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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

		the Treasury ue Service	▶	The orga	nization may		-	eturn to satisfy si	tate re	porting r	equirements		Inspection
					year beginni		7/1/20		and e)/201	
В	heck if ap	plicable	Please	C Name	of organization	FRIEND	S OF SOU	TH DAKOTA P	UBLI	BROA			fication number
	Address (change	use IRS	Doing	Business As						23-7310698		
□ 1	Name ch	ange	print or	Numbe	and street (or	PO box if mail is	not delivered	to street address)	R	om/suite	E Telephone	numbe	er .
	nitial retu	ııu		BOX 500							(605) 697-50	000	
1	erminati	ed	Specific Instruc-	City or	town, state or o	country, and ZIP +	4						
	Amended	return		VERMIL	LION			SD 57	069		G Gross recei	pts \$	2,238,173
	Application	on pending	F Na	me and a	address of pri	ncipal officer				H(a) Is	this a group retur	n for a	iffiliates? Yes X No
			DUANE :	SANDE	R BOX 5000), VERMILLIO	N, SD 570)69		H(b) Ar	e all affiliates incl	uded?	Yes No
l T	ax-exer	npt status	X 501	(c) (3) ◄ (ins	ert no.)	4947(a)(1)	or 527		lt,	"No, ' attach a list	(see	instructions)
JV	Vebsite	: ▶								H(c) Gr	oup exemption of	umber	•
KF	orm of o	rganization	Х Соп	poration	Trust	Association	Other •	•	L Yea	r of forma			State of legal domicile SD
-	art I		nmary				<u></u>	·	1		1973	17.	Suite of regar dominate 3D
	1			ne organ	uzation's mi	ssion or most	significant	activities SI	IPPO	RTSLIE	ELONG LEA	RNII	NG FOR ALL SOUTH
	'												OF SOUTH DAKOTA
93								, AND EDUCA					
าลก		11555711		<i></i>	T.15007115			111000000000000000000000000000000000000		110505			
Activities & Governance	2	Check th	nis box	▶ ∏if	the organiz	ation discontin	nued its op	erations or disp	osed	of more	e than 25% o	f its r	net assets
ග •8	3				-	verning body (j	3	19
ies	`4	Number	of indepe	endent v	oting memb	ers of the gov	erning boo	ly (Part VI, line	16)			4	19
Į.	5	Total nu	mber of e	mploye	es (Part V, I	ine 2a)						5	10
Ą	6					If necessary)		•				6	200
						ue from Part \						7a	0
	b	Net unre	elated bus			ne from Form	990-T, line	34				7b	0
	_	O a sakatiba		71	ECEIV	EQ.				ļ	Prior Year	070	Current Year
ē	8	n		*J	(Part-VIII, Jii	20 ()				}	• 1,363	,076	1,468,677
	10	Investme	ant incom	Se (Partie	(Part VIII, II	ne 2g) 公 ((内), lines)3, 4	and 7d\	• •			-376	864	172,055
	11	Other re	venuel(P:	art VIII	column (A)	((դր), iii,(այ), դ lines 5, 66d, 8d	9c 10c	and 11e)				,675	
20	12					ust equal Eart V				 	1,846		
<u>®</u> _ ●	13					山水, column (1,345		
ے	14					IX, column (A						•	0
	15	Salaries	, other co	mpensa	ition, emplo	yee benefits (I	art IX, col	umn (A), lines	510)		396	,142	383,561
se	16a	Professi	onal fund	raising f	ees (Part IX	(, column (A),	line 11e)						28,245
<u>m</u> .	b	Total fur	ndraising (expense	es (Part IX, d	column (D), lin	e 25) 🕨	48	6,221				
ANNED	17					lines 11a-110				<u> </u>		,756	
2	18					ist equal Part I		(A) line 25)		ļ	2,573	$\overline{}$	2 195,508
<u>.</u>	19	Revenue	e less exp	enses :	Subtract line	e 18 from line	12			<u> </u>	-727		42,665
Net Assets Fund Balances	20	Total as	ooto /D=≠	· V 1	16)					Beginn	ning of Current) 1,971		End of Year 2,185,143
ISSe' Bala	20 21		sets (Part pilities (Pa		•					ļ		473	196,204
ra de	22		•		•	t line 21 from	line 20				1,852		1,988,939
22	t II		nature B		CS Oublide	t mic 21 nom	inc zo			i	1,002	1. 2.	1,000,000
					declare that I h	ave examined this	return includ	ing accompanying s	schedul	es and sta	atements and to	the be	st of my knowledge
		and b	elief it is tru	e correct.	and complete	Declaration of pre	parer lother th	an officer) is based	on all r	nformation	n of which prepar	er has	any knowledge
				/ /	/		7				1		
Sig	n		_//_	C \$60	rad	(Ta	son						
Her			Signature of	officer 4	<i>''</i>					1-	Date		
	_	-	Clet	20 C Q	7 6	rson		nance		1191	19gec		······································
		Prepa		t name and	ure			Date	77	ieck if	· T	Prenai	rer's identifying number
Paid	i	signat		11.	Simil	R. 1		25.5	se		ì	(see 🎢s	structions)
	arer's	;	10/2/2010 employed						70	00221348			
	Only	Pums	s name (or yo -employed),	ours 🔽	DIAM AND	D BERQLIN, C	PA'S				EIN >	46	,-0348843
		1	ss, and ZIP	+4	PO BOX 42	26, ELK POIN	r, SD 5702	25			Phone no ► ((605)	356-3374
May	the IR	S discus	s this retu	ırn with	the prepare	r shown above	? (see ins	tructions)					X Yes No
						ce, see the sep							Form 990 (2009)

