses \$7,005,575. including grants of \$7,005,575.) (Revenue | | |
| 4b | (Code:) (Expenses \$/, 005, 575. including grants of \$/, 005, 575.) (Revenue PROVIDE FUNDS TO CONSTRUCT NEW CAMPUS FACILITIES AND RESTORTED CONSTRUCT NEW CAMPUS FACILITIES FAC | | , |
| | AND MAINTAIN EXISTING FACILITIES. THE FOUNDATION HAS BEEN | | T. |
| | IN A MAJOR RENOVATION AND RECONSTRUCTION PLAN FOR FACILITY | | |
| | SINCE 1996, \$94 MILLION HAS BEEN PROVIDED FOR FACILITIES | | |
| | ENHANCED THE STUDENTS' EDUCATIONAL EXPERIENCE AND OPPORTU | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 2 640 654 | | |
| 4c | (Code:) (Expenses \$ 3,640,674. including grants of \$ 3,640,674.) (Revenue DDONATOR BUILDING TO CHIPDODE ACADEMIC BACKET TO CHIPDODE ACA | |) |
| | PROVIDE FUNDS TO SUPPORT ACADEMIC FACULTY THROUGH SALARY ARESEARCH AND PROFESSIONAL DEVELOPMENT, SUPPORT OF STUDENT | | · , |
| | RESEARCH, AND SUPPORT OF USD MUSEUMS AND VARIOUS AUXILIARY | | IN |
| | 2019, \$3.7 MILLION WAS PROVIDED TO SUPPORT THESE NEEDS. | I FROGRAMS. | T1/ |
| | ZOID, QUE, HIBBION WAS INCOVIDED TO BOITONT THESE NEEDS. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ 20,453,306. | | |

- · · · · · · ·

Form **990** (2019)

| | | | 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | X | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | 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 donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | Section 1950 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | <u> </u> | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | <u>11a</u> | _X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | 77 | |
| | 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 | | | 7.7 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | ١ | | ~ |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Δ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | Х | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Δ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | | х |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | |
| D | | 12b | х | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 170 | | |
| | 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 | х | |
| 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 | | Х |
| 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 | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 | L_ |

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? |f "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 136 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2019)

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

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

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

| sec | tion A. Governing Body and Management | | | | | | | | |
|------|---|------------|----------|----------------|--|--|--|--|--|
| | | _ Constant | Yes | No | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 2] | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | pro- | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | 100 | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 4 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1000 | | instruction of | | | | | |
| | officer, director, trustee, or key employee? | 2 | X | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | 3 | | х | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | ₩ | | | | | |
| L | more members of the governing body? | 7a | - | <u> X</u> | | | | | |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | -,, | | x | | | | | |
| | persons other than the governing body? | 7b | PAULTA | A | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 0- | X | 12.2 (2.2) | | | | | |
| _ | The governing body? Each committee with authority to act on behalf of the governing body? | 8a 8b | X | | | | | | |
| р | | 80 | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | х | | | | | |
| iec. | organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule</i> O | 1 9 | <u> </u> | 22 | | | | | |
| | tion 211 choice (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 | 163 | X | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | Х | <u> </u> | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 47.74 | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 1 | | | | | | | |
| | in Schedule O how this was done | 12c | x | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 15.15 | Mark. | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 10.00 | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| | 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). | | | 45,000 | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10.10 | | | | | | | |
| | taxable entity during the year? | 16a | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 2003 | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 27.74 | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | X | <u> </u> | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►AR, CA, IL, KY, MA, MD, MI, MN, NF | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 |)s only) | availa | ble | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are | d finan | cial | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | |
| | CHRISTINE TJELMELAND - 605-274-7861 1110 N. DAKOTA, VERMILLION, SD 57069 | · | | | | | | | |
| | TITO N. DAKOIA, VERMILHILON, OD 3/003 | | | | | | | | |

Form 990 (2019)

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891

Page 7

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.

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

| Check this box if neither the organization r | or any related | orga | niza | tion | con | npen | sate | ed any current officer, di | rector, or trustee. | |
|--|-------------------|--------------------------------|-------------------------------------|----------|--------------|---------------------------------|---------|---------------------------------|---------------------|--------------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | Pos | | | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss pe | rson i | s both | an | compensation | compensation | amount of |
| | week | | cer an | dad | recto | r/trus | (ee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | ruste | l trus | | ee Ge | ubeu | | (**-2/1099-101130) | | and related |
| | below | Jual to | tiona | _ | nploy | st cor yee | <u></u> | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 0.gaa |
| (1) STEVE BROWN | 40.00 | | _ | | | | | | | |
| PRESIDENT AND CEO | | | | X | | | | 277,206. | 0. | 43,739. |
| (2) CHRISTINE TJELMELAND | 40.00 | | | | | | | | | _ |
| CFO | | | | Х | | | | 202,166. | 0. | 26,464. |
| (3) NICK KOTZEA | 40.00 | | | | | | | | | |
| SEC/TREAS; CHIEF GOV OFFICER | |] | | Х | | | | 160,007. | 0. | 16,429. |
| (4) CYNTHIA WHITNEY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR OF PHILANTHROPY | | | | | | X | | 135,663. | 0. | 13,034. |
| (5) MICHELLE GREEN | 40.00 | | | | | | | | | |
| VP-CONSTITUENT ENGAGEMENT | | | | | | X | | 128,651. | 0. | 10,128. |
| (6) ANDREW CARR | 40.00 | | | | | | | | | |
| DIRECTOR OF ATHLETIC DEVELOPMENT | | | | | | X | | 109,766. | 0. | 12,515. |
| (7) GARY BEGEMAN | 0.70 | | | | | | | | | |
| VICE CHAIR; CHAIR FROM 10/2019 | | X | | X | | | | 0. | 0. | <u> </u> |
| (8) RYAN TAYLOR | 0.70 |] | | | | | | | | |
| VC ELECT; VICE CHAIR FROM 10/2019 | | X | | X | | | | 0. | 0. | 0. |
| (9) ROBERT HOLLINGSWORTH | 0.70 | 1 | | | | | | | | |
| CHAIR; PAST CHAIR FROM 10/2019 | | Х | | Х | | | | 0. | 0. | 0. |
| (10) LORRAINE HART | 0.70 | | | | | | | _ | _ | _ |
| PAST CHAIR UNTIL 10/2019 | | X | | X | | | | 0. | 0. | 0. |
| (11) JOHN BARKER | 0.40 | ļ | | | | | | | | _ |
| BOARD OF DIRECTORS | | X | | | | | | 0. | 0. | 0. |
| (12) JAMES CLEMENT | 0.40 | | | | | | | | | • |
| BOARD OF DIRECTORS | | X | | | | | | 0. | 0. | 0. |
| (13) KEVIN DOYLE | 0.40 | | | | | | | | • | • |
| BOARD OF DIRECTORS | | X | | | | | | 0. | 0. | 0. |
| (14) MARGARET DOYLE | 0.40 | ł | | | | | | | | • |
| BOARD OF DIRECTORS | | X | | | | <u> </u> | | 0. | 0. | 0. |
| (15) GARY ELLIS | 0.40 | | | | | | | | • | • |
| BOARD OF DIRECTORS | 0.40 | X | | <u> </u> | _ | _ | _ | 0. | 0. | 0. |
| (16) NANCY A. GALLAGHER | 0.40 | ٠., | | | | | | | | ^ |
| BOARD OF DIRECTORS | 0.40 | X | | <u> </u> | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| (17) TOM GALLAGHER | 0.40 | ٠, | | | | | | | | • |
| BOARD OF DIRECTORS | <u> L</u> | X | $ldsymbol{ldsymbol{ldsymbol{eta}}}$ | | | <u> </u> | L | 0. | 0. | 0. = 000 (as va) |

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

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|---|-------------------|--------------------------------|--------------------------------------|---------|--------------|------------------------------|-------------|-----------------------|----------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | | | | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | is both | n an | compensation | compensation | amount of |
| | week (list any | ├─ | l an | uau | ii ecto | T | 100) | from | from related | other |
| | hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or c | stee | | | sated | | (W-2/1099-MISC) | (***2/1099*****180) | organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | mper | | (** 27 1000 ****.000) | | and related |
| | below | idual | tution | er | Key employee | est co | Je. | | | organizations |
| | line) | Indiv | Insti | Officer | Key 6 | Highest compensated employee | Forn | | | |
| (18) JERAD HIGMAN | 0.40 | | | | | | 1 | | | |
| BOARD OF DIRECTORS UNTIL 10/2019 | | X | | | | | | 0. | 0. | 0. |
| (19) JACK HOPKINS | 0.40 | | | | ļ | | | | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (20) JOANN KUNKEL | 0.40 | | | | | | | | | |
| BOARD OF DIRECTORS | | X | | | | | | 0. | 0. | 0. |
| (21) ANGELINE LAVIN | 0.40 | | | | | | ŀ | _ | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (22) DEBORAH PETERS | 0.40 | | | | | | | | _ | _ |
| BOARD OF DIRECTORS | | X | | | | | | 0. | 0. | 0. |
| (23) JOEL PORTICE | 0.40 | | | | | | | _ | _ | _ |
| BOARD OF DIRECTORS | | X | | | | _ | | 0. | 0. | 0. |
| (24) CHRISTINE ROBERTS | 0.40 | | | | | | | | | |
| BOARD OF DIRECTORS | | X | | | | ļ | | 0. | 0. | 0. |
| (25) STEPHEN SCHACHT | 0.40 | | | | | | | _ | | _ |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (26) SYLVIA WAGNER | 0.40 | | | | | | | _ | _ | _ |
| BOARD OF DIRECTORS | | Х | | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | > | 1,013,459. | 0. | 122,309. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,013,459. | 0. | 122,309. |

