

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2022**  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning 10/01/22, and ending 09/30/23**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YANKTON THRIVE INC</b>		<b>D</b> Employer identification number <b>46-0348636</b>
	Doing business as		<b>E</b> Telephone number <b>605-665-3636</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>803 E 4TH ST</b>	Room/suite	<b>G</b> Gross receipts\$ <b>3,688,237</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>YANKTON SD 57078</b>		
<b>F</b> Name and address of principal officer: <b>BRIAN STEWARD</b> <b>803 E. 4TH ST.</b> <b>YANKTON SD 57078</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.YANKTONSD.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1978</b>
			<b>M</b> State of legal domicile: <b>SD</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE LEADERSHIP IN FOSTERING EFFICIENT GROWTH OF THE YANKTON AREA ECONOMY.</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>24</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>24</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>10</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>50</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>-30,814</b>																								
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>																									
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**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>BRIAN STEWARD</b> Type or print name and title		<b>TREASURER</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>SHAUNA M. KAUTH, CPA</b>	<b>SHAUNA M. KAUTH, CPA</b>	<b>08/13/24</b>	<input checked="" type="checkbox"/> <b>P00446613</b>
	Firm's name	Firm's EIN		
<b>WILLIAMS &amp; COMPANY, CPA, PC</b>		<b>42-1377056</b>		
Firm's address		Phone no.		
<b>304 PICOTTE STREET</b> <b>YANKTON, SD 57078</b>		<b>605-665-9401</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**TO PROVIDE LEADERSHIP IN FOSTERING EFFICIENT GROWTH OF THE YANKTON AREA ECONOMY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**PROMOTED & IMPLEMENTED BUSINESS & TOURISM PROGRAMS TO GREATER YANKTON AREA**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**IMPLEMENT WORKFORCE AND EMPLOYEE RETENTION/RECRUITMENT INITIATIVES FOR EXPANSION OF YANKTON ECONOMIC DEVELOPMENT AND LOCAL BUSINESSES.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**GRANTED MONEY & DEVELOPED PROGRAMS FOR BUSINESSES AND NONPROFITS AS AN INCENTIVE TO CREATE ECONOMIC DEVELOPMENT IN THE YANKTON AREA.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	0
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>10</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>				
<b>4a</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)?				<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
				<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?			<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
				<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?			<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.				
				<b>17</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>24</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>24</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**BRIAN STEWARD**  
**YANKTON**