Pa	Int III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: THE FRIENDS OF SOUTH DAKOTA PUBLIC BROADCASTING SUPPORTS LIFELONG LEARNING FOR ALL SOUTH DAKOTANS THROUGH ADVOCACY, LEADERSHIP AND RESPONSIBLE FUNDRAISING ON BEHALF OF SDPB TELEVISION, RADIO, INTERNET AND EDUCATION AND OUTREACH
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,180,564 including grants of \$ 1,027,500) (Revenue \$ 0) SOUTH DAKOTA PUBLIC BROADCASTING
4b	(Code) (Expenses \$ 99,505 including grants of \$ 99,505) (Revenue \$ 0) SOUTH DAKOTA HIGH SCHOOL ATHLETICS ASSOCIATION
4c	(Code.) (Expenses \$ 100,000 including grants of \$ 100,000) (Revenue \$ 0)
	SOUTH DAKOTA PUBLIC BROADCASTING SPORTS
4d	Other program services (Describe in Schedule O) (Expenses \$ 32,136 including grants of \$ 32,136) (Revenue \$ 0)
40	Total program service expenses • 1.412.205

Par	t IV . Checklist of Required Schedules	090		age J
•	In the comparison decords of the FOA(s)(0) at 40.47(s)(4) (all and become a second foundation) O (6.89) at 10.		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? If "Yes," complete Schedule C,			
5	Part	4	-	<u> </u>
3	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or			
11	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10	X	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	ľ		
	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	_		
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	Ì		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		-	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that		. !	
42	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optionalX			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		 -
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Management of the second of th		990	(2009)

Part IV Checklist of Required Schedules (continued)

	Note: 74, 1 office de l'equilleu te complete curioure e		990 (2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	VI	37	+	_X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	_		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
	Schedule R, Part V, line 2	35	_	Χ_
35	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		X
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		Χ_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Χ_
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	\ \	<u></u>	
28	If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ_
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		<u>X</u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
-	to defease any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
h	24b through 24d and complete Schedule K If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_X_
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	24-	1	v
	employees? If "Yes," complete Schedule J	23		Χ_
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			
00	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			-
ı `	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
21、	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			

•					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a		의		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b		의	,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors a	and repo	ortable		X	
2a	gaming (gambling) winnings to prize winners? . Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	! !	•	1c	 ^	
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment ta			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return		•		 	
	instructions)	•		İ		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	covered	by			
	this return?			_3a		_ X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or		-		ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or of account)?	ner tinat	nciai	4-		×
b	If "Yes," enter the name of the foreign country			_4a	<u> </u>	 ^
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo	reign B			ł	
	and Financial Accounts	noigh b	MIII.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	ear?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t	ransacti	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	/ Regard	lıng	1		
_	Prohibited Tax Shelter Transaction?		•	5c	 	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the				
b	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such con	tribution	s or	<u>6a</u>	 	<u> </u>
D	gifts were not tax deductible?	i ibalion	3 01	6b	l	ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for go	ods			
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	th it was				
	required to file Form 8282?	7d		7c	-	X
d e	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums		reonal	\dashv		ļ
е	benefit contract?	on a per	Jonai	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	t contrac	ct?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as req			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	1098-C	as			1
	required?			7h	├	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo	_				l
	organizations. Did the supporting organization, or a donor advised fund maintained by a spon	soring			·	X
9	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			_ 8_	 	 ^
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	_	X
10	Section 501(c)(7) organizations. Enter.					
а	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 .	10b	 	_		
11	Section 501(c)(12) organizations. Enter	1			1	-
a	Gross income from members or shareholders	11a		4	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12a	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1.24	†	