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

| | | | Yes | No |
|---|--|---|------------|--------|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | SAN MMT | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | _X_ |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | 2502 | West T |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | 1000 | |
| | rendered to the organization? If "Yes." complete Schedule J for such person | 5 | | X |
| - | | | | |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| ADAGE CAPITAL MANAGEMENT, L.P. | | |
| 200 CLARENDON ST #52, BOSTON, MA 02116 | INVESTMENT FEES | 229,226. |
| BLACKSTONE | | |
| 345 PARK AVENUE, NEW YORK, NY 10154 | INVESTMENT FEES | 172,004. |
| ANDERSON BROTHERS PRINTING CO. | | |
| 4525 41ST STREET, SIOUX CITY, IA 51108 | PRINTING | 145,323. |
| ERICKSON SOLUTIONS, 11020 KING STREET, STE | IT | |
| 395, OVERLAND PARK, KS 66210 | CONSULTING/SERVICES | 139,883. |
| ADVANCEMENT SERVICES LLC | FUNDRAISING | |
| PO BOX 79461, BALTIMORE, MD 21279 | 136,478. | |
| 2 Total number of independent contractors (including but not limited to those listed | | |
| \$100,000 of compensation from the organization | | |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

Form 990 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891

| (A) Name and title (B) Average hours per week (list any hours for related organizations below line) (27) WILLIAM WITTRIG BOARD OF DIRECTORS (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA (A) (B) (C) (C) (D) (R) Reportable compensation from the organization (W-2/1099-MISC) (Check all that apply) (check all t | Form 990 UNIVERSIT | Y OF SC | ניטכ | <u>'H</u> | DA | KO | Ϋ́ | _ F | 'OUNDATION | 46-601 | 8891 |
|--|--|---------------|----------|-----------|----------|-------|-------|-------|--------------------|-----------------|--------------|
| Name and title Average hours per week (list any hours for related organizations below line) (27) WILLIAM WITTRIG BOARD OF DIRECTORS (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA Average hours per week (list any hours for related organization (check all that apply) and plant apply page of the compensation from the organization (W-2/1099-MISC) (27) WILLIAM WITTRIG D. 40 X D. 40 X D. 40 X D. 40 BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA Average hours (check all that apply) Position (from related organization (w-2/1099-MISC) Position (from related organization (w-2/1099-MISC) Position (page apply) Position (page apply) Position (page apply) Position (w-2/1099-MISC) Position (page apply) Position (page apply) Position (w-2/1099-MISC) Position (page apply) Position (w-2/1099-MISC) Position (page apply) Position (w-2/1099-MISC) Position (page apply) Position (page apply) Position (w-2/1099-MISC) Position (page apply) Position (w-2/1099-MISC) Position (w-2/1099-MISC) Position (page apply) P | Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | oyee | s, aı | nd H | ligh | est (| Compensated Employ | ees (continued) | |
| Name and title Average hours per week (list any hours for related organizations below line) (27) WILLIAM WITTRIG BOARD OF DIRECTORS (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA Average hours (check all that apply) (decheck all t | | | | | | | | | | | (F) |
| per week (list any hours for related organizations below line) (27) WILLIAM WITTRIG BOARD OF DIRECTORS (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA Por week (list any hours for related organization (w-2/1099-MISC) 1 | Name and title | Average | | | Pos | ition | | | Reportable | Reportable | Estimated |
| week (list any hours for related organizations below line) (27) WILLIAM WITTRIG BOARD OF DIRECTORS (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA (W-2/1099-MISC) the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) O . O . O . O . O . O . O . O . | | hours | (c | heck | all t | that | арр | ly) | compensation | compensation | amount of |
| (list any hours for related organizations below line) (27) WILLIAM WITTRIG BOARD OF DIRECTORS (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA (Iist any hours for related organization with paper purply larged by page 1 and page 2 and page 2 and page 3 and p | | | | | | | | | | | |
| (27) WILLIAM WITTRIG | | | L | | | | oyee | | | | compensation |
| Carron C | | | irecto | | | | empl | | | (W-2/1099-MISC) | |
| (27) WILLIAM WITTRIG | | İ | e or d | tee | | | sated | | (44-2/1099-141130) | | |
| Carron C | | | truste | al trus | | yee | mper | | | | |
| Carron C | · | | idual | ution | <u></u> | oldu | st co | eL | | | |
| BOARD OF DIRECTORS | | line) | Indiv | Instit | Office | Key 6 | High | Form | | | |
| (28) MARLON YOUNG BOARD OF DIRECTORS UNTIL 10/2019 (29) BERGEN PETERSON BOARD OF DIRECTORS FROM 10/2019 (30) BOB SUTTON BOARD OF DIRECTORS FROM 10/2019 (31) LANCE BULTENA (3.40) | (27) WILLIAM WITTRIG | 0.40 | | | | | | | | | |
| (28) MARLON YOUNG 0.40 BOARD OF DIRECTORS UNTIL 10/2019 X (29) BERGEN PETERSON 0.40 BOARD OF DIRECTORS FROM 10/2019 X (30) BOB SUTTON 0.40 BOARD OF DIRECTORS FROM 10/2019 X (31) LANCE BULTENA 0.40 | BOARD OF DIRECTORS | | х | | | | | | 0. | 0. | 0. |
| (29) BERGEN PETERSON 0.40 BOARD OF DIRECTORS FROM 10/2019 X (30) BOB SUTTON 0.40 BOARD OF DIRECTORS FROM 10/2019 X (31) LANCE BULTENA 0.40 | (28) MARLON YOUNG | 0.40 | | | | | | | | | |
| BOARD OF DIRECTORS FROM 10/2019 X | BOARD OF DIRECTORS UNTIL 10/2019 | | Х | | | | | | 0. | 0. | 0. |
| (30) BOB SUTTON | (29) BERGEN PETERSON | 0.40 | | 1 | | | | | | | |
| BOARD OF DIRECTORS FROM 10/2019 X 0. 0. (31) LANCE BULTENA 0.40 | | | X | | | | | | 0. | 0. | 0. |
| (31) LANCE BULTENA 0.40 | l l | 0.40 | | | | | | | | | |
| | | | X | <u> </u> | | | | | 0. | 0. | 0. |
| BOARD OF DIRECTORS FROM 10/2019 X 0. | ŀ | 0.40 | | | | | | | | | _ |
| | BOARD OF DIRECTORS FROM 10/2019 | | X | <u> </u> | | | | | 0. | 0. | 0. |
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| | | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Membership dues 145,819. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 16,364,573 similar amounts not included above ... 2,723,953. g Noncash contributions included in lines 1a-1f 1a | \$ 16,510,392 h Total. Add lines 1a-1f **Business Code** 2 a ADMINISTRATIVE FEES 561000 978,707. 978,707. Program Service f All other program service revenue g Total. Add lines 2a-2f 978,707. Investment income (including dividends, interest, and 6,301,269 6,301,269. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 599 10,337 6 a Gross rents 20,815. b Less: rental expenses ... -20,216. 10,337. c Rental income or (loss) -20,216 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 60,046,514. 233,213. assets other than inventory b Less: cost or other basis 7b 55,628,696. 244,002 and sales expenses -10,789. 4,407,029 4,407,029 d Net gain or (loss) 8 a Gross income from fundraising events (not 145,819. of including \$ contributions reported on line 1c). See 295,246. Part IV, line 18 8a 144,228. b Less: direct expenses 8b 151,018 151,018 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a BLACKSTONE INVESTMENTS 89,072. 89,072 531390 900099 3,108. 3,108 STATE TAX REFUNDS d All other revenue 92,180. Total. Add lines 11a-11d

28,430,716.

989,044.

92,180.

