



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

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)

► 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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011

, and ending 12-31-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
SCULPTUREWALK INCNumber and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1165City or town, state or country, and ZIP + 4
SIOUX FALLS, SD 571011165D Employer identification number
20-8535871E Telephone number
(605) 339-8359F Group Exemption
Number ►G Accounting method Cash Accrual Other (specify) ► _____H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► WWW.SCULPTUREWALKSIOUXFALLS.COMJ Tax-Exempt status (check only one) 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 175,624

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 77,941
	2 Program service revenue including government fees and contracts	2 49,935
	3 Membership dues and assessments	3
	4 Investment income	4 24
	5a Gross amount from sale of assets other than inventory	5a 1,324
	b Less cost or other basis and sales expenses	5b 1,269
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 55
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a 46,400
	b Less cost of goods sold	7b 66,805
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c -20,405
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 107,550

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 20,500
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 7,500
	13 Professional fees and other payments to independent contractors	13 3,534
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 10,905
	16 Other expenses (describe in Schedule O)	16 59,128
Net Assets	17 Total expenses. Add lines 10 through 16	17 101,567

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,983
	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)	19 95,892
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 101,875

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	57,240	22	68,896
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	80,866	24	43,378
25 Total assets	138,106	25	112,274
26 Total liabilities (describe in Schedule O)	42,214	26	10,399
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,892	27	101,875

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO GROW THE ECONOMY BY MAKING SIOUX FALLS A BETTER PLACE TO LIVE, WORK AND RAISE A FAMILY, AND TO MAKE SIOUX FALLS A MORE ATTRACTIVE TOURIST DESTINATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 SCULPTURE WALK IS AN EXHIBIT OF 55 OUTDOOR SCULPTURES DISPLAYED YEAR-ROUND IN DOWNTOWN SIOUX FALLS, SOUTH DAKOTA, AND A 23 PIECE INDOOR SCULPTURE EXHIBIT THAT IS LOCATED AT AVERA MCKENNAN HOSPITAL IN SIOUX FALLS. THERE ARE ALSO 15 SCULPTURES ON LEASE AROUND SIOUX FALLS AS WELL AS 12 ON THE UNIVERSITY OF SIOUX FALLS CAMPUS. ARTISTS PLACE THEIR SCULPTURES IN THE PROGRAM FOR ONE YEAR, AND ALL SCULPTURES ARE PROMOTED TO THE PUBLIC FOR SALE. ARTISTS WITH SCULPTURES DISPLAYED IN DOWNTOWN SIOUX FALLS ARE ELIGIBLE TO WIN ANY ONE OR MORE OF THE 14 AWARDS IN THE BEST OF SHOW, PEOPLE'S CHOICE VOTING, AND RANDOM DRAWINGS AWARDS. TOTAL \$15,000 IN 2011. VARIOUS OTHER PROMOTIONAL PRIZES TOTALING \$3,500 WERE ALSO AWARDED TO THE GENERAL PUBLIC AND TO ARTISTS IN 2011. APPROXIMATELY 300,000 PEOPLE VIEWED THE DOWNTOWN SCULPTURES DURING THE YEAR. ARTISTS WITH SCULPTURES DISPLAYED AT AVERA MCKENNAN ARE ELIGIBLE TO WIN THE AVERA PEOPLE'S CHOICE AWARD, WHICH IS PAID DIRECTLY BY AVERA. THE WINNING SCULPTURE IS PURCHASED FOR UP TO \$10,000. THE 2011 SCULPTURE WAS PURCHASED FOR \$3,500.

APPROXIMATELY 20,000 PEOPLE VIEWED THE AVERA SCULPTURES DURING THE YEAR

(Grants \$ 18,500) If this amount includes foreign grants, check here **28a** 101,567

29

(Grants \$)

If this amount includes foreign grants, check here **29a****30**

(Grants \$)

If this amount includes foreign grants, check here **30a****31** Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32** 101,567**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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** **0**

b Did the organization file **Form 1120-POL** for this year?

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?