Part VI

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

Sect	tion A. Governing Body and Management						_
4-	Fatastha work as of orders were have of the control of			، ۵۲		Yes	No
1a	Enter the number of voting members of the governing body	1a	·-·-··································	19			
b	Enter the number of voting members that are independent	1b		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel any other officer, director, trustee, or key employee?	ations	nip with	-	2		 X
3	Did the organization delegate control over management duties customarily performed by or u	nder t	ho direct	-			-^-
5	supervision of officers, directors or trustees, or key employees to a management company or			İ	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form S		-	F	4		$\frac{\hat{x}}{x}$
5	Did the organization become aware during the year of a material diversion of the organization			H	5		X
6	Does the organization have members or stockholders?	. 5 455	CIO	-	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or r	nore n	nembers	<u> </u>			
	of the governing body?			ŀ	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her pe	rsons?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions unde						
	the year by the following		J				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be re	ached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	e O			9a		X
	ion B. Policies (This Section B requests information about policies not required by the	e Inte	rnal				
Reve	enue Code)						
						Yes	No
	Does the organization have local chapters, branches, or affiliates?			⊢	10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of		cnapters,		406		
	affiliates, and branches to ensure their operations are consistent with those of the organization		filma tha	\vdash	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body beform?	eioie	ming the		11	Х	
11A					•••	1.	
12a					12a	<u> </u>	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	uld aive				
_	rise to conflicts?		J		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? If	"Yes,"	Г			
	describe in Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?				13		Χ
14	Does the organization have a written document retention and destruction policy?			L	14		Х
15	Did the process for determining compensation of the following persons include a review and a			- 1			
	independent persons, comparability data, and contemporaneous substantiation of the deliber	ation a	and decision	? _			
а	The organization's CEO, Executive Director, or top management official .				15a		Х
b	Other officers or key employees of the organization .			L	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrange	ement	-			
_	with a taxable entity during the year?		1 -4.	-	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization						1
	its participation in joint venture arrangements under applicable federal tax law, and taken step	os io s	aleguaru	-	 16h		1
2001	the organization's exempt status with respect to such arrangements?				16b		
7	List the states with which a copy of this Form 990 is required to be filed						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	nd 990	-T (501(a)(3)	s on	 lv)		-
U	available for public inspection. Indicate how you make these available. Check all that apply	000	. (501(0)(5	,5 511	. 3 /		
	Own website Another's website X Upon request						
9	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	nents	conflict of in	teres	t		
	policy, and financial statements available to the public	,			-		
20	State the name, physical address, and telephone number of the person who possesses the b	ooks a	and records of	of the	,		
	organization DEBORAH LARSON		(605) 697				
	BOX 5000, VERMILLION, 57069						

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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

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

X Check this box if the organization did not compensate any current officer, director, or trustee

Check this box if the organization did not compe	(B)				C)			(D)	(E)	(F)
Name and Title	Average Position (check all that						ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DONNA BAUER DIRECTOR	C	х						0	0	0
TIMOTHY J DOUGHERTY DIRECTOR								0	0	0
ROSEMARY DRAEGAR DIRECTOR	C							0	0	0
WM JASON GROVES DIRECTOR	C	Ì						0	0	0
JANICE HOMANDBERG KNUTSEN DIRECTOR	C	Х						0	0	0
CAROL JOHNSON DIRECTOR		Х						0	0	0
TERRIE KOEHNE DIRECTOR								0	0	0
BRUCE LEY DIRECTOR	C	Х						0	0	0
LINDA MEYER DIRECTOR	C							0	0	0
NANCY MCCAHREN DIRECTOR	C	Х						0	0	0
KIM OHANAUTKA DIRECTOR	C	X						0	0	0
CHRISTOPHER SONNE DIRECTOR		X						0	0	0
MAIA SURDEZ DIRECTOR	C	X						0	0	0
KATHLEEN WEST DIRECTOR		Х						0	0	0
MARK SHLANTA DIRECTOR-EX OFFICIO	C	X						0	0	0
DUANE SANDER PRESIDENT	Ç			x				0	0	0

