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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 05/01/10, and ending 04/30/11

B Check if applicable

- Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

SOUTH DAKOTA FOUNDATION FOR THE
BLIND AND VISUALLY IMPAIRED

D Employer identification number

46-0348713

Number and street (or P O box, if mail is not delivered to street address)

423 17TH AVENUE SE

Room/suite

E Telephone number

605-225-4676

City or town, state or country, and ZIP + 4

ABERDEEN

SD 57401

F Group Exemption

Number ►

G Accounting Method.

 Cash Accrual Other (specify) ►H Check ► if the organization is not

I Website: ► N/A

required to attach Schedule B

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 41,383

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,269
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	6,265
	4 Investment income	4	10,025
	5a Gross amount from sale of assets other than inventory	5a	21,709
	b Less: cost or other basis and sales expenses	5b	26,437
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	SEE STMT	
	6 Gaming and fundraising events	5c	-4,728
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions	
	c Less: direct expenses from gaming and fundraising events	6b	115
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c	47
	7a Gross sales of inventory, less returns and allowances	6d	68
	b Less: cost of goods sold	7a	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b	
	8 Other revenue (describe in Schedule O)	7c	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	
	10 Grants and similar amounts paid (list in Schedule O)	9	14,899
	11 Benefits paid to or for members	10	3,793
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	265
	15 Printing, publications, postage, and shipping	14	
	16 Other expenses (describe in Schedule O)	15	
	17 Total expenses. Add lines 10 through 16	16	1,074
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	5,132
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18	9,767
	20 Other changes in net assets or fund balances (explain in Schedule O)	19	190,210
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	
		21	199,977

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

x

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	196,590	22	206,993
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	469	24	
25 Total assets	197,059	25	206,993
26 Total liabilities (describe in Schedule O)	6,849	26	7,016
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	190,210	27	199,977

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

HELP VISUALLY IMPAIRED

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts; optional
for others.)

28	AID, SUPPORT, ADVANCE, AND ASSIST THE SD SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED TO PREPARE VISUALLY HANDICAPPED YOUTH TO SUCCEED.		
	(Grants \$ 3,793) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	5,132
29			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32
			5,132

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV.

Check if the organization used Schedule Q to respond to any question in this Part IV.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
- a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X
- b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
- b Did the organization file Form 1120-POL for this year? 37b X
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9 39a
- b Gross receipts, included on line 9, for public use of club facilities 39b
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____ 40b X
- b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed. ► **NONE**42a The organization's books are in care of ► **ROLAND POND**

Telephone no. ►

1604 S 7TH STREET

Located at ► **ABERDEEN**

SD

ZIP + 4

► **57401**

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____

Yes	No
42b <input type="checkbox"/> X	<input type="checkbox"/>
42c <input type="checkbox"/> X	<input type="checkbox"/>

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
- c Did the organization receive any payments for indoor tanning services during the year? 44c X
- d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All sections

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROLAND POND Type or print name and title	Date TREASURER
Paid Preparer Use Only	Print/Type preparer's name SARI MERRIMAN CPA	Preparer's signature 
	Firm's name ► HOPFINGER & MERRIMAN, LTD.	Date 07/12/11 Check <input type="checkbox"/> if self-employed P00139076
	Firm's address ► P.O. BOX 728, 102 S. 2ND STREET ABERDEEN, SD 57402-0728	Firm's EIN ► 84-1663900 Phone no 605-225-8890

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

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Public Charity Status and Public Support

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **SOUTH DAKOTA FOUNDATION FOR THE
BLIND AND VISUALLY IMPAIRED**Employer identification number
46-0348713
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 11, 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)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 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 organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 e a Type I b Type II c Type III—Functionally integrated d Type III—Other
 f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 g If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 SOUTH DAKOTA FOUNDATION FOR THE

46-0348713

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,445	5,085	3,855	8,780	9,534	33,699
2 Tax revenues levied for the organization'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	6,445	5,085	3,855	8,780	9,534	33,699
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,248
6 Public support. Subtract line 5 from line 4						30,451