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

b Gross receipts, included on line 9, for public use of club facilities

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 **0**, section 4912 **0**, section 4955 **0**

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 **0**

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **0**

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

41 List the states with which a copy of this return is filed

42a The organization's books are in care of **TERRY FONDER** Telephone no **(605) 743-5910**

48046 SNOWBIRD CIRCLE

Located at **SIOUX FALLS, SD**

ZIP + 4 **57108**

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

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

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		No
40c		
40d		
40e		No
41		
42a		
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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

	Yes	No
46		No

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

47 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

	Yes	No
47		No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		No

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		No

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 Yes No

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 <u>JIM MATHIS PRESIDENT</u> Type or print name and title	2012-06-21 Date	
	Preparer's signature <u>LAURIE HANSON</u>	Date 2012-06-21 Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00851848
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>EIDE BAILLY LLP</u> <u>200 EAST 10TH STREET PO BOX 5125</u> <u>SIOUX FALLS, SD 571175125</u>	EIN <input type="checkbox"/> 45-0250958	
	Phone no <input type="checkbox"/> (605) 339-1999		

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

Yes No

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SCULPTUREWALK INC

Employer identification number

20-8535871

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 **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 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)

f 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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	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	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	64,929	74,033	73,768	74,850	77,941	365,521
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	64,929	74,033	73,768	74,850	77,941	365,521
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)						160
6 Public Support. Subtract line 5 from line 4						365,361

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	64,929	74,033	73,768	74,850	77,941	365,521
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	456	912	28	43	24	1,463
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						366,984
12 Gross receipts from related activities, etc (See instructions)				12		580,346

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 560 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization 		
17a 10%-facts-and-circumstances test—2011. 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 		
b 10%-facts-and-circumstances test—2010. 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 		
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 		

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. 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—2010. 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	

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

Facts And Circumstances Test

Explanation

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**Name of the organization
SCULPTUREWALK INC**Employer identification number**

20-8535871

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 24
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 46,400 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 66,805 GROSS PROFIT -20,405 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 66,805 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 66,805
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION AWARDS GRANTEE NAME VARIOUS ARTISTS AMOUNT GIVEN 18,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MISCELLANEOUS DONATIONS GRANTEE NAME VARIOUS INDIVIDUALS AMOUNT GIVEN 2,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,500
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSTALLATION EXPENSES AMOUNT 14,917 DESCRIPTION INSURANCE AMOUNT 5,685 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 2,563 DESCRIPTION JUDGING EXPENSE AMOUNT 1,500 DESCRIPTION TRAVEL AMOUNT 30,651 DESCRIPTION ADVERTISING AMOUNT 3,790 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 22 TOTAL TO FORM 990-EZ, LINE 16 59,128
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 48,358 END OF YEAR AMOUNT 7,902 DESCRIPTION SCULPTURES BEG OF YEAR AMOUNT 30,900 END OF YEAR AMOUNT 35,150 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 317 END OF YEAR AMOUNT 326 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,291 END OF YEAR AMOUNT 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 42,214 END OF YEAR AMOUNT 10,399
PART IV - COMPENSATION REPORTED ON BOARD MEMBER LISTING		DIRECTOR JIM CLARK RECEIVED COMPENSATION FOR CONSULTING SERVICES PERFORMED FOR SCULPTUREWALK, INC NO PART OF THE COMPENSATION REPORTED IN PART IV RELATES TO HIS SERVICES AS A BOARD MEMBER
EXPLANATION FOR NOT REPORTING UBI ON FORM 990-T	FORM 990-EZ, PART V, LINE 35	PROGRAM SERVICE REVENUE IS GENERATED FROM SCULPTURE SALES AND LEASE COMMISSIONS WHICH IS DIRECTLY CONNECTED WITH THE ENTITY'S EXEMPT PURPOSE

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: SCULPTUREWALK INC

EIN: 20-8535871

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 20-8535871
Name: SCULPTUREWALK INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JIM MATHIS PO BOX 1165 SIOUX FALLS, SD 57101	PRESIDENT 1 00	0	0	0
DAN STATEMA PO BOX 1165 SIOUX FALLS, SD 57101	VICE PRESIDENT 1 00	0	0	0
ANGIE HILLESTAD PO BOX 1165 SIOUX FALLS, SD 57101	SECRETARY/TREASURER 1 00	0	0	0
MIKE COSTANZO PO BOX 1165 SIOUX FALLS, SD 57101	DIRECTOR 1 00	0	0	0
JIM CLARK PO BOX 1165 SIOUX FALLS, SD 57101	DIRECTOR 29 00	7,500	0	0
ROBERT AMUNDSON PO BOX 1165 SIOUX FALLS, SD 57101	DIRECTOR 1 00	0	0	0
REGAN SMITH PO BOX 1165 SIOUX FALLS, SD 57101	DIRECTOR 1 00	0	0	0
DAVID COTA PO BOX 1165 SIOUX FALLS, SD 57101	DIRECTOR 1 00	0	0	0
JASON DENNISON PO BOX 1165 SIOUX FALLS, SD 57101	DIRECTOR 1 00	0	0	0