Pai	t VII. Section A. Officers, Directors, Tr	ustees, Key E	Ĕmp	loye	ees,	and	Hig	hes	t Co	mpensated Em	ployees (contin	ued)	
•	(A) (B) (C) (D) (E											(F)	
	Name and title	Average hours per								Reportable compensation	Reportable compensation	Estimated amount of	
		week	or allector	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other or other or other or other or other organization and related organization	1
	L MCDONALD -PRESIDENT		0			Х				0	0		C
	D GROSSENBURG ASURER		0			X				0	0		С
	I PARRY												
SEC	RETARY		<u> </u>	\dashv		Х			ļ	0	0		C
				_						0	0		_ 0
	·····												
									·				
1b	Total								•	0	0		0
2	Total number of individuals (including but no		ose	liste	ed al	bove	e) wt	ю ге	ceive	ed more than \$1	00,000 in		
	reportable compensation from the organizat	ion 🕨				0						V N	
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sci						yee,	or h	ighe	st compensated			lo ~
4	For any individual listed on line 1a, is the su	m of reportab	le co	omp	ens	atıor							X
	the organization and related organizations gindividual	reater than \$	150,	000	17 If ' 	"Yes	s," co	ompl	ete S	Schedule J for so	uch		Κ
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye									ganization for	5		Κ
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest con compensation from the organization	npensated inc	iepe	nde	ent c	ontra	acto	rs tha	at re	ceived more tha	n \$100,000 of		
	(A) Name and business a	ddress								(B) Description of serv	rices Cor	(C) npensation	
													0
													0
													_0
													<u>0</u> 0
2	Total number of independent contractors (in	cluding but a	ot lin	niter	d to	thos	e lie	ted a	how	a) who received			
4	more than \$100,000 in componentian from t	-		c(י נט	11102	C 112	ieu e	١٥٥٧١	o, who received			

Part	VIII	Statement of Revenue						
•		19/4 			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a	0				
ran	b	Membership dues	1b					
g'a	С	Fundraising events	1c				! !	:
gifts ar a	d	Related organizations	. 1d		1			1
s, g	е	Government grants (contributions)	1e					
IOI		All other contributions, gifts, grants,		 				
but	_	similar amounts not included above		115,242				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in I	· · · · · · · · · · · · · · · · · · ·	0				1
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f		•	1,468,677			
			 	Business Code				
eur	2a				0		,	
Rev	b				0			
e –	c				0			
2	d				0	· · · · · · · · · · · · · · · · · · ·		
SE	ě				0			
Program Service Revenue	f	All other program service revenue			0			
Pro	q	Total. Add lines 2a–2f		•	0	·		
	3	Investment income (including divide						
	,	other similar amounts) .	snus, interest, ai	.	172,055	172,055	-	
	4	Income from investment of tax-exer	mnt bond proces	. D	172,033	172,000		
	5	Royalties .	ript boria procee	, D	Ö			
	3	Noyalies .	(ı) Real	(II) Personal	·	<u> </u>		
	6a	Gross Rents	()	(,				
	b	Less rental expenses					:	
	C	Rental income or (loss)		0				
	d	Net rental income or (loss)		<u>J</u>	- -			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	/ a	assets other than inventory		0 0				
	b	Less cost or other basis	<u>`</u>	<u> </u>				
	J	and sales expenses	,	o o				
		Gain or (loss)						
	d	Net gain or (loss)	<u>`</u>	<u> </u>	0			,
	8a							
ne	Ua	events (not including \$	0					
en		of contributions reported on line 1c	·					ı
ě		See Part IV, line 18		0		•		
<u>۲</u>	h	Less direct expenses .	b	0				
Other Revenue	c	Net income or (loss) from fundraisii	-	<u> </u>	0			
0		Gross income from gaming activitie		<u> </u>				
	Ju	See Part IV, line 19.	a	1 0				
	h	Less direct expenses	b	0				
	ľ	Net income or (loss) from gaming a	–	<u> </u>	0			
		Gross sales of inventory, less	0.171.100				· · · · · · · · · · · · · · · · · · ·	
		returns and allowances .	а	1 0		u.		
	h	Less cost of goods sold .	. b	0				
		Net income or (loss) from sales of i		•	0		· -	
	ب ل	Miscellaneous Revenue	ontoly	Business Code				
	11a	LINDEDWIDTING		515100	593,567	593,567	accepts and the state of	
	l	SPECIAL EVENTS		515100	2,500			
	c	MISCELLANEOUS		515100	1,374			
	d	All other revenue			0	1		
	e	Total. Add lines 11a–11d		•	597,441			
	12	Total revenue. See instructions		•	2,238,173	769,496	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(All other organizations must complete column				d (D).
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	J		}	•
_	organizations in the U S See Part IV, line 21	1,259,141	1,259,141		
2	Grants and other assistance to individuals in				j.
_	the U.S. See Part IV, line 22	0			<u></u>
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	0.477		0.477	
•	trustees, and key employees .	9,477		9,477	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	282,431		116,120	166,311
8	Pension plan contributions (include section 401(k)	202,431		110,120	100,311
	and section 403(b) employer contributions)	o			
9	Other employee benefits	91,653		40,282	51,371
10	Payroll taxes .	0 7,000		10,202	01,077
11	Fees for services (non-employees)				
а	Management .	o			
b	Legal	0			
С	Accounting	21,853		21,853	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	28,245			28,245
f	Investment management fees	15,997		15,997	
g	Other	24,503	24,456		47
12	Advertising and promotion .	276			276
13	Office expenses .	40,778		26,895	13,883
14	Information technology	14,987		14,987	
15	Royalties .	0			
16	Occupancy .	12,567		12,567	
17	Travel .	3,846		3,570	276
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,347		1,972	3,375
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	5.005	0
23	Insurance	5,005		5,005	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed			ļ	i .
	5% of total expenses shown on line 25 below)			1	
а	DUES/SUBSCRIPTIONS/TRADEOUTS	40,523	32,028	7,722	773
a h	EDUCATIONAL MATERIALS	81,951	81,951	1,122	113
C	PRINTING/POSTAGE	98,441	51,001		98,441
d	UTILITIES	18,651		7,594	11,057
e	MEMBERSHIP RECOGNITION	108,030			108,030
f	All other expenses MISCELLANEOUS	31,806	14,630	13,040	4,136
25	Total functional expenses. Add lines 1 through 24f	2,195,508	1,412,206	297,081	486,221
26	Joint costs. Check here ▶ If following		.,,		
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising			İ	
	solicitation				
					- 000