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,445	5,085	3,855	8,780	9,534	33,699
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,193	11,704	9,576	9,805	10,025	51,303
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						85,002
12 Gross receipts from related activities, etc (see instructions)					12	115
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	35.82 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	31.34 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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—2009. 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		
20 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) 2010 **SOUTH DAKOTA FOUNDATION FOR THE** **46-0348713** **Page 4**

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)
 Department of the Treasury
 Internal Revenue Service

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.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization **SOUTH DAKOTA FOUNDATION FOR THE
BLIND AND VISUALLY IMPAIRED** Employer identification number
46-0348713

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
	\$ 555
	\$ 216
CORPORATE FEE	\$ 10
MISCELLANEOUS	\$ 293
TOTAL	\$ 1,074

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	\$ 469	\$ 0
TOTAL	\$ 469	\$ 0

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 6,849	\$ 7,016

Form 990		Special Events Schedule			2010
		For calendar year 2010, or tax year beginning		05/01/10	, and ending
				04/30/11	
Name					Employer Identification Number
SOUTH DAKOTA FOUNDATION FOR THE BLIND AND VISUALLY IMPAIRED					46-0348713
(A)		(B)		(C)	
Gross receipts		115		0	
Less contributions		0		0	
Gross revenue		115		0	
Less direct expenses		47		0	
Net income (loss)		68		0	
				Total	
				115	
				0	
				115	
				47	
				68	

Description: (A) **BEANY BOOKS**

(B) _____

(C) _____

Others

7606 SOUTH DAKOTA FOUNDATION FOR THE
46-0348713
FYE: 4/30/2011

Federal Statements

7/12/2011 4:56 PM

Page 1

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 6,265
TOTAL	\$ <u>6,265</u>

Federal Statements

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Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

<u>Description</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depreciation</u>	<u>Gain / Loss</u>
BARCLAYS IPATH PURCHASE		7/31/08	3/17/11	\$ 5,693	\$ 7,277	\$	\$ -1,584
WILSHIRE SPDR INDEX PURCHASE		4/23/07	3/17/11	3,437	5,691		-2,254
VANGUARD EMG MKT PURCHASE		4/30/08	3/17/11	7,343	7,832		-489
KEELEY SM CAP PURCHASE		9/12/07	3/17/11	5,236	5,637		-401
TOTAL				\$ 21,709	\$ 26,437	\$ 0	\$ -4,728



*South Dakota Foundation for the
Blind and Visually Impaired - SDFBVI*

423 17TH AVE SE
ABERDEEN, SD 57401-7516

OFFICERS AND DIRECTORS FROM MAY 1, 2010 THRU APRIL 30, 2011

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>
President	Dawn Brush	1523 Royal RD, Aberdeen, SD 57401
Vice President	Bruce A. Johnson	1863 Eisenhower CIR, Aberdeen, SD 57401
Secretary	R. Lee Ginsbach	39067 Greenwood LN, Aberdeen, SD 57401
Treasurer	Charles Clark	2701 3rd Ave SE, Aberdeen, SD 57401
Director	Theodore Fowler	1888 Eisenhower CIR, Aberdeen, SD 57401
Director	Tom Agnitsch	1715 S 7th ST, Aberdeen, SD 57401
Director	Dawn LaMee	1702 Prospect AVE, Aberdeen, SD 57401
Director	David D. Graf	418 S Arch ST, Aberdeen, SD 57401
Director	Roland Pond	1604 S 7th ST, Aberdeen, SD 57401
Director	Curt Wischmeier	3509 Rolling Meadow DR. Aberdeen, SD 57401
Director	Jane Ann Rayman	715 23rd AVE NE, Aberdeen, SD 57401
Director	Lonald L. Gellhaus	502 N 3rd ST, Groton, SD 57445
Ex-Officio Member	Marjorie Kaiser	1902 Sapphire AVE, Aberdeen, SD 57401