**803 E 4TH ST**

**SD 57078**

**605-665-3636**

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY WENANDE ..... CEO/PRESIDENT	40.00 ..... 0.00			X				123,275	0	3,554
(2) BRIAN STEWARD ..... TREASURER	40.00 ..... 0.00			X				77,435	0	2,303
(3) BRIDGET BENSON ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(4) BRAD WENANDE ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(5) BLAKE CARDA ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(6) DAN SPECHT ..... VICE CHAIR	5.00 ..... 0.00	X		X				0	0	0
(7) DOUG EKEREN ..... VICE CHAIR	5.00 ..... 0.00	X		X				0	0	0
(8) MANDI GAUSE ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(9) JAMES GROTENHUIS ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(10) BRAD HOFER ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(11) DON KETTERING ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) WAYNE KINDLE	1.00									
BOARD MEMBER	0.00	X						0	0	0
(13) KEN KOPETSKY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14) AMY LEON	5.00									
VICE CHAIR	0.00	X		X				0	0	0
(15) DAVID LOHSE	1.00									
BOARD MEMBER	0.00	X						0	0	0
(16) MARCUS LONG	1.00									
BOARD MEMBER	0.00	X						0	0	0
(17) LYNN PETERSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(18) MIKE MARLOW	1.00									
BOARD MEMBER	0.00	X						0	0	0
(19) LUKE MCDERMOTT	1.00									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>200,710</b>		<b>5,857</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>200,710</b>		<b>5,857</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	250,868				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,345,405				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,499,869				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 834,005				
	<b>h Total.</b> Add lines 1a-1f		3,096,142				
	<b>Program Service Revenue</b>	<b>2a</b> WESTBROOK TIF INCOME	Business Code	531390	362,683	362,683	
<b>b</b> PROGRAM INITIATIVES			611430	32,511	32,511		
<b>c</b> DATA CENTER LEASE INCOME			531120	25,944	25,944		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				421,138			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		17,521			17,521	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real	9,376			
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	9,376				
	<b>d</b> Net rental income or (loss)			9,376	9,376		
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
<b>8a</b>							
<b>b</b> Less: direct expenses		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> NET PRESENT VALUE & ALLOW-PTG	Business Code	900099	122,230	122,230		
	<b>b</b> ADVERTISING INCOME		900099	28,638	28,638		
	<b>c</b> CITY BID INCOME		900099	8,870	8,870		
	<b>d</b> All other revenue		900099	-15,678	15,136	-30,814	
	<b>e Total.</b> Add lines 11a-11d			144,060			
<b>12 Total revenue.</b> See instructions			3,688,237	605,388	-30,814	17,521	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>896,045</b>	<b>896,045</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>200,712</b>	<b>100,356</b>	<b>100,356</b>	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>308,921</b>	<b>204,131</b>	<b>104,790</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>15,758</b>	<b>10,402</b>	<b>5,356</b>	
<b>9</b> Other employee benefits	<b>47,631</b>	<b>31,383</b>	<b>16,248</b>	
<b>10</b> Payroll taxes	<b>40,886</b>	<b>26,750</b>	<b>14,136</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>307,998</b>	<b>274,942</b>	<b>33,056</b>	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>136,072</b>	<b>136,072</b>		
<b>13</b> Office expenses	<b>74,143</b>	<b>44,486</b>	<b>29,657</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>26,561</b>	<b>26,561</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>35,860</b>	<b>20,196</b>	<b>15,664</b>	
<b>23</b> Insurance	<b>14,938</b>	<b>8,962</b>	<b>5,976</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a OTHER OPERATING COSTS</b>	<b>644,432</b>	<b>644,432</b>		
<b>b PROGRAM SERVICES</b>	<b>78,435</b>	<b>78,435</b>		
<b>c COMMUNITY DEV.</b>	<b>14,995</b>	<b>14,995</b>		
<b>d PROPERTY TAX</b>	<b>1,737</b>	<b>1,737</b>		
<b>e All other expenses</b>				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,845,124</b>	<b>2,519,885</b>	<b>325,239</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	1,141,070	1	882,850
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,056,333	3	2,082,098
	4	Accounts receivable, net	126,918	4	193,203
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	29,535	6	29,535
	7	Notes and loans receivable, net	35,000	7	35,000
	8	Inventories for sale or use	765,418	8	961,746
	9	Prepaid expenses and deferred charges	11,030	9	14,232
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,556,200		
	b	Less: accumulated depreciation	10b 818,094	767,644	10c 738,106
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	610,283	13	804,384
	14	Intangible assets	5,909	14	3,909
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,549,140	16	5,745,063	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	27,761	17	40,447
	18	Grants payable	538,594	18	321,204
	19	Deferred revenue	123,384	19	103,035
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	46,400	22	46,400
	23	Secured mortgages and notes payable to unrelated third parties	211,544	23	153,044
	24	Unsecured notes and loans payable to unrelated third parties	836,173	24	455,413
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,037	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,784,893	26	1,119,543
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,354,910	27	2,188,993
	28	Net assets with donor restrictions	2,409,337	28	2,436,527
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	3,764,247	32	4,625,520
33	<b>Total liabilities and net assets/fund balances</b>	5,549,140	33	5,745,063	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,688,237
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,845,124
3	Revenue less expenses. Subtract line 2 from line 1	3	843,113
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,764,247
5	Net unrealized gains (losses) on investments	5	18,573
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-413
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,625,520

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>KEVIN MOE</b>	5.00									
CHAIRMAN	0.00	X		X			0	0	0	
(21) <b>STEPHANIE MOSER</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) <b>PEGGY OLSON</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) <b>BARB REZAC</b>	5.00									
VICE CHAIR	0.00	X		X			0	0	0	
(24) <b>ROB STEPHENSON</b>	5.00									
VICE CHAIR	0.00	X		X			0	0	0	
(25) <b>STEVE SLOWEY</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(26) <b>BRAD WOERNER</b>	1.00									
BOARD MEMBER	0.00	X					0	0	0	

<b>1b Subtotal</b> .....									
<b>c Total from continuation sheets to Part VII, Section A</b> .....									
<b>d Total (add lines 1b and 1c)</b> .....									

