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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 private foundations)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization South Dakota Scholarship Foundation	D Employer identification number 91-2198199
Number and street (or P O box, if mail is not delivered to street address) PO Box 1028	Room/suite
ETelephone number (605) 745-4261	
City or town, state or province, country, and ZIP or foreign postal code Hot Springs, SD 577471028	
F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ► Modified Cash**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► misssouthdakota.org**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ► (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 119,897**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	20,386
	2 Program service revenue including government fees and contracts	2	64,320
Expenses	3 Membership dues and assessments	3	
	4 Investment income	4	2
Net Assets	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	32,415
	c Less direct expenses from gaming and fundraising events	6c	6,160
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,255
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	2,774
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	113,737
	10 Grants and similar amounts paid (list in Schedule O)	10	37,920
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	334
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	85,231
	17 Total expenses. Add lines 10 through 16 ►	17	123,485
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,748
	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	26,376
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	16,628

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,376	22 16,628
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	26,376	25 16,628
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,376	27 16,628

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

Expenses

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose?

Scholarship Opportunities for Young Women

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.

The Foundation sponsors the Miss South Dakota Scholarship Pageant for young women which gives them the opportunity for scholarships and offers them opportunities for personal growth. There were 16 contestants in

28 2015

(Grants \$) If this amount includes foreign grants, check here **28a** 123,485

29

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

30

31

32

Part IV List of Officers, Directors, Trustees and Key Employees (List each one even if not compensated — see the instructions for Part IV)

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 C to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Shannon President	003 00	0		
Tari McClung Vice President	001 00	0		
Bobbi Janis Secretary	001 00	0		
Judy Thies Treasurer	002 00	0		
Kristi Richter Executive Director	002 00	0		
Sally Isburg Executive Director	002 00	0		

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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
b	37b	No
38a		No
b	38b	
39		
a	39a	
b	39b	
40a		
section 4911		
section 4912		
section 4955		
b	40b	No
c		
d		
e	40e	No
41		
42a		
Telephone no	(605) 745-4261	
Located at	2204 Wilson Ave Hot Springs, SD	ZIP + 4 57747
b		
If "Yes," enter the name of the foreign country		
42b		No
42c		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c		
If "Yes," enter the name of the foreign country		
43		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a		
44b		No
44c		No
44d		
45a		No
45b		No

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 only

All section 501(c)(3) organizations 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		
48		
49a		No
49b		

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

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

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

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 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 Judy Thies Treasurer Type or print name and title	2016-05-12 Date
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Paid Preparer Use Only	Print/Type preparer's name Stanley Nase	Preparer's signature	Date 2016-05-12	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Stanley Nase CPA PC			Firm's EIN ►	
	Firm's address ► 112 N Chicago Street Hot Springs, SD 577471632			Phone no (605) 745-5000	

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

TY 2015 Compensation Explanation

Name: South Dakota Scholarship Foundation

EIN: 91-2198199

Software ID: 15000290

Software Version: 15.3.0.0

Person Name	Explanation
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2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury

Internal Revenue Service

Name of the organization

South Dakota Scholarship Foundation

Employer identification number

91-2198199

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Annual Banquet/Cake Auction (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	9,697	2,475	20,243	32,415
2 Less Contributions				
3 Gross income (line 1 minus line 2)	9,697	2,475	20,243	32,415
Direct Expenses				
4 Cash prizes			1,000	1,000
5 Noncash prizes				
6 Rent/facility costs		1,200		1,200
7 Food and beverages	2,325			2,325
8 Entertainment				
9 Other direct expenses		175	1,460	1,635
10 Direct expense summary Add lines 4 through 9 in column (d) ►				6,160
11 Net income summary Subtract line 10 from line 3, column (d) ►				26,255

Part III Gaming.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities _____

Yes No

a Is the organization licensed to conduct gaming activities in each of these states? _____

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

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 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
South Dakota Scholarship Foundation**Employer identification number**

91-2198199

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Void Out Check--Never Cleared 1193 from 09/26/14 2,774
Form 990-EZ, Part I, Line 10, Grants Paid	Activity Scholarship, Grantee Autumn Simunek, Cash Grant 11,750, Relationship
Form 990-EZ, Part I, Line 10, Grants Paid	Activity Scholarship, Grantee Meridith Gould, Cash Grant 7,150, Relationship
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 3,204
Form 990-EZ, Part I, Line 16, Other Expenses	Miss South Dakota Pageant Expenses 64,216
Form 990-EZ, Part I, Line 16, Other Expenses	Miss South Dakota Appearance Expense 8,326
Form 990-EZ, Part I, Line 16, Other Expenses	Automobile Lease for Miss South Dakota 2,600
Form 990-EZ, Part I, Line 16, Other Expenses	Various Administrative Expenses 2,416
Form 990-EZ, Part I, Line 16, Other Expenses	Liability Insurance 1,869
Form 990-EZ, Part I, Line 16, Other Expenses	Miss South Dakota Wardrobe Allowance 2,600