Pa	art X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	83,684	2	70,114
	3	Pledges and grants receivable, net	160,710	3	243,946
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L.	****** ****		
	_			5_	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L			J
χ	7	Notes and loans receivable, net	0	6	0
Assets	8	Inventories for sale or use		<u>7</u> 8	<u> </u>
As	9	Prepaid expenses and deferred charges	1,485	9	6,232
	_		1,400		0,232
	10a	· · · · · · · · · · · · · · · · · · ·	,		
		other basis Complete Part VI of Schedule D Less. accumulated depreciation . 10b 79,843	0	10c	
	b	•	0	11	0
	11	Investments—publicly traded securities	0		0
	12 13	Investments—other securities See Part IV, line 11	1,725,323	13	1,837,891
	14	Investments—program-related. See Part IV, line 11	1,725,323	14	1,037,091
	15	Other assets See Part IV, line 11	0	15	26,960
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,971,202	16	2,185,143
	17	Accounts payable and accrued expenses	83,804	17	10,768
	18	Grants payable and accided expenses	00,004	18	150,000
	19	Deferred revenue		19	130,000
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iti.	22	Payables to current and former officers, directors, trustees, key			
Liabilities	2.2	employees, highest compensated employees, and disqualified		=_	المراجع المستراك المستحالات الم
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities Complete Part X of Schedule D	34,669	25	35,436
	26	Total liabilities. Add lines 17 through 25	118,473	_26	196,204
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
auc	27	Unrestricted net assets	127,406	27	124,088
3a	28	Temporarily restricted net assets	1,725,323		1,864,852
ō	29	Permanently restricted net assets	, , , , , , , , , , , , , , , , , , , ,	29	
Ë					
r.		Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34.			
S		·			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4.000.700	32	1 000 040
2	33	Total net assets or fund balances	1,852,729		1,988,940
	34	Total liabilities and net assets/fund balances	1,971,202	34	2,185,144

Form **990** (2009)

Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990. Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b Х Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of Х the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Both consolidated and separate basis X Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Χ the Single Audit Act and OMB Circular A-133? 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

See separate instructions.