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

Name of the organization

Employer identification number

**YANKTON THRIVE INC**

**46-0348636**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **6** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,332,719	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 199,777	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 595,297	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 34,377	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 15,724	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 5,555	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 12,686	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	LAND	\$ 194,777	08/22/23
11	MARKETING	\$ 587,797	09/30/23
18	PROFESSIONAL FEES	\$ 34,377	08/08/23
19	ADVERTISING	\$ 15,724	09/30/23
		\$	
		\$	

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>YANKTON THRIVE INC</b>	Employer identification number <b>46-0348636</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ .....
- 3 Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ .....
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ .....
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ .....
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ .....
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ .....
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <tr> <td><b>If the amount on line 1e, column (a) or (b) is:</b></td> <td><b>The lobbying nontaxable amount is:</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dotted lines for providing supplemental information.

**Part IV Supplemental Information** *(continued)*

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

YANKTON THRIVE INC

Employer identification number

46-0348636

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	349,000	349,000	349,000	349,000	349,000
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	349,000	349,000	349,000	349,000	349,000

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
  - b** Permanent endowment **100.00** %
  - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations		<b>X</b>
<b>(ii)</b> Related organizations		<b>X</b>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		50,646		50,646
<b>b</b> Buildings		1,188,081	510,690	677,391
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		150,674	149,820	854
<b>e</b> Other		166,799	157,584	9,215
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>738,106</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN SDEP	386,031	COST
(2) YANKTON DEVELOPMENT CORPORATION	204,468	COST
(3) WESTBROOK PHASE 3 INVESTMENT	127,493	COST
(4) INVESTMENT IN SABS	86,392	MARKET
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>804,384</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>3,688,237</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>3,688,237</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>3,688,237</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>2,845,124</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,845,124</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,845,124</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

**INTENDED USE FOR ENDOWMENT FUNDS WILL BE UTILIZED TO ENHANCE AND PROMOTE ECONOMIC GROWTH IN THE YANKTON AREA AS DEEMED NECESSARY BY A MAJORITY VOTE OF THE GOVERNING BOARD. THESE FUNDS MAY BE LOANED, GRANTED, OR USED INTERNALLY TO PURCHASE PROPERTY AND DEVELOP PROPERTIES AND OTHER ASSETS, AND TO CONSTRUCT BUILDINGS.**

**Part XIII Supplemental Information** *(continued)*

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MENARDS 3210 BROADWAY AVE YANKTON SD 57078	39-0989248		389,641				SALES TAX INCENTIVE
(2)	IHAH LLC 100 DOUGLAS AVE YANKTON SD 57078	47-1395417		24,015				SALES TAX INCENTIVE
(3)	CITY OF YANKTON 410 WALNUT ST YANKTON SD 57078	46-6000567	GOV		348,861	FMV	LAND	LAND TRANSFERS
(4)	MOUNT MARTY UNIVERSITY 1105 W 8TH ST YANKTON SD 57078	46-0283336	501C3	110,959				FIELDHOUSE
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**
- 3 Enter total number of other organizations listed in the line 1 table **2**

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

Schedule I (Form 990) (2022)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