Total revenue. See instructions

| 37. 9993 | on 501(a)(2) and 501(a)(4) organizations must some | alata all calumna. All ath | or organizations must say | malata aalumaa (A) | | | | | | |
|----------|---|----------------------------|---------------------------|--|--|--|--|--|--|--|
| Secu | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising | | | | | |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses | | | | | |
| ı | • | 20,453,306. | 20,453,306. | | | | | | | |
| _ | and domestic governments. See Part IV, line 21 | 20,433,300. | 20,433,300. | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| _ | individuals. See Part IV, line 22 | | | | And the state of t | | | | | |
| 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, | 728,616. | | 664 225 | 64 201 | | | | | |
| _ | trustees, and key employees | 720,010. | | 664,225. | 64,391. | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| _ | persons described in section 4958(c)(3)(B) | 2,110,532. | | 1 001 600 | 1 000 000 | | | | | |
| 7 | Other salaries and wages | 4,110,334. | | 1,081,699. | 1,028,833. | | | | | |
| 8 | Pension plan accruals and contributions (include | 105 007 | | 10 102 | 57 OAF | | | | | |
| ^ | section 401(k) and 403(b) employer contributions) | 105,907. 293,169. | | 48,102. 140,648. | 57,805. 152,521. | | | | | |
| 9 | Other employee benefits | 257,105. | | 140,848. | | | | | | |
| 10 | Payroll taxes | 251,105. | | 140,223. | 116,880. | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | |
| a | Management | 123,304. | | 122 204 | | | | | | |
| b | Legal | 45,102. | | 123,304. 45,102. | | | | | | |
| | Accounting | 45,102. | | 45,104. | | | | | | |
| | Lobbying | 126 170 | | | 126 170 | | | | | |
| | Professional fundraising services. See Part IV, line 17 | 136,478. 813,049. | | 813,049. | 136,478. | | | | | |
| | Investment management fees | 013,043. | | 013,043. | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | | | |
| 40 | column (A) amount, list line 11g expenses on Sch 0.) | 625,759. | | 194,003. | 431,756. | | | | | |
| 12 | Advertising and promotion | 174,989. | | 100,411. | 74,578. | | | | | |
| 13 | Office expenses | 408,651. | | 376,728. | 31,923. | | | | | |
| 14 | Information technology | ±00,001. | | 370,720. | 31,323. | | | | | |
| 15 16 | Royalties | 221,197. | | 101,199. | 119,998. | | | | | |
| 17 | Occupancy Travel | 349,560. | | 108,294. | 241,266. | | | | | |
| 18 | Payments of travel or entertainment expenses | 343,300. | | 100,204. | 241,200. | | | | | |
| 10 | for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 163,135. | | 135,376. | 27,759. | | | | | |
| 20 | Interest | | | 200,0,00 | 27,700. | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 168,816. | | 83,470. | 85,346. | | | | | |
| 23 | Insurance | 18,909. | | 15,241. | 3,668. | | | | | |
| 24 | Other expenses, Itemize expenses not covered | | | | | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | |
| а | OTHER FUNDRAISING EXPEN | 50,522. | | A STATE OF THE STA | 50,522. | | | | | |
| b | | | | | <u> </u> | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| | All other expenses | 68,070. | | 10,707. | 57,363. | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 27,316,176. | 20,453,306. | 4,181,783. | 2,681,087. | | | | | |
| 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) | | | | | | | | | |
| | | | | | 000 | | | | | |

Form 990 (2019)

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 10,981,591. 3,510,388. 2 Savings and temporary cash investments 2 23,911,676. 19,118,586. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 3,529,267. 2,000,000. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 296,454. 245,046. 9 10a Land, buildings, and equipment: cost or other 3,759,102. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation ______ 10b 1,197,956. 2,722,038. 2,561,146. 10c Investments - publicly traded securities 182,172,493. 204,837,860. 11 11 56,249,164. 57,359,684. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,990,098. 2,036,157. Other assets. See Part IV, line 11 15 15 274,381,578. 299,140,070. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 324,998. 400,219. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 17,312,038. 25 18,553,743. of Schedule D 17,637,036. 18,953,962. Total liabilities, Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -5,462,288. -8,139,455. 27 Net assets without donor restrictions Net assets with donor restrictions 262,206,830. 288,325,563. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 256,744,542. 280,186,108. 32 32 299,140,070. 274,381,578. Total liabilities and net assets/fund balances

Form 990 (2019)

| | 1990 (2019) UNIVERSITY OF SOUTH DAKOTA FOUNDATION | 46-6 | <u> 607883</u> | <u> </u> | ige 12 | | | | | |
|------------|---|-----------|---|-------------------|--------|--|--|--|--|--|
| Pa | TEXI Reconciliation of Net Assets | | 1 | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | | | | |
| | | 1 | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 28,4 | | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 256 | | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 23,6 | <u>88,8</u> | 90. | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | | | |
| 7 | Investment expenses | 7 | | | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -1,3 | 361,864. | | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | | | |
| | column (B)) | 10 | 280,1 | <u>86,1</u> | 08. | | | | | |
| Pa | TXII Financial Statements and Reporting | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | | |
| | | | | Yes | No | | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | 1 | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | a | X | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 21 | b X | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | 100 | | | | | |
| | consolidated basis, or both: | | | | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | 32.5 | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 20 | c X | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gle Audit | | | | | | | | |
| | Act and OMB Circular A-133? | | 3 | a | X | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 31 | | | | | | | |
| | | | For | _{rm} 990 | (2019) | | | | | |

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public

Inspection

Name of the organization
UNIVERSITY OF SOUTH DAKOTA FOUNDATION

Employer identification number 46-6018891

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

Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46-6018891 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | Section A. Public Support | | | | | | | | |
|----------|--|----------------------|--|---------------------|----------------------------------|--|--------------------|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 8323905. | 19504488. | 20377869. | 12482589. | 16510392. | 77199243. | | |
| 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 | 8323905. | 19504488. | 20377869. | 12482589. | 16510392. | 77199243. | | |
| 5 | The portion of total contributions | | Control of the second of the s | | | | | | |
| | by each person (other than a | | 4.5.1 | | | | | | |
| | governmental unit or publicly | | 100 | | | | | | |
| | supported organization) included | | | | and the second second | and the state of t | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | |
| | amount shown on line 11, | | | | | | | | |
| | column (f) | | | | 1, 500 1.5 East, 4500 12, 600 12 | Thought by a Service | 8109796. | | |
| | Public support. Subtract line 5 from line 4. | | | | Section 18 17 Section 18 | | 69089447. | | |
| | tion B. Total Support | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | |
| 7 | Amounts from line 4 | 8323905. | <u> 19504488.</u> | <u> 20377869.</u> | 12482589. | <u> 16510392.</u> | 77199243. | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | |
| | and income from similar sources | 1903606. | 3392570. | 3628472. | 5472870. | 6312205. | 20709723. | | |
| 9 | Net income from unrelated business | | | | | | | | |
| | activities, whether or not the | | | | | | | | |
| | business is regularly carried on | 365,360. | 447,736. | 283,345. | 93,694. | 92,180. | 1282315. | | |
| 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 | | | | 18 18 20 18 18 10 | the second contract of the second | 99191281. | | |
| | Gross receipts from related activities, | | | | | | ,726,057. | | |
| 13 | First five years. If the Form 990 is for | | | | | | | | |
| <u> </u> | organization, check this box and stop | here Dor | oontogo | | | | > | | |
| | tion C. Computation of Publi | | | | | | 60 65 % | | |
| | Public support percentage for 2019 (li | | | | | 14 | 69.65 % 73.94 % | | |
| | Public support percentage from 2018 | | | | | 15 | | | |
| 10a | 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | | | |
| h | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | | |
| D | | ~ | | | | | | | |
| 47. | and stop here. The organization quality | | | | | | | | |
| 17a | 10% -facts-and-circumstances test and if the organization meets the "fac | - | | | | | | | |
| | meets the "facts-and-circumstances" | | | • | | - | | | |
| h | 10% -facts-and-circumstances test | | | | | | | | |
| D | more, and if the organization meets the | - | | | | | | | |
| | organization meets the "facts-and-circ | | | | • | | _ | | |
| 12 | Private foundation. If the organization | | - | · | • | | | | |
| 10 | i invate iounidation. Il the organizatio | ii did flot Glieck a | DON OH HITE TO, TO | a, 100, 17a, 01 17k | o, or recent it its box a | na see manuchon | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891 Page 3

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.)

| Se | ction A. Public Support | | • | | | | |
|------------|--|----------------------|------------------------|------------------------|----------------------|-----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | , |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 <i>a</i> | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | · | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | iet, driee in the M | | |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, third | d, fourth, or fifth ta | ax year as a sectior | n 501(c)(3) organizat | tion, |
| _ | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | | | <u> </u> | |
| | Public support percentage for 2019 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| _ | ction D. Computation of Inves | | | | | <u> </u> | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2019. If the | | | | | | is not |
| | more than 33 1/3%, check this box a | | = - | | | | |
| ł | o 33 1/3% support tests - 2018. If the | = | | | | | |
| | line 18 is not more than 33 1/3%, che | | - | | | | . — |
| | | | | 461 1 1 11 | | tructions | ▶ |

Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

| | Yes | No |
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| Par | t IV Supporting Organizations (continued) | | | |
| | | | 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) | 1.5.40 | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | ~ |
| Sect | tion B. Type I Supporting Organizations | 1 110 | | |
| | non Di Type i Gapportung Grganizations | | Yes | No. |
| | Did the divertors twisters or march archive of one or march archive allowants are being the marchive to | 1457,610 | 168 | INO |
| 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 | 107 500 | | 1804 |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 12 (A) A (A) | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 3885 | 2.002 | (Market) |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | 7100-700-1-00 | M. W. Control |
| 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, | | 17 (5) | 7890 |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | 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 | - 6.1436 (v.d 2) - 5.750 (b.436) | APPENDED | 20000000000000000000000000000000000000 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 100 | | |
| | | 100 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 30.24E | <u> 15 17 17 17 1</u> | 789784 |
| Soci | the supported organization(s). tion D. All Type III Supporting Organizations | | | |
| Seci | Lion D. All Type III Supporting Organizations | | 1 | |
| | | See Consulta | 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 | 3,75 | | 1500.241 |
| | 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 | | 19 (5) (1) MEMORINA | |
| | 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 | | 10 m | |
| | 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 | 19161617 | | 15.48.20 15.550 |
| | supported organizations played in this regard. | 3 | John Charles | . ale believe |
| Seci | 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 year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. | ,. | | |
| a | · | | | |
| 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 | tructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | OLLANGE AND | 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 | 3 100 100 | | |
| | 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 | 14.14 | | |
| | that these activities constituted substantially all of its activities. | 2a | William India | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | WAX |
| | 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 | | 14.4 W. | |
| | activities but for the organization's involvement. | 2b | and the second second second | Annair Parkeria |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | ************************************** | 2000 C | WHAT |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | I After | | 開發的 |
| а | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | CHASE | |
| h | | Ja | 4630 | |
| a | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 0r | Same and | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions, A other Type III front-functionally integrated supporting organizations must complete Sections A through E. | Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY Part V Type III Non-Functionally Integrated 5 | | | 6-6018891 Page 6 |
|--|--|---------------------------------------|--|--------------------------------|
| other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (S) 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): 1 Average monthly cash beliances 1 D Average monthly value of other non-exempt-use assets 1 D Average monthly cash beliances 2 Aguistion indebtedness applicable to non-exempt-use assets 2 D Average monthly cash beliances 3 Subtract line 2 from line 10. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of other of non-exempt-use assets (subtract line 4 from line 3) 6 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 7 D Average month of the formal for year (from Section B, line 8, Column A) 8 Minimum asset amount for prior year (from Section B, line 8, Column A) 9 D Average month of the forecome of the organization is first as a non-functionally integrat | 122/23/20/20/20/20/20 | | | art VI) See instructions All |
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| 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 C Fair market value of other non-exempt-use assets 1 C Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI); 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 8, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) first as a non-functionally integrated Type III supporting organization (see | Net short-term capital gain | 1 | | |
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| 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 A | 4 Add lines 1 through 3. | 4 | | |
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| maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 a Je Fair market value of other non-exempt-use assets b Average monthly value of securities 1 a Je Fair market value of other non-exempt-use assets 1 b Je Carl (add lines 1a, 1b, and 1c) 1 d Je Discount claimed for blockage or other factors (explain in detail in Part VII): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .O35. 7 Recoveries of prior-year distributions 7 A Galjusted net income for prior year (from Section A, line 8, Column A) 7 Adjusted net income for prior year (from Section A, line 8, Column A) 8 Income tax imposed in prior year 9 Current Year 1 Adjusted Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | 6 Portion of operating expenses paid or incurred for produc | ction or | | |
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| instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VII): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Inter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | Section B - Minimum Asset Amount | | (A) Prior Year | |
| a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | Aggregate fair market value of all non-exempt-use assets | (see | | and a second second second |
| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) lo Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Inter 95% of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | instructions for short tax year or assets held for part of ye | ear): | The same of the same of the same of | e Live of Chine Solves College |
| c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Income fax imposed in prior year 4 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | a Average monthly value of securities | 1a | | |
| d Total (add lines 1a, 1b, and 1c) e 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 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | b Average monthly cash balances | 1b | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | c Fair market value of other non-exempt-use assets | 1c | | |
| factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Enter 85% of line 1. 2 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | d Total (add lines 1a, 1b, and 1c) | 1d | | |
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| see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Current Year Current Year | 3 Subtract line 2 from line 1d. | 3 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | ! | | |
| 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | |
| 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | ` | |
| Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | |
| 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | Current Year |
| 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | Adjusted net income for prior year (from Section A. line 8) | Column A) 1 | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | · · · · · · · · · · · · · · · · · · · | | |
| 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | • | | | |
| 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | and the second s | |
| 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-functionally integrated Type III supporting organization (see | | | | |
| emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see | | | | |
| instructions). | | | ated Type III supporting organ | nization (see |

Schedule A (Form 990 or 990-EZ) 2019

| Sche Pa r | dule A (Form 990 or 990-EZ) 2019 UNIVERSITY OF | | | 6-6018891 Page 7 |
|---------------------|--|--|--|--|
| , Tigasiyanana , | AND THE PROPERTY OF THE PROPER | nizations (continued) | | |
| | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | | ot purposes of supported | | |
| | organizations, in excess of income from activity | | · · · · · · · · · · · · · · · · · · · | |
| 3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 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 | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | (1) | /····\ |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| _ | Distributable amount for 2010 from Castian Collins C | | | |
| _1_ | Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reason- | | | |
| 2 | able cause required- explain in Part VI). See instructions. | | | |
| | Excess distributions carryover, if any, to 2019 | | | |
| 3_ | From 2014 | Part TS TO THE HARM SELECTION OF THE SEL | TOTAL STATE OF THE SERVICE STATE OF STA | |
| | | | | |
| | From 2015 | | ALCOHOLOGICAL STREET | |
| | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | Establish (1995) A Grant (1995) (1995) |
| | Applied to 2019 distributable amount | | | |
| <u>i</u> | Carryover from 2014 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | Harry Control of the | | |
| | Applied to 2019 distributable amount | | | TO THE STATE OF TH |
| <u>_</u> | Remainder. Subtract lines 4a and 4b from 4. | Application of the control of the co | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| - | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | 3162 |
| | and 4c. Breakdown of line 7: | | | |
| 8 | Excess from 2015 | | | |
| | Excess from 2016 | | | 1908 3400 370 300 300 300 300 300 300 300 300 3 |
| | | | | |
| | Excess from 2017 Excess from 2018 | | | |
| | Excess from 2019 | | | |
| <u> </u> | LACESS HOTH ZUTS | August 1986 (1986) (1986) (1986) (1986) (1986) | | A terral exploration of the property of the prope |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Form 990 or 990-EZ) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46-6018891 Page 8 |
|---|
| 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.) |
| PART II |
| THE ORGANIZATION CHANGED ITS YEAR END FROM JUNE 30 TO DECEMBER 31 |
| EFFECTIVE DECEMBER 31, 2015. AS SUCH, THE 2015 COLUMN OF THE PUBLIC |
| SUPPORT TEST, PART II, INCLUDES FINANCIAL INFORMATION FOR THE SHORT |
| YEAR ENDED DECEMBER 31, 2015. THE 2016, 2017, 2018, AND 2019 COLUMNS |
| REFLECT FINANCIAL INFORMATION FOR THE CALENDAR YEARS ENDING DECEMBER |
| 31, 2016, 2017, 2018, AND 2019 RESPECTIVELY. |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2019

46-6018891 UNIVERSITY OF SOUTH DAKOTA FOUNDATION Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

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

Name of organization

Employer identification number

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 2,080,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>1,050,454</u> . | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>1,476,240</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ <u>1,330,074</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 999,960. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$695,378. | Person X Payroll |

| Name of or | ganization | Employer identification number | | | |
|------------|---|--------------------------------|---|--|--|
| UNIVEF | RSITY OF SOUTH DAKOTA FOUNDATION | | 46-6018891 | | |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if ac | dditional space is needed. | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution | | |
| 7 | | \$495,4 | Person Payroll Noncash X (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) | (d) | | |
| 8 8 | Name, address, and ZIP + 4 | * Total contribution \$ 485,0 | Person Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution | | |
| 9 | | \$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) | | |
| 10 | | \$\$ | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution | | |
| 11_ | | \$374,7 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution | | |
| | | | Person Payroll | | |

Noncash (Complete Part II for noncash contributions.) Name of organization

Employer identification number

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891

| NIVE. | RSITY OF SOUTH DAKOTA FOUNDATION | 46 | -6018891 |
|------------------------------|---|---|----------------------|
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | STOCKS | | |
| _2 | | | |
| | | \$ 1,050,454. | 08/29/19 |
| (a) | | (c) | |
| No. from | (b) | FMV (or estimate) | (d) Date received |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| | STOCKS | | |
| _7 | | | |
| | | \$495,484. | 09/12/19 |
| | | . p | |
| (a) | | (c) | |
| No. | (b) | FMV (or estimate) | (d) |
| from Part I | Description of noncash property given | (See instructions.) | Date received |
| | CA RESIDENCE | | |
| 8 | | | |
| | | 405 000 | 11/10/10 |
| | | \$ 485,000. | 11/18/19 |
| (a) | | | |
| No. | (b) | (c) FMV (or estimate) | (d) |
| from Part I | Description of noncash property given | (See instructions.) | Date received |
| alti | | | |
| | | | |
| | | | |
| | | . \$ | |
| (a) | | | |
| No. | (b) | (c) FMV (or estimate) | (d) |
| from Part I | Description of noncash property given | (See instructions.) | Date received |
| arti | | | |
| | | | |
| | | | |
| | | . \$ | |
| (a) | | | |
| No. | (b) | (c) | (d) |
| from | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| Part I | | , | |
| | | | |
| | | | |
| | | \$ | |

| Name of o | rganization | | Employer identification number | | | | |
|---|---|---|--|--|--|--|--|
| JNIVE Part III | RSITY OF SOUTH DAKOTA FO | ons to organizations described in section | 46-6018891 on 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | | | |
| ndal Freez, Biothi suminabili bul s van | completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 or les | s for the year. (Enter this info. once.) \$ | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | _ | | | | |
| | | (e) Transfer of gift | | | | | |
| | Transferee's name, address, ai | | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