lame	of the	organization	- · · · -						Employer	ıdentıficatı	on numb	er	
				IC BROADCASTING							310698		
Par	_			narity Status (All org						nstructio	ns		
「he o 1	organ			ation because it is (Force) for the contraction of).			
2		A school des	cribed in section	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3	Ħ			nospital service organi			section	170(b)(1)	(A)(iii).				
4		A medical re		ation operated in conju						(b)(1)(A)	(iii). Ent	er the	
5		_	•	r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ed or ope	erated by	a governi	mental ur	nt descr	ibed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed i	n sectior	170(b)(1	i)(A)(v).				
7	X	-		y receives a substanti (1)(A)(vi). (Complete I	•	ıts suppor	t from a g	jovernme	ntal unit c	or from the	e genera	al publi	С
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		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)											
10		An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)(4).			
11		purposes of	one or more pul	nd operated exclusive blicly supported organ at describes the type of Type II c	izations d	escribed i	n section zation an	509(a)(1) d comple	or section	on 509(a) 1e throug	(2) See	sectio	on
е		persons other	er than foundation	y that the organization on managers and othe									on
f			section 509(a)(2 ation received a	2) a written determinatior	n from the	IRS that	ıt is a Typ	e I, Type	II, or Typ	e III supp	orting		
		•	, check this box			•							
g		Since Augus following per		the organization acce	pted any	gift or con	tribution f	from any o	of the				
				or indirectly controls,	either aloi	ne or toge	ther with	persons o	described	ın (ıı)		Yes	No
		•		verning body of the su		rganizatio	n? .				11g(i)		
		• •	•	person described in (i)			_				11g(ii)		<u>-</u>
L				ty of a person describe							11g(iiı)	اــــــا	
(i)		of supported	(ii) EIN	ation about the suppor (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?		Amount support	of
	_				Yes	No	Yes	No	Yes	No	1		
													0
													0
						_							0
													0
					T	1				_			

0

0

Total

Par	Support Schedule for Organi	zations Desc	ribed in Sec	tions 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)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	_(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1,396,161	1,421,115	1,366,599	1,363,078	1,468,677	7,015,630
2	Tax revenues levied for the organization's		•				
	benefit and either paid to or expended on						
	its behalf	ĺ	[·	0
3	The value of services or facilities						
	furnished by a governmental unit to the				1	Ì	
	organization without charge						0
4	Total. Add lines 1 through 3	1,396,161	1,421,115	1,366,599	1,363,078	1,468,677	7,015,630
5	The portion of total contributions by each	1,000,101	1,421,110	1,000,000	1,000,070	1,400,077	_1,010,000
-	person (other than a governmental unit						
	or publicly supported organization)	j j	j	ļ	}	J	
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)	ĹL					
6	Public support. Subtract line 5 from line 4						7,015,630
	ion B. Total Support			·····			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,396,161	1,421,115	1,366,599	1,363,078	1,468,677	7,015,630
8	Gross income from interest, dividends,						
	payments received on securities loans,)	l		1)	
	rents, royalties and income from similar				_		
_	sources	257,786	299,964	-127,288	-376,864	172,055	225,653
9	Net income from unrelated business	İ		ł	ļ	ŀ	
	activities, whether or not the business is						0
10	regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)	794,139	555,632	828,247	782,990	597,441	3,558,449
11	Total support. Add lines 7 through 10	704,100	000,002	020,211	102,000		10,799,732
12	Gross receipts from related activities, etc. (s	ee instructions				12	10,799,732
13	First five years. If the Form 990 is for the o	•		d fourth or fift	h tax vear as a	section 501(c)	
	organization, check this box and stop here	•	o., 0000,,	0 , . 0 			▶ □
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, c		ed by line 11. o	column (ft)	·	14	64 96%
15	Public support percentage from 2008 Sched			(1)		15	63 90%
16a	33 1/3% support test–2009. If the organiza			line 13, and line	e 14 is 33 1/39		
.00	and stop here. The organization qualifies as						▶ [X]
b	33 1/3% support test–2008. If the organiza		-		nd line 15 is 33	3 1/3% or more	
U	box and stop here . The organization qualifie				14 11110 10 10 00	, 1,0,0 01 1,1010,	▶ □
17a	10%-facts-and-circumstances test-2009.				e 13 16a or 1	6b and line 14	ıs 10%
	or more, and if the organization meets the "t						
	the organization meets the "facts-and-circur						
b	10%-facts-and-circumstances test–2008.						
~	or more, and if the organization meets the "I						
	the organization meets the "facts-and-circur						
10	Private foundation. If the organization did not ch						. □
18	r rivate roundation. If the organization did not ch	eck a box on line	19, 10a, 10b, 1	ra , or irb, check	Line box and 56	C manuchona	-