**ALTHOUGH THE ORGANIZATION HAS NO WRITTEN POLICIES THAT DICTATE THE**

**MONITORING OF THE GRANT FUNDS, THE ORGANIZATION IS LOCATED IN A SMALL**

**COMMUNITY. THE BOARD OF DIRECTORS, THROUGH AN INFORMAL UNWRITTEN PROCESS,**

**MONITORS THE USE BASED ON VERBAL DISCUSSIONS WITH GRANTEEES AND VISUAL**

**INSPECTION.**

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open To Public Inspection

Name of the organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CITY OF YANKTON LAND	AMY LEON-BOARD MEMEB		X		46,400	46,400		X	X			X
(2) CITY OF YANKTON SOUND EQUIPMENT	AMY LEON-BOARD MEMBE		X		48,423	29,535		X	X			X
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$	<b>75,935</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial	<b>X</b>	<b>1</b>	<b>194,777</b>	<b>COST OR SELLING PRICE</b>
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>MARKETING</b> )	<b>X</b>	<b>2</b>	<b>589,127</b>	<b>COST OR SELLING PRICE</b>
26 Other ( <b>ADVERTISING</b> )	<b>X</b>	<b>1</b>	<b>15,724</b>	<b>COST OR SELLING PRICE</b>
27 Other ( <b>PROF. FEES</b> )	<b>X</b>	<b>1</b>	<b>34,377</b>	<b>COST OR SELLING PRICE</b>
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M - SUPPLEMENTAL INFORMATION**

**COLUMN B IS THE NUMBER OF CONTRIBUTIONS**

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**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**YANKTON THRIVE INC**

Employer identification number

**46-0348636**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**TO PROMOTE YANKTON AREA BUSINESSES**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

**THE ORGANIZATION HAS MEMBERS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 FOR THEIR REVIEW. THE EXECUTIVE  
BOARD WILL MEET AT THE NEXT SCHEDULED EXECUTIVE BOARD MEETING TO REVIEW AND  
DISCUSS THE FORM 990 IN DETAIL.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THE BOARD OF DIRECTORS MONITORS CONFLICTS OF INTEREST AT EACH BOARD MEETING  
AND TAKES APPROPRIATE ACTION TO ENFORCE THE POLICY IF ANY ISSUES ARISE.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**COMPENSATION FOR EMPLOYEES IS REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED  
BY BOARD OF DIRECTORS**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**COMPENSATION FOR EMPLOYEES IS REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ORGANIZATION HAS ADOPTED A POLICY OF PROVIDING COPIES OF VARIOUS  
DOCUMENTS THAT ARE SUBJECT TO PUBLIC DISCLOSURE, UPON WRITTEN OR VERBAL**

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

**YANKTON THRIVE INC**

**46-0348636**

**REQUEST.**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**BOOK TO TAX - SDEP**

**\$ -413**

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
**Open to Public  
Inspection**

Employer identification number

**46-0348636**

**YANKTON THRIVE INC**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) <b>Longbow LLLP</b> 803 E 4TH ST YANKTON SD 57078 61-1729627	237210	SD	YDC	UNRELATED	-1,875	253,617	X			X		50.00
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <b>YANKTON DEVELOPMENT CORPORATION</b> 803 E 4TH ST YANKTON SD 57078 37-1744289	813000	SD	X	C	-3,446	287,397	100.000000		X
(2)									
(3)									
(4)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>	X	
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YANKTON DEVELOPMENT CORPORATION	D	81,740	ACTUAL EXPENSES ADVANCED
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

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**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

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Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2022**

For calendar year 2022 or other tax year beginning **10/01/22**, and ending **09/30/23**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

Department of the Treasury  
Internal Revenue Service

**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>6</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>YANKTON THRIVE INC</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>803 E 4TH ST</b>  City or town, state or province, country, and ZIP or foreign postal code <b>YANKTON SD 57078</b>	<b>D</b> Employer identification number  <b>46-0348636</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... <b>5,745,063</b>		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
<b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/>	
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b>		<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	
<b>L</b> The books are in care of <b>BRIAN STEWARD</b>		Telephone number <b>605-665-3636</b>	

<b>Part I Total Unrelated Business Taxable Income</b>			
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1		0
2 Reserved .....	2		
3 Add lines 1 and 2 .....	3		
4 Charitable contributions (see instructions for limitation rules) .....	4		
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5		
6 Deduction for net operating loss. See instructions .....	6		0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7		0
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8		1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9		
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10		1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11		0