Employer identification number 46-6018891

| Pa | ct I Organizations Maintaining Donor Advised F | | or Accounts. Complete if the |
|----|--|--|---------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 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 writi | ng that the assets held in donor advise | d funds |
| | are the organization's property, subject to the organization's excl | _ | F |
| 6 | Did the organization inform all grantees, donors, and donor advis | | |
| | for charitable purposes and not for the benefit of the donor or do | | |
| | • • | | |
| Pa | t II Conservation Easements. Complete if the organi | | |
| 1 | Purpose(s) of conservation easements held by the organization (or | check all that apply). | |
| | Preservation of land for public use (for example, recreation | or education) Preservation of a | a historically important land area |
| | Protection of natural habitat | Preservation of a | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | conservation contribution in the form o | f 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 | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic structu | re included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after | 7/25/06, and not on a historic structure | e |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, release | | |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation easeme | ent is located ➤ | |
| 5 | Does the organization have a written policy regarding the periodic | c monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it hol | ds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, han | dling of violations, and enforcing conse | rvation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | of violations, and enforcing conservation | on easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above sa | tisfy the requirements of section 170(h) |)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation e | - | |
| | balance sheet, and include, if applicable, the text of the footnote | to the organization's financial statemer | nts that describes the |
| Б. | organization's accounting for conservation easements. | | O::I AI |
| Pa | Organizations Maintaining Collections of Ar | | ier Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990 | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, n | - | |
| | of art, historical treasures, or other similar assets held for public e | · · · · · · · · · · · · · · · · · · · | • |
| _ | service, provide in Part XIII the text of the footnote to its financial | | |
| b | , , | - | |
| | art, historical treasures, or other similar assets held for public exh | nibition, education, or research in furthe | erance of public service, |
| | provide the following amounts relating to these items: | | 1 000 |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| _ | | | - |
| 2 | If the organization received or held works of art, historical treasur | | gain, provide |
| | the following amounts required to be reported under FASB ASC | _ | ▶ Φ |
| a | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | |
| n | GOOGLO DE JULICIONE SEU EAN A | | - v0 |

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

| | | ITY OF SOU | | | | | | <u> 18891</u> | |
|--------------|--|-------------------------|---------------------------------------|---|--------------|---------|---------------|---------------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tre | asures, or Oth | <u>er Si</u> | milar | Assets | (continu | ued) |
| 3 | Using the organization's acquisition, accessi- | on, and other record | s, check any of the t | following that make | signif | icant u | se of its | | |
| | collection items (check all that apply): | | | | | | | | |
| а | X Public exhibition | d | | hange program | | | | | |
| b | | | | | | | | | |
| С | c X Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit o | | | | | | | _ | |
| 35-35-35 | to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| Par | t IV Escrow and Custodial Arran | | ete if the organizatio | n answered "Yes" o | n For | m 990, | , Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | 7 | |
| | on Form 990, Part X? | | | | | | L_ | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | |
| | | | | | ļ | | | Amount | |
| | Beginning balance | | | | - 1 | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | ···· | 1e | | | |
| Ť | Ending balance | | | | [| 1f | | 7 | |
| | Did the organization include an amount on Fo | | | | - | ••••• | L | Yes | ∐ No |
| 200.00 | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i | | | | | | | | |
| \$ | Litao milone i andoi complete i | (a) Current year | (b) Prior year | (c) Two years back | | Thron W | ears back | (a) Four | years back |
| 10 | Beginning of year balance | 231,416,534. | 243,859,683. | 214,491,251 | _ | | 59,044. | | 099,991. |
| 1a h | Contributions | 7,140,295. | 3,609,613. | | _ | | 03,371. | | |
| D | Net investment earnings, gains, and losses | 34,340,271. | -3,327,630. | ' | _ | | 45,287. | | 027,194. |
| 4 | Grants or scholarships | 8,211,279. | 8,594,873. | 8,298,323 | _ | | 38,674. | | |
| u A | Other expenditures for facilities | ,, | .,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | , , , , , , | -,- | |
| C | and programs | | | | | | | 3 | 489,578. |
| f | Administrative expenses | 4,290,093. | 4,130,259. | 3,938,782 | | 4.78 | 37,777. | | 245,450. |
| g g | End of year balance | 260,395,728. | 231,416,534. | | | | 91,251. | | 669,044. |
| 2 | Provide the estimated percentage of the curr | | | | <u> </u> | | | <u> </u> | |
| a | Board designated or quasi-endowment | •99 | % | y nord do. | | | | | |
| h | Permanent endowment 68.96 | % | | | | | | | |
| c | 20.05 | , | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion that are held ar | nd administered for | the or | ganiza | tion | | |
| | by: | • | | | | • | | [· | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | X |
| | (ii) Related organizations | | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's endov | wment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Part | <, line | 10. | | | |
| | Description of property | (a) Cost or o | 1 , | ' ' | | mulate | d | (d) Book | value |
| | | basis (investn | · · · · · · · · · · · · · · · · · · · | ` ' | leprec | iation | | | |
| 1a | Land | | | 0,701. | | | 1, 30 | | ,701. |
| | Buildings | | 2,90 | 0,090. | 75 | 7,63 | 34. | 2,142 | ,456. |
| | Leasehold improvements | | | | | | | | |
| d | Equipment | | 75 | 8,311. | 44 | 0,32 | 22. | 317 | <u>,989.</u> |
| | Other | | | | | | | | |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must e | gual Form 990, Part | X. column (B). line 1 | 0c.) | | | ightharpoonup | <u>2,561</u> | <u>,146.</u> |

Schedule D (Form 990) 2019

932052 10-02-19

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891 Page 3

Schedule D (Form 990) 2019

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

| Sche | edule D (Form 990) 2019 UNIVERSITY OF SOUTH DAKOTA | FOUN | NDATION | <u>46-</u> | <u>6018891 </u> | Page 4 |
|----------|---|---|---------------------|--------------------|--|---|
| | t XI Reconciliation of Revenue per Audited Financial Statemen | ts Wit | th Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 53,421, | <u>,052.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | • | | 23,688,890. | | | |
| b | Donated services and use of facilities | 2b | | | I | |
| С | Recoveries of prior year grants | | 1 155 010 | | I | |
| d | Other (Describe in Part XIII.) | | 1,157,218. | | 04.046 | 100 |
| е | 0 | | | 2e | 24,846, | |
| 3 | Subtract line 2e from line 1 | • | | 3 | 28,574, | ,944. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | | | I | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | -144,228. | | I | |
| b | Other (Describe in Part XIII.) | | | | _1// | 228 |
| c | | | | 4c 5 | -144, 28,430, | <u>, 440 </u> |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Statemen | nts W | ith Fynenses ner F | | | , /10. |
| 1 4 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 1113 11 | itii Expenses per i | ictai i | 1 | |
| | Total expenses and losses per audited financial statements | | · · · | 1 | 26,668, | 170 |
| 1 | | | | 140 A | 20,000, | , 1 / 0 • |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ا مم ا | | | I | |
| a | Donated services and use of facilities | 2a | | | 1 | |
| b | Prior year adjustments | 2b | | | 1 | |
| C | Other losses | 2c | 165,043. | | I | |
| d | Other (Describe in Part XIII.) | | | Military O- | 165 | ,043. |
| e | | | | 2e | 26,503, | |
| 3 | Subtract line 2e from line 1 | • | | 3 | 20,303, | ,14/• |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | I . I | | district Alexan | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 813,049. | | 1 | |
| b | Other (Describe in Part XIII.) | | | <u> </u> | 012 | 040 |
| - | Add lines 4a and 4b | | | 4c | 27,316, | <u>,049.</u> |
| 5 Da | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. | | | 5 | 27,310, | <u>, 1 / 0 •</u> |
| | | , ı. | 41 101 5 11/1: 4 | - · · | V F . O D . I V | <u> </u> |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | | | ; Part) | x, line 2; Part X | d, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition | onal int | ormation. | | | |
| | | | | | | |
| זגכד | RT III, LINE 4: | | | | | |
| FAI | (I III, DINE 4: | | | | | |
| יאמ | TWORK RECEIVED BY THE FOUNDATION HAS BEEN G | सणस | אם אויי ארא ת | NEF | Tጥ OF ጥF | TE. |
| A11. | WORK RECEIVED DI THE FOODBILDE G | 11 11 | D FOR THE DE | TATOT. | <u> </u> | |
| IIN. | IVERSITY OF SOUTH DAKOTA. UNLESS INSTRUCTED | ОТН | ERWISE BY TH | E D | ONOR - | |
| 011. | VILIBILIT OF BOOTH BIRCOIN. ONLIND INDIRECTED | 0111 | DIWIDD DI III | | 5110117 | |
| OWI | NERSHIP IS TRANSFERRED TO THE UNIVERSITY OF | SOU | TH DAKOTA TO | BE | INCLUDE | ED |
| <u> </u> | | | | | | |
| IN | THEIR COLLECTIONS AND USED FOR RESEARCH, D | ISPL | AY AND PRESE | RVE | D FOR | |
| | | | | | | - |
| FU | TURE GENERATIONS UNDER THEIR POLICIES. | | | | | |
| | | | | | | *************************************** |
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| | | | | | | |
| PA | RT V, LINE 4: | | | | | _ |
| | | | | | | |
| TH: | E FOUNDATION ATTEMPTS TO PROVIDE A PREDICTAL | BLE | STREAM OF FU | NDI: | NG TO US | SD |
| | | | | | | |
| PR | OGRAMS AND SCHOLARSHIPS SUPPORTED BY ITS ENI | DOWM | ENT WHILE SE | EKI | NG TO | |
| | | | | | | |
| MA: | INTAIN THE PURCHASING POWER OF THE ENDOWMEN | r as | SETS. APPROP | RIA | TIONS AF | RE |
| | | ~ | | | _ | _ |
| MA] | DE ANNUALLY, BASED ON A DISTRIBUTION THAT IS | s CA | KEFULLY REVI | EWE: | א RX LHE | 4 |

