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Form

990-EZ

Department of the Treasury

Internal Revenue Service

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)

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](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**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  

Number and street (or P O box, if mail is not delivered to street address)  
PO Box 1028

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
Hot Springs, SD 577471028

**D** Employer identification number  
91-2198199  
**E** Telephone number  
(605) 745-4261  
**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: [missouthdakota.org](http://missouthdakota.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 <input type="checkbox"/>						
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .		1	20,386	
	2	Program service revenue including government fees and contracts . . . . .		2	64,320	
	3	Membership dues and assessments . . . . .		3		
	4	Investment income . . . . .		4	2	
	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		
Expenses	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	
Net Assets	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)

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

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 2015.

28 2015  
(Grants \$ )

If this amount includes foreign grants, check here

28a123,485

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)

32123,485

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 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	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 . . . . .	33	No
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	No
35a	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)? . . . . .	35a	No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
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 . . . . .	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39	Section 501(c)(7) organizations Enter <input type="checkbox"/> 39a		
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 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> . . . . .		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 . . . . .	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> . . . . .		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> . . . . .		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> . . . . .		
42a	The organization's books are in care of <input type="checkbox"/> Judy Thies Treasurer Telephone no <input type="checkbox"/> (605) 745-4261 Located at <input type="checkbox"/> 2204 Wilson Ave Hot Springs, SD ZIP + 4 <input type="checkbox"/> 57747 . . . . .		
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 <input type="checkbox"/> . . . . .	42b	No
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . .	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
		Yes	No
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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No
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) . . . . .	45b	No

		Yes	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 . . . . .		
		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	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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	No
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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	<div>*****</div> <div>Signature of officer</div>		<div>2016-05-12</div> <div>Date</div>				
	<div>Judy Thies Treasurer</div> <div>Type or print name and title</div>						
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 . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

TY 2015 Compensation Explanation

**Name:** South Dakota Scholarship Foundation

**EIN:** 91-2198199

**Software ID:** 15000290

**Software Version:** 15.3.0.0

Person Name	Explanation
-------------	-------------

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization South Dakota Scholarship Foundation	Employer identification number 91-2198199
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**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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <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
		Yes	No			
1						
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.

Revenue		(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))
	1	Gross receipts . . . . .	9,697	2,475	20,243
	2	Less Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	9,697	2,475	20,243
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.

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2015



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

a	The organization's facility	13a	%
b	An outside facility	13b	%

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
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**2015**

**Open to Public  
Inspection**

**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](http://www.irs.gov/form990).**

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