<b>Part II Tax Computation</b>			
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1		0
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2		0
3 <b>Proxy tax.</b> See instructions .....	3		
4 Other tax amounts. See instructions .....	4		
5 Alternative minimum tax (trusts only) .....	5		
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6		
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7		0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>0</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	
<b>6a</b> Payments: A 2021 overpayment credited to 2022	<b>6a</b>	
<b>b</b> 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b> Backup withholding (see instructions)	<b>6e</b>	
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ <b>-13,225</b> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code <b>900099</b>	Available post-2017 NOL carryover <b>60,931</b>	
<b>6a</b> Did the organization change its method of accounting? (see instructions)		<b>X</b>
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SHAUNA M. KAUTH, CPA	SHAUNA M. KAUTH, CPA	08/13/24	P00446613
	Firm's name	Firm's EIN		
	WILLIAMS & COMPANY, CPA, PC	42-1377056		
Firm's address	Phone no.			
304 PICOTTE STREET	605-665-9401			
YANKTON, SD 57078				

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> Name of the organization <b>YANKTON THRIVE INC</b>	<b>B</b> Employer identification number <b>46-0348636</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **SD EQUITY PARTNERS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>SEE STMT 1</b>	<b>5</b> -30,814		-30,814
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -30,814		-30,814

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>			
<b>2</b> Salaries and wages	<b>2</b>			
<b>3</b> Repairs and maintenance	<b>3</b>			
<b>4</b> Bad debts	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions	<b>5</b>			
<b>6</b> Taxes and licenses	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			<b>8b</b> 0
<b>9</b> Depletion	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans	<b>10</b>			
<b>11</b> Employee benefit programs	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>			
<b>13</b> Excess readership costs (Part IX)	<b>13</b>			
<b>14</b> Other deductions (attach statement)	<b>14</b>			
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			-30,814
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			-30,814

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	<b>Total.</b> Add lines 1 through 5	6
7	Inventory at end of year	7
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5		%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 <b>Total dividends-received deductions</b> included in line 10				



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals**

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals**

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				

a Add columns A through D. Enter here and on Part I, line 11, column (A) .....

3 Direct advertising costs by periodical .....				
--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) .....

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
---	--	--	--	--

5 Readership costs .....				
--------------------------	--	--	--	--

6 Circulation income .....				
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7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			

**Part XI Supplemental Information** (see instructions)

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Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b>	<b>2022</b>
Description <b>SD EQUITY PARTNERS</b>		

Name <b>YANKTON THRIVE INC</b>	Taxpayer Identification Number <b>46-0348636</b>
-----------------------------------	---

Unincorporated Business Income Tax Code: **900099** Activity: **OTHER UNRELATED BUSINESS ACTIVIT**

Each activity may carryforward losses after 2018

1 Activity income .....	1	-30,814
2 Activity deductions .....	2	
3 Activities income or loss, after deductions .....	3	-30,814
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	4	60,931
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	5	
6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	6	
7 Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4) .....	7	60,931
8 If line 3 is less than zero, enter that amount here as a positive number .....	8	30,814
9 Total loss carried forward to 2023 (Add lines 7 and 8) .....	9	91,745

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	60,931
E2 Prior year activity losses included on Schedule A, Line 17 .....	E2	

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# Federal Statements

## Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
SD EQUITY PARTNERS	900099	\$ 60,931
TOTAL		\$ <u>60,931</u>

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**Federal Statements****SD EQUITY PARTNERS****Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
SOUTH DAKOTA EQUITY PART	\$ -30,814	\$	\$ -30,814
TOTAL	\$ -30,814	\$ 0	\$ -30,814

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Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment  
Sequence No. **179**

**YANKTON THRIVE INC**

Identifying number  
**46-0348636**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,080,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,700,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>33,860</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>33,860</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year 43 2,000
44 Total. Add amounts in column (f). See the instructions for where to report 44 2,000