| Schedule D (Form 990) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46-6018891 Page 5 Part XIII Supplemental Information (continued) |
|--|
| BOARD OF DIRECTORS. THE APPROPRIATIONS ARE USED FOR THE PURPOSES AS |
| DEFINED IN THE AGREEMENT BETWEEN THE FOUNDATION AND DONOR ON THE |
| UNDERLYING ENDOWMENT. |
| |
| PART X, LINE 2: |
| THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX |
| POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, |
| DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE |
| CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE |
| ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND |
| LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE |
| INCURRED. |
| |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: |
| RENTAL EXPENSES INCLUDED WITH RENTAL INCOME 20,815. |
| CHANGE IN ANNUITIES AND DEFERRED GIFTS 1,946,391. |
| |
| CASH SURRENDER VALUE OF LIFE INSURANCE 3,061. |
| |
| CASH SURRENDER VALUE OF LIFE INSURANCE 3,061. |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE -813,049. |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE -813,049. |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,157,218. |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE -813,049. TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: RECLASS FUNDRAISING EXPENSES -144,228. |
| CASH SURRENDER VALUE OF LIFE INSURANCE INVESTMENT EXPENSE TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: RECLASS FUNDRAISING EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: |

n

Public Disclosure Copy

| Schedule D (Form 990) 2019 | UNIVERSITY | OF | SOUTH | DAKOTA | FOUNDATION | 46-60188 | 91 Page 5 |
|---|---------------------------------|-----|-------|---------------------------------------|------------|----------|-----------|
| Schedule D (Form 990) 2019 Part XIII Supplemental Info | ormation _(continued) | | | | | | |
| PART XII, LINE 4B | | TME | NTS: | | | | |
| INVESTMENT EXPENSE | | | | | | 81 | 3,049. |
| THANDIHDMI DWI DMOD | | | | | | - 01 | 3,043. |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

Employer identification number 6010001

| DIVIVERSITY OF S | OUTH DAK | JTA FUUN | DATION | <u> </u> | <u>L</u> |
|---|---|---|---|--|--|
| Part I General Info | rmation on A | ctivities Out | side the United States. Comple | ete if the organization answered "Ye | es" on |
| Form 990, Part IV | | | | | |
| | | | ds to substantiate the amount of its gra the selection criteria used to award the | £ | Yes No |
| 2 For grantmakers. Description United States. | ribe in Part V the | organization's | procedures for monitoring the use of its | s grants and other assistance outsic | le the |
| 3 Activities per Region. (TI | he following Part | I, line 3 table ca | an be duplicated if additional space is n | eeded.) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| | | | | | |
| EUROPE | 0 | 0 | INVESTMENT | | 7,250,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 7,250,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 7,250,000. |

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

Page 2

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

Schedule F (Form 990) 2019

Part II

46-6018891

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--|--|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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| 2 Enter total number of by the IRS, or for whic | Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has genter total number of other organizations or entities. | is listed above that are ransel has provided a section rentities | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities | oreign country, re | ecognized as tax-exe | mpt | | |
| | | | | | | | Sched | Schedule F (Form 990) 2019 |

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Page 3

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2019

Part III can be duplicated if additional space is needed.

| (h) Method of valuation (book, FMV, appraisal, other) | | | | | |
|---|--|--|--|--|---|
| (h) | | | | | ! |
| (g) Description of noncash assistance | | | | | |
| (f) Amount of noncash assistance | | | | | |
| (e) Manner of cash disbursement | | | | | |
| (d) Amount of cash grant | | | | | |
| (c) Number of recipients | | | | | |
| (b) Region | | | | | |
| (a) Type of grant or assistance | | | | | |

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

| Schedule F (Form 990) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46 – Part V Supplemental Information | 6018891 | Page 5 |
|---|--------------------|-------------|
| Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See | rt III, column (c) | |
| FORM 990, SCHEDULE F, PART I, COLUMN (F) | | |
| THE AMOUNT REPORTED IN COLUMN (F) IS TOTAL CAPITAL CONTRIBUTED I | OURING | ··· |
| THE YEAR PLUS THE TOTAL ENDING CAPITAL BALANCE OF FOUR INVESTMEN | NTS IN | |
| FOREIGN PARTNERSHIPS. | | |
| FORM 990, SCHEDULE F, PART IV, LINE 5 | | |
| THE UNIVERSITY OF SOUTH DAKOTA FOUNDATION IS INDIRECTLY CONSIDER | RED A | |
| CATEGORY 3 FILER THROUGH ITS DIRECT AND CONSTRUCTIVE OWNERSHIP | INTEREST | |
| IN VARIOUS FOREIGN PARTNERSHIPS. HOWEVER, THE ORGANIZATION DID 1 | NWO TOI | |
| AT LEAST A 10% INTEREST IN ANY OF THE FOREIGN PARTNERSHIPS IMME | DIATELY | |
| AFTER THE CONTRIBUTION, AND THE VALUE OF THE PROPERTY CONTRIBUTE | ED DID | |
| NOT EXCEED \$100,000 TO ANY OF THESE ENTITIES DURING THE REPORTIN | 1G | |
| PERIOD. THEREFORE, THE ORGANIZATION IS NOT REQUIRED TO FILE FORM | 4 8865. | |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

OMB No. 1545-0047

| Name of the organization | | | | | 1 | | ntification number |
|---|---|------------------------------|----------|------------------------|---------------------|---------------|--------------------|
| | ITY OF SOUTH DAKOT | | | | | <u>6-6018</u> | |
| Fundraising Activities required to complete this par | Complete if the organization answer t. | ered "Y | es" or | n Form 990, Part IV, I | ine 17. F | orm 990-EZ | filers are not |
| 1 Indicate whether the organization rais | | ng activ | ities. (| Check all that apply. | | | |
| a X Mail solicitations | | | _ | overnment grants | | | |
| b X Internet and email solicitations | | | | nment grants | | | |
| c Phone solicitations | g X Special | fundra | ising | events | | | |
| d X In-person solicitations 2 a Did the organization have a written of | or aral agreement with any individual | (inclus | ling of | ficare directors true | toos or | | |
| key employees listed in Form 990, P | • | • | _ | | ices, or | X Yes | □ No |
| b If "Yes," list the 10 highest paid indi | • | | | - | ne fundra | | |
| compensated at least \$5,000 by the | | | | | | | |
| | | (iii) | Did | | (v) Am | nount paid | (vi) Amount paid |
| (i) Name and address of individual | , have custody 1 , | | | etained by) draiser | to (or retained by) | | |
| or entity (lundraiser) | | or control of contributions? | | | in col. (i) | organization | |
| EAB - PO BOX 79461, | DIRECT MAIL AND EMAIL | Yes | No | | | | |
| BALTIMORE, MD 21279-0461 | SOLICITATIONS | | Х | 0. | | 136,478. | 0. |
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| Total | | | | | | 136,478. | |
| List all states in which the organization or licensing. | on is registered or licensed to solicit | contrib | utions | or has been notified | it is exe | mpt from re | gistration |
| AL, AK, AZ, AR, CA, CO, CT, | DE, FL, GA, HI, ID, IL, | IN,I | A, F | S, KY, LA, ME | ,MD, | MA,MI, | MN,MS,MO |
| MT, NE, NV, NH, NJ, NM, NY, | NC, ND, OH, OK, OR, PA, I | RI,S | C,S | D,TN,TX,UT | VT, | VA,WA, | WV,WI,WY |
| DC | | | | | | | _ |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events GOLF CLASSIC NONE CAC DINNER (add col. (a) through AND AUCTION EVENTS col. (c)) (total number) (event type) (event type) 441,065. 381,656. 59,409. Gross receipts 135,319. 10,500. 145,819. 2 Less: Contributions 246,337. 48,909. 295,246. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5,258. 5,258. Rent/facility costs 54,530. Direct 53,728. 802. 7 Food and beverages 1,704. 1,704. 8 Entertainment 82,736. 54,312. 28,424. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 144,228. 151,018. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) _____**>** 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: ___

Schedule G (Form 990 or 990-EZ) 2019

46-6018891 Page 2

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Public Disclosure Copy

| Sch | edule G (Form 990 or 990-EZ) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46-6 | 0188 | <u> 391</u> | Page 3 |
|-----|--|----------------|-------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | , | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | i The organization's facility | 13a | | % |
| | | 13b | | % |
| | An outside facility | [ISD] | | 70 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address > | | | |
| | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | . └── ` | Yes | L No |
| | | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| | e If "Yes," enter name and address of the third party: | | | |
| · | The rest fame and address of the time party. | | | |
| | Nama | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation > \$ | | | |
| | | | | |
| | Description of services provided | | | |
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| | Director/officer Employee Independent contractor | | | |
| | | | | |
| | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | ` | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par | t III, line | es 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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Schedule G (Form 990 or 990-EZ) 2019

Public Disclosure Copy

| Schedule G | G (Form 990 or 990-EZ) | UNIVERSITY | OF | SOUTH | DAKOTA | FOUNDATION | 46-6018891 | Page 4 |
|---------------------------|--|---------------------------------------|----|-------|--------------|--|------------|-------------|
| Part IV | (Form 990 or 990-EZ) Supplemental Info r | mation (continued) | | | | | | |
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Schedule G (Form 990 or 990-EZ)