20

Part III -Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 5 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0 amount on line 13 for the year 0 0 0 0 Add lines 7a and 7b 0 0 Public support (Subtract line 7c from 0 line 6) Section B. Total Support (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Amounts from line 6 0 0 0 0 0 0 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 0 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 0 0 Add lines 10a and 10b 0 0 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 13 Total support. (Add lines 9, 10c, 11, 0 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 0 00% Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 0 00% 17 18 0 00% Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2009	FRIENDS OF	SOUTH DAK	<u>OTA PUBLIC</u>	BROADCASTIN	G	23-7310698	Page 4
Part IV	Supplemental	Information.	Complete this	s part to pro	ovide the explana	ations required	by Part II. line	10.
					ny other addition			
	Tarth, line Tra	or 170, and 1	art m, me 12	1 TOVIGE a	ny other addition	al Itilottilation	See manuchor	13
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organiza

► Attach to Form 990. ► See separate instructions.

	Open	io i	иIJ
	Inspe	ctio	ì
- 4.C 4.			

Maille	or the organization		Employer identification number
FRIE	NDS OF SOUTH DAKOTA PUBLIC BROAD	CASTING	23-7310698
Pari	Organizations Maintaining Dong	or Advised Funds or Other Similar Fi	unds or Accounts. Complete if
	the organization answered "Yes" to		1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	40,000	
3	Aggregate grants from (during year)	13,040	
4	Aggregate value at end of year	26,960	
5	Did the organization inform all donors and d		d in donor advised
•	funds are the organization's property, subject		F-3
6	Did the organization inform all grantees, dor		
•	used only for charitable purposes and not for		
	purpose conferring impermissible private be		Yes X No
Par			
raii		lete if the organization answered "Yes"	to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e g	, recreation or pleasure) 🔛 Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year	alon nota a qualifica contration contration	
	accomment on the last adj or the tax year		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	ements	2b
C	Number of conservation easements on a ce		2c
d	Number of conservation easements include		2d
3	Number of conservation easements modifie	The state of the s	
3	during the tax year	u, transferred, released, extinguished, or to	Similated by the organization
4	Number of states where property subject to	consequation easement is located.	
5	Does the organization have a written policy		on bandling of
3	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monito		
Ü	Stan and volunteer flours devoted to monito	ring, inspecting, and emorning conservation	in easements during the year
7	Amount of expenses incurred in monitoring,	inenecting, and enforcing conseniation as	sements during the year
′	► \$	inspecting, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2/d) above satisfy the requirement	e of section
6	•	on line 2(d) above satisfy the requirement	Yes No
9	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization re	anorte conceniation agraments in its reven	
3	balance sheet, and include, if applicable, the		
	the organization's accounting for conservation		mancial statements that describes
Pari		ons of Art, Historical Treasures, or Othe	r Similar Assets
ı aı	Complete if the organization answere		ommar Assets.
			tatement and halance sheet works of
ıa	If the organization elected, as permitted und art, historical treasures, or other similar asset		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
D	historical treasures, or other similar assets h		
	service, provide the following amounts relati		
	(i) Revenues included in Form 990, Part VII	_	▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of		seate for financial gain, provide the
2	-		saeta for ilitational gain, provide tile
_	following amounts required to be reported u		b c
а	Revenues included in Form 990, Part VIII, li	ne i	3
b	Assets included in Form 990. Part X		3

4_	Describe in Part XIV the intended uses o	<u>if the organization's er</u>	idowment funds		
Part	VI Investments—Land, Building	s, and Equipment.	See Form 990, Pa	irt X, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	
С	Leasehold improvements	0	0	0	0
d	Equipment	0	79,843	79,843	0
е	Other	0	0	0	0
Tota	I. Add lines 1a through 1e (Column (d) mu	ust equal Form 990, P	art X, column (B), Iın	e 10(c))	0