46-0348636

**Federal Asset Report**

FYE: 9/30/2023

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
6	LAND	10/01/10	14,000			14,000	0 -- Land	0	0
7	MIDY BUILDING	10/01/10	554,593			554,593	39 MO S/L	170,644	14,220
12	EQUIPMENT	2/20/14	1,868			1,868	5 MO S/L	1,868	0
13	EQUIPMENT	4/22/14	1,559			1,559	5 MO S/L	1,559	0
14	TRAINING SOLUTIONS	2/07/14	1,299		X	649	3 MO Amort	1,299	0
16	YANKTON COMPUTER	3/27/14	1,214			1,214	5 MO S/L	1,214	0
17	COMPUTER (RITA)	5/14/15	1,543			1,543	5 MO S/L	1,543	0
18	COMPUTER	11/14/14	1,177			1,177	5 MO S/L	1,177	0
23	COMPUTER EQUIPMENT-ORIGINAL	9/30/13	2,233			2,233	5 MO S/L	2,233	0
25	TELEPHONE SYSTEM	12/17/15	2,902			2,902	7 MO S/L	2,799	103
27	COMPUTER-JEN	1/30/18	1,862			1,862	5 MO S/L	1,738	124
28	COMPUTER-CHRISTINE	5/31/18	1,863			1,863	5 MO S/L	1,614	249
29	LEASEHOLD IMPROVEMENT BUILDING	4/18/19	4,008			4,008	39 MO S/L	351	103
30	COMPUTERS - RITA & BRIAN	1/15/19	2,895			2,895	5 MO S/L	2,171	579
31	WEB DEVELOPMENT	6/01/09	31,825			31,825	3 MO S/L	31,825	0
32	CHAMBER BUILDING	8/13/03	506,006			506,006	40 MO S/L	243,192	12,650
33	CERAMIC TILE	8/13/03	15,186			15,186	15 MO S/L	15,186	0
34	CARPET	8/13/03	13,596			13,596	10 MO S/L	13,596	0
35	BLINDS	8/13/03	1,750			1,750	10 MO S/L	1,750	0
36	BUILDING IMPROVEMENTS	12/01/07	81,138			81,138	36 MO S/L	33,432	2,254
37	NEW GUTTERS & DOWNSPOUTS	6/01/13	2,639			2,639	15 MO S/L	1,642	176
38	BUILDING REMODEL	3/04/16	3,811			3,811	27 MO S/L	929	141
39	YACC SHARE OF OFFICE REMODEL	4/18/19	1,000			1,000	27 MO S/L	120	37
40	SERVER & CONFIGURATION	9/28/11	10,174			10,174	5 MO S/L	10,174	0
41	2 DESK TOP CUMPUTERS	8/30/12	1,986			1,986	5 MO S/L	1,986	0
42	OPTIPLEX 3010 DESK TOP	2/28/13	867			867	5 MO S/L	867	0
43	OPTIPLEX 3010 PC & SETUP	4/30/13	1,199			1,199	5 MO S/L	1,199	0
44	COMPUTER & SETUP	3/06/15	1,186			1,186	5 MO S/L	1,186	0
45	COMPUTER,MONITOR,LAPTOP	1/31/17	3,668			3,668	5 MO S/L	3,668	0
46	COMPUTER & SETUP	11/13/18	1,447			1,447	5 MO S/L	1,126	289
47	KASI COMPUTER	1/11/19	2,113			2,113	5 MO S/L	1,374	422
48	COMPUTER/GL PROGRAM	2/01/88	371			371	5 MO S/L	371	0
49	SOFTWARE	8/04/89	1,290			1,290	5 MO S/L	1,290	0
50	CHAIRS	1/15/90	406			406	7 MO 200DB	406	0
51	FAX MACHINE	4/06/90	846			846	7 MO 200DB	846	0
52	IMS SOFTWARE	6/29/90	520			520	7 MO 200DB	520	0
53	BUSINESS WORK SOFTWARE	9/25/90	488			488	7 MO 200DB	488	0
54	VEDIO-PROMOTION	6/15/90	15,000			15,000	7 MO 200DB	15,000	0
55	SHOT MASTER ZOOM CAMARA	4/20/90	250			250	7 MO 200DB	250	0
56	SWINTEC CALCULATOR	10/31/91	199			199	7 MO S/L	199	0
57	PRINTER	1/31/91	784			784	7 MO S/L	784	0
58	ANSWERING MACHINE	10/06/92	42			42	3 MO S/L	42	0
59	AIR CLEANER	1/27/93	111			111	7 MO S/L	111	0
60	CHAIR	7/15/93	277			277	7 MO S/L	277	0
61	SHELVES	8/15/93	166			166	7 MO S/L	166	0
62	OFFICE CHAIR	12/31/96	105			105	7 MO S/L	105	0
63	COMPUTER & PRINTER	12/31/96	2,598			2,598	5 MO S/L	2,598	0
64	KARL'S TV	3/12/96	740			740	5 MO S/L	740	0
65	FIRST DAKOTA	5/15/96	75			75	5 MO S/L	75	0
66	CALCULATOR	10/01/81	104			104	7 MO S/L	104	0
67	OFFICE FURNITURE	9/01/81	6,422			6,422	7 MO S/L	6,422	0
68	CLOCKS	10/01/81	125			125	7 MO S/L	125	0
69	SECRETART CHAIR	12/01/81	249			249	7 MO S/L	249	0
70	REFRIDGERATOR	11/01/86	110			110	7 MO S/L	110	0
71	SHELVING	7/01/88	210			210	7 MO S/L	210	0
72	DESK & CREDENZA	7/31/89	500			500	7 MO S/L	500	0
73	COMPUTER UNIT	8/16/89	131			131	7 MO S/L	131	0
74	CONFERENCE TABLE	3/16/91	1,443			1,443	7 MO S/L	1,443	0
75	DESK UNIT	11/21/91	1,057			1,057	7 MO S/L	1,057	0
76	CHAIR	12/23/91	420			420	7 MO S/L	420	0
77	OFFICE EQUIP - SCOBLCIS	9/15/95	197			197	7 MO S/L	197	0
78	COMPUTERS	10/15/98	11,474			11,474	5 MO S/L	11,474	0
79	CHAMBERWARE SOFTWARE	7/27/99	3,495			3,495	5 MO S/L	3,495	0
80	CHRISTMAS LIGHTS	10/04/99	22,809			22,809	5 MO S/L	22,809	0
81	SHARP SF-2030 COPIER	2/16/00	4,632			4,632	5 MO S/L	4,632	0
82	COMPUTER	8/31/01	1,174			1,174	5 MO S/L	1,174	0
83	FIRE FILE	8/31/01	413			413	5 MO S/L	413	0
84	TELEPHONE SYSTEM	1/15/01	4,759			4,759	5 MO S/L	4,759	0