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| SCHED | (Form (|

Name of the organization

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public OMB No. 1545-0047

Employer identification number Inspection

≗ ∏ . ف 46-6018891 (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SCHOLARSHIPS SCHOLARSHIPS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 0 Ö Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 050 10,000, 20,520. 8,775. 30,178 19,455, (d) Amount of SOUTH DAKOTA FOUNDATION cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 46-6000364 GOVERNMENTAL GOVERNMENTAL 46-0215866 501(C)(3) 46-0324210 501(C)(3) 46-0284795 501(C)(4) 94-1450490 501(C)(3) Enter total number of other organizations listed in the line 1 table 46-6000364 General Information on Grants and Assistance (b) EIN UNIVERSITY OF criteria used to award the grants or assistance? 1 (a) Name and address of organization VERMILLION CHAMBER & DEVELOPMENT SOUTH DAKOTA STATE UNIVERSITY ASSOCIATION OF AMERICAN LAW SCHOOLS - 1614 20TH ST NW -SOUTH DAKOTA HALL OF FAME or government DAKOTA STATE UNIVERSITY 820 N. WASHINGTON AVE CHAMBERLAIN, SD 57325 BLACK HILLS PLAYHOUSE VERMILLION, SD 57069 RAPID CITY, SD 57709 WASHINGTON, DC 20009 BROOKINGS, SD 57007 MADISON, SD 57042 2 E. MAIN STREET 1480 S MAIN ST 2201 PO BOX 2513 Parti Part II

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Schedule I (Form 990) (2019)

932101 10-26-19

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| 46-6018891 Page 1 | | | \$8,356,171 FOR SCHOLARSHIPS, \$5,222,038 FOR FACILITIES AND \$ 2,516,820 OTHER | STUDENT SUPPORT | | | | | Schedule I (Form 990) |
|--|--|---|--|--|--|--|---|--|-----------------------|
| | + II.) | (g) Description of non-cash assistance | | | | | | | |
| ! | (Schedule I (Form 990), Part II.) | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | | |
| | | (e) Amount of non-cash assistance | .0 | .0 | | | | | |
| FOUNDATION | Organizations in the United States | (d) Amount of cash grant | 16,095,029. | 24,290. | | | | | |
| DAKOTA FOU | ernments and Organ | (c) IRC section if applicable | 46-6000364 GOVERNMENTAL | 501(C)(6) | | | · | | |
| Y OF SOUTH | ssistance to Gove | (b) EIN | 46-6000364 | 46-0213945 | | | | | |
| Schedule I (Form 990) UNIVERSITY OF SOUTH DAKOTA | Part II Continuation of Grants and Other | (a) Name and address of organization or government | UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET VERMILLION, SD 57069 | SOUTH DAKOTA STATE MEDICAL ASSOCIATION (SDSME) - 2600 W 49TH ST, STD 200 - SIOUX FALLS, SD 57105 | | | | | |

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Page 2 (f) Description of noncash assistance 46-6018891 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance UNIVERSITY OF SOUTH DAKOTA FOUNDATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2019) Part III

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

PART I, LINE 2:

THE PURPOSES SET THE FOUNDATION ACCEPTS GIFTS AND MANAGES PAYMENTS FOR

THE FOUNDATION INFORMS THE UNIVERSITY OF

FORTH BY THE DONORS.

THE AMOUNT

THE UNIVERSITY MAKES EXPENDITURE AND THE CRITERIA FOR USE. AVAILABLE FOR

Z THESE FUNDS FOR THE DETERMINATION OF WHO THE RECIPIENT WILL BEFORE PAYMENT IS MADE, THE FOUNDATION VERIFIES THAT THE REQUESTED PAYMENT

THE CRITERIA, AND REQUESTS PAYMENT FROM THE FOUNDATION

ACCORDANCE WITH

THE FUNDS PER THE FUND CRITERIA AND THAT THE IS AN APPROPRIATE USE OF

UNIVERSITY REPRESENTATIVE MAKING THE REQUEST IS AUTHORIZED TO DO SO.

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932102 10-26-19

| Schedule I (Form 990) UNIVERSITY OF SOUTH DAKOTA FOUNDATION Part IV Supplemental Information | 46-6018891 Page 2 |
|---|---------------------------------------|
| | |
| PART II, LINE 1, COLUMN (H): | |
| NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTH DAKE | OTA |
| (H) PURPOSE OF GRANT OR ASSISTANCE: \$8,356,171 FOR SCHOLARSH | HIPS, |
| \$5,222,038 FOR FACILITIES AND \$ 2,516,820 OTHER DEPARTMENTAL | L SUPPORT. |
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Schedule I (Form 990)

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

OMB No. 1545-0047

| UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46-6018 | | | | | | | |
|---|--|---------|--------------------|---------------------------------------|--|--|--|
| Pá | art I Questions Regarding Compensation | | | | | | |
| | | | Yes | No | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9 | 190, | | | | | |
| | 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 person | al use | | V. | | | |
| | Travel for companions Payments for business use of personal resi | dence | | | | | |
| | Tax indemnification and gross-up payments X Health or social club dues or initiation fees | | S officers | 27 (1) (1) 21 (1) | | | |
| | X 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 | | | | | | |
| | | 1b | X | i i i i i i i i i i i i i i i i i i i | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | ingell Taxas | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | | | | | |
| | | | | 100 | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization | n to | | | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | | |
| | X Compensation committee Written employment contract | | | | | | |
| | Independent compensation consultant X Compensation survey or study | | | | | | |
| | Form 990 of other organizations X Approval by the board or compensation co | mmittee | | | | | |
| | | | Value | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | i i ji | | | | | |
| | organization or a related organization: | | | | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | BELL CLASSISSISSIS | X | | | |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | $\overline{}$ | Х | | | |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | | | Х | | | |
| • | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | the state | 39.64 | | | |
| | The state of the s | | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | 24 | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| | contingent on the revenues of: | | | | | | |
| а | The organization? | 5a | isi Jakingkai | X | | | |
| | Any related organization? | 5b | | Х | | | |
| | If "Yes" on line 5a or 5b, describe in Part III. | × i | 1 30 50 | WAS | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| | contingent on the net earnings of: | | | | | | |
| а | The organization? | 6a | ille intermenal | X | | | |
| | Any related organization? | | | Х | | | |
| | If "Yes" on line 6a or 6b, describe in Part III. | 35.23 | 1 2023 | 1000 | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X | - Carleston | | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | 1 74.3 | | | | |
| | | 8 | ran - renkudibal | Х | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | 3/6 | 1 3 1 7 | | | | |
| | | | | | | | |

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

46-6018891

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 V | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | able | (E) Total of columns | (F) Compensation |
|------------------------------|----------|--------------------------|--|---|--------------------------------|----------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) STEVE BROWN | Ξ | 236,035. | 28,157. | 13,014. | 16,660. | 28,087. | 321,953. | 0. |
| PRESIDENT AND CEO | € | 0 | 0 | 0 | | 0 | 0 | 0 |
| (2) CHRISTINE TJELMELAND | Ξ | 194,198. | 0. | 7,968. | 11,91 | 15,526. | 229,610. | 0 |
| CFO | (ii) | • 0 | 0. | | | 0 | • 0 | 0 |
| (3) NICK KOTZEA | (i) | 152,694. | 0. | 7,313. | .627,6 | 7,809. | 177,055. | 0 |
| SEC/TREAS; CHIEF GOV OFFICER |) (ii) | 0 | 0. | 0 | • 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
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Schedule J (Form 990) 2019

46-6018891 UNIVERSITY OF SOUTH DAKOTA FOUNDATION Part III Supplemental Information Schedule J (Form 990) 2019

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

ANNUALLY BY THE EXECUTIVE COMMITTEE BASED IN PART ON THE DOLLAR VALUE

SIGNED GIFT COMMITMENTS RECEIVED TOWARD THE CAMPAIGN DURING THE YEAR.

OF

Schedule J (Form 990) 2019

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

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

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

Employer identification number 46-6018891

| Par | t la Types of Property | _ 2001. | | 0 02,0222 2021 | 1 40 0010001 |
|-----|--|-------------------------------|---|---|--|
| 李宗教 | ananana | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art - Works of art | X | 5 | 4,900. | COMPARABLE WORK/EXPE |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | **** | |
| 9 | Securities - Publicly traded | Х | 65 | 1,899,505. | AVG OF HIGH/LOW MKT |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or | | | | |
| | trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - | | | | |
| | Historic structures | | | · | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | X | 1 | 485,000. | COMPARABLE PROPERTIE |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | 77 | 175 | 224 540 | 733437 |
| 25 | Other (MISCELLANEOUS) | X | 175 | 334,548. | F.W.A |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other (| <u></u> | | | |
| 29 | Number of Forms 8283 received by the organiz | - | | | 0 |
| | for which the organization completed Form 82 | 83, Part IV, I | Jonee Acknowledg | ement 29 | |
| 30a | During the year, did the organization receive by must hold for at least three years from the date exempt purposes for the entire holding period? | of the initia | l contribution, and | which isn't required to be us | sed for |
| b | If "Yes," describe the arrangement in Part II. | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review o | of any nonstandard contribut | tions? 31 X |
| 32a | Does the organization hire or use third parties contributions? | | | | 32a X |
| b | If "Yes," describe in Part II. | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is che | cked, |
| | describe in Part II. | | | | |
| | | | | | |

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

Schedule M (Form 990) 2019

| Schedule M | l (For | m 99 | 0) 2019 | | VERS | | | | | | | | | | 50188 | | Page 2 |
|------------|-------------|-----------------------|---------|---------|---|--------------------------------------|----------------------|----------------------|-----------|---------------------|--------------------------|----------------------|--------------------------|----------------------------|---------------------------|-------------------------|-----------|
| Part II | Su is re | pple eporti | menta | al Info | r matio umn (b), t al inform | 1. Provi he numb ation. | de the i er of co | informat ontribut | ion requi | ired by F number | Part I, line of items | es 30b, 3 receive | 32b, and 3 d, or a co | 33, and whe mbination o | ther the o f both. Als | rganizatio so comple | on ete |
| SCHEDU | II.E | M | DΔR | т т | COLI | TMINT (| 'R)· | | | | | | | · · · · · · | | | |
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Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(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.