|--|

Part VII	Investments—Other Securitie	s. See Form 990, Part X, I	ine 12	
• ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial d	erivatives	0		
Closely-hel	ld equity interests	0		
Other		0		
		0		
		0	<u> </u>	
- 		0		
		0		
		0		
		0		
		0		
		0		
Total (Column)	(h) must oqual Form 000 Part V col (P) (no. 12)	0		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Relate	d Soo Form 000 Part Y	line 13	
rait VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
ENDOWMI	ENTC	1,837,891		
LINDOVVIVII	LINIS	1,037,091	<u> </u>	
 ,		0	 	
		0		
		0		
		o		*
		o		
		0		
		o		
Total (Column ((b) must equal Form 990, Part X, col (B) line 13)	1,837,891		
Part IX	Other Assets. See Form 990, F	Part X, line 15.		
	(a) Description	-	(b) Book value
				0
				0
				0
				0
				0
				0
				0
				0
T-1-1 (0-1	(1) 15 000 B-4V	(D) less 45.)		0
	umn (b) must equal Form 990, Part X,		·	0
Part X	Other Liabilities. See Form 990	(b) Amount		
1.	(a) Description of liability	(b) Amount		
Federal inc		35,4	26	
ACCRUED	LEAVE PAYABLE	35,4	<u>30</u> 0	
			<u>0</u> 0	
			<u> </u>	
-			0	
		 	0	1
		 	0	
		<u> </u>	<u>- 0</u>	
			<u> </u>	
			<u> </u>	
Total (Column)	(b) must equal Form 990 Part X, col (B) line 25)	35,4		
				

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009			Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 99	00 to Audited Finan	cial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,238,173
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,195,508
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	42,665
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements. Combin	ne lines 3 and 9	10	42,665
Pai	t XII Reconciliation of Revenue per Audited Financial Stat		nue per Returr	
1	Total revenue, gains, and other support per audited financial statement	ts	1	2,238,173
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d	<u> </u>	2e	0
3	Subtract line 2e from line 1		3	2,238,173
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12)	5	2,238,173
	t XIII Reconciliation of Expenses per Audited Financial Sta		enses per Retu	
1	Total expenses and losses per audited financial statements		1	2,195,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,195,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b.	101	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5	2,195,508
	t XIV Supplemental Information	mie ioj		2,130,300
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, a 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, part to provide any additional information			
				·
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			•••••••	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance

Part I

FRIENDS OF SOUTH DAKOTA PUBLIC BROADCASTING

Grants and Other Assistance to Organizations,	overnments, and Individuals in the United States
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As	lnd
ther	and
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Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

•	<u>:</u>
8	o Pub
200	Dpen t

OMB No 1545-0047

Employer identification number

23-7310698

	X Yes No		1 "Yes" to	\$5,000. Use
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	Form 990 Part IV line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use
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Part IV and Schedule I-1 (Form 990) if additional sp	e I-1 (Form 99	90) if additional sp	sace is needed		-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA PUBLIC BROAT			1,027,500	0			TRANSFER
SOUTH DAKOTA HIGH SCHOOL			99,505	0			SUPPORT
SOUTH DAKOTA PUBLIC BROAL			100,000	0			SUPPORT
USF			32,136	0			SUPPORT
			0	0	:		
			0	0			
			Ō	0			
			0	0			:
			0	0			
			0	0			
			0	0			
			0	0			
	501(c)(3) and	government orgar	ıızatıons			A A	4
3 Enter total number of other organizations	าเgลาแรลแบบร						

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

Schedule I (Form 990) 2009

FRIENDS OF SOUTH DAKOTA PUBLIC BROADCASTING

Schedule I (Form 990) 2009

Part III

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 papage is available to papaged

(f) Description of non-cash assistance								ional information							
(e) Method of valuation (book, FMV, appraisal, other)								e 2, and any other additional information							
(d) Amount of non-cash assistance	0	0	0	0	0	0	0	equired in Part I, lin		; 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(c) Amount of cash grant	0	0	0	0	0	0	0	to provide the information required in Part I, line 2,			1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Number of recipients	0	0	0	0	0	0	0					1			
(a) Type of grant or assistance recipients cash grant								Supplemental Information. Complete this part							

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990.

FRIENDS OF SOUTH DAKOTA PUBLIC BROADCASTING	23-7310698
Form 990, Part III, Line 4d [.] Program Service Expenses 32,136, Grants and all	ocations 32,136,
Revenue 0 USF	
Form 990 Part VI Section B Line 11A FINANCE OFFICER, DEB LARSON REV	IEWS THE FORM ALONG WITH
EXECUTIVE DIRECTOR, JULIE ANDERSON BOARD TREASURER, BRAD G	OSSENBERG REVIEWS ALONG WITH THE BOAF
AND SIGNS THE FORM	
······································	
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·	-