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization

UNIVERSITY OF SOUTH DAKOTA FOUNDATION

Employer identification number 46-6018891

FORM 990, PART VI, SECTION A, LINE 1: THE COMMITTEE SHALL CONSIST OF THE FOUNDATION CHAIR, VICE CHAIR, THE VICE IMMEDIATE PAST CHAIR, THE CHAIRS OF THE STANDING COMMITTEES, CHAIR ELECT, THE CO-CHAIRS OF THE ONWARD CAMPAIGN AND TWO MEMBERS DESIGNATED BY THE FOUNDATION CHAIR FROM AMONG THE ELECTED AND APPOINTED MEMBERS OF THE BOARD OF DIRECTORS AT THE BEGINNING OF CHAIR'S TERM AND APPROVED BY THE BOARD OF DIRECTORS. THE PRESIDENT OF THE UNIVERSITY, FOUNDATION PRESIDENT, FOUNDATION'S LEGAL COUNSEL SHALL BE EX-OFFICIO NON-VOTING MEMBERS OF THE COMMITTEE. THE EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD BETWEEN BOARD MEETINGS AND IN ALL SITUATIONS EXCEPT THOSE RESERVED TO THE BOARD AND THOSE SPECIFIED IN THE BYLAWS. APPROVAL OF AUTHORITY TO ACT FOR UNUSUAL TRANSACTIONS (I.E. PURCHASE/SALE OF PROPERTY) IS RECEIVED FROM THE BOARD OF DIRECTORS PRIOR TO THE ACTIONS. APPROVAL OF NORMAL BUSINESS ACTIONS IS RECEIVED FROM THE BOARD OF DIRECTORS AFTER THE COMMITTEE HAS ACTED. FORM 990, PART VI, SECTION A, LINE 2: TOM GALLAGHER (BOARD MEMBER) AND NANCY GALLAGHER (BOARD MEMBER) HAVE A FAMILY RELATIONSHIP AND A BUSINESS RELATIONSHIP. SECTION B, LINE 11B: FORM 990, PART VI, MANAGEMENT REVIEWS THE 990 IN DETAIL, AFTER WHICH THE 990 IS PROVIDED TO

EACH BOARD MEMBER ELECTRONICALLY AND APPROVED BY THE BOARD PRIOR TO FILING.

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

Employer identification number Name of the organization UNIVERSITY OF SOUTH DAKOTA FOUNDATION 46-6018891 THE POLICY APPLIES TO BOARD MEMBERS, OFFICERS AND COMMITTEE MEMBERS. NEW INDIVIDUALS SIGN A CONFLICT OF INTEREST STATEMENT UPON APPOINTMENT OR ELECTION. CONTINUING INDIVIDUALS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR. THEY ARE ASKED TO NOTIFY THE FOUNDATION IMMEDIATELY IF A CONFLICT ARISES IN THE INTERIM. THE STATEMENTS ARE REVIEWED BY THE DIRECTOR OF ADMINISTRATION AND THE CEO. THE CEO PROVIDES A REPORT OF THE PROCESS & RESULTS TO THE AUDIT COMMITTEE. ANY CONFLICTS WOULD RESULT IN REQUIRING THE SPECIFIED BOARD MEMBER TO EXCUSE THEMSELVES FROM A VOTE THAT INVOLVES THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION AND BENEFITS FOR THE CEO. WAGE AND BENEFIT ADJUSTMENTS FOR THE CEO ARE DETERMINED ANNUALLY BY THIS COMMITTEE. THE COMMITTEE GATHERS SALARY INFORMATION FROM EMPLOYMENT SURVEYS TO USE FOR COMPARISON. COMPENSATION FOR THE CFO IS DETERMINED BY THE CEO. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR, CA, IL, KY, MA, MD, MI, MN, NH, NJ, NY, OK, OR, PA, SC, TN, UT, WI, WV, AK, AL, CO, CT, DC, GA HI, KS, LA, ME, MO, NV, NM, NC, OH, RI, VA, WA, FL, MS, ND FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE TO BOARD ON A BOARD PORTAL. THEY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 1,946,391. CHANGE IN GIFT ANNUITIES & DEFERRED GIFTS 3,061. CASH SURRENDER VALUE OF LIFE INSURANCE

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization UNIVERSITY OF SOUTH DAKOTA FOUNDATION | Employer identification number 46-6018891 |
| LOSS ON PROMISE TO GIVE | -3,311,316. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -1,361,864. |
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Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public

Inspection

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

SOUTH DAKOTA FOUNDATION

ОF

UNIVERSITY

Employer identification number 46-6018891

Schedule R (Form 990) 2019 (g) Section 512(b)(13) å controlled Direct controlling INIVERSITY OF SOUTH JNIVERSITY OF SOUTH Yes 429,714. DAKOTA FOUNDATION DAKOTA FOUNDATION Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling 864,749. End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) -6,965, 10,337, Total income Exempt Code **©** Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) зоитн ракота зоитн ракота HOLD AND MANAGE REAL ESTATE HOLD AND MANAGE AIRPLANE Primary activity Primary activity <u>e</u> FOR FOUNDATION FOR FOUNDATION or Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity LLC - 46-6018891 JSDF2 LLC - 46-6018891 57069 57069 VERMILLION, SD VERMILLION, SD 1110 N. DAKOTA 1110 N. DAKOTA PartII Part

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46-6018891

Page 2

Schedule R (Form 990) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

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.

General or Percentage managing ownership partner? 9 Code V-UBI camount in box 20 of Schedule - K-1 (Form 1065) Disproportionate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization 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) | (q) | (0) | (p) | (e) | (£) | (6) | (h) | Ξ | |
|--|------------------|--|--------|---------------------------------|-----------------------|----------------------|-------------------------|--|------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct | Type of entity (C corp, S corp, | Share of total income | Share of end-of-year | Percentage ownership | Section 512(b)(13) controlled entity? | ion)(13) olled ty? |
| | | country) | | OI tidat) | | doodlo | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| CHARITABLE REMAINDER TRUSTS (15) | CRT | SD | N/A | TRUST | N/A | N/A | N/A | × | - |
| | | | | | | | | | |
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| CHARITABLE LEAD TRUSTS (2) | CRT | SD | N/A | TRUST | N/A | N/A | N/A | × | |
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Schedule R (Form 990) 2019

Page 3

Schedule R (Form 990) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

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

Yes No × × × × × 9 9 ع 19 유 <u>9</u> 두 ¥ 무 우 ٩ ဗ္ 현 Ŧ 무 (d)
Method of determining amount involved = Loans or loan guarantees by related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Sale of assets to related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 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? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. j Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Dividends from related organization(s) <u>م</u> ه ত্র <u>ම</u> 4 গ্র ៙ Ξ

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Page 4

Schedule R (Form 990) 2019 UNIVERSITY OF SOUTH DAKOTA FOUNDATION

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.

| Country) sections 57.2-514) Yes No Income assets sections 57.2-514) (State or froelign schlings) (State | Country) Sections 512-514) Yes No Income assets Country) Sections 512-514) (Sections 512 | (a) (b) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | (b) | (c) | (d) Dradominant income | (e) Are all | (f) | (g) | (h) | (i) | 6 | (K) |
|--|--|--|------------------|---|--|----------------|-----------------------|-----------------------------------|----------------------|--|-------------------|-----------|
| | | Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign country) | rredominam income pa (related, unrelated, excluded from tax under — sections 512-514) | orgs.? | Snare of total income | snare or end-of-year assets | tionate allocations? | code v-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | ownership |
| | | | | | | 3 | | | 2 | | 82 | |
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Public Disclosure Copy

| Schedule Rifem 980; 2019 UNITYRISTY OF SOUTH DAKOTA FOUNDATION 46-6018891 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. | Schedule R (Form 990) 2019 | UNIVERSITY | OF | SOUTH | DAKOTA | FOUNDATION | 46-6018891 | Page 5 |
|---|----------------------------|---------------------------|--------|-------------|----------------|-------------|------------|--|
| Provide additional information for responses to questions at Schedule F. See instructions. | Part VII Supplemental Inf | ormation | | | | | | |
| | Provide additional info | mation for responses to o | questi | ons on Sche | dule R. See in | structions. | | |
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Schedule R (Form 990) 2019