46-0348636

## Federal Asset Report

FYE: 9/30/2023

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
85	COLOR PRINTER	3/30/01	318			318	5 MO S/L	318	0
86	PRINTER	3/30/01	417			417	5 MO S/L	417	0
87	CALCULATOR	5/31/02	105			105	5 MO S/L	105	0
88	VISUAL CHAMBERWARE SOFTWARE	6/14/03	3,095			3,095	3 MO S/L	3,095	0
89	REFRIDGERATOR	7/29/03	100			100	5 MO S/L	100	0
90	OFFICE EQUIPMENT	8/15/03	1,339			1,339	7 MO S/L	1,339	0
91	OFFICE EQUIPMENT	8/29/03	1,632			1,632	7 MO S/L	1,632	0
92	BULLETIN BOARD	9/15/03	390			390	7 MO S/L	390	0
93	CHILDREN'S TABLE & CHAIRS	10/10/03	210			210	7 MO S/L	210	0
94	RACKS	10/15/03	1,190			1,190	7 MO S/L	1,190	0
95	CHAIRS	10/15/03	1,650			1,650	7 MO S/L	1,650	0
96	FRAMED MAPS	10/31/03	915			915	7 MO S/L	915	0
97	CD BURNER	10/31/03	148			148	5 MO S/L	148	0
98	HUTCHES	10/31/03	1,011			1,011	7 MO S/L	1,011	0
99	FAX MACHINE	11/30/03	148			148	5 MO S/L	148	0
100	DOOR SIGNAGE	11/30/03	640			640	7 MO S/L	640	0
101	OKIDATA COLOR PRINTER	10/20/03	1,547			1,547	5 MO S/L	1,547	0
102	SIGN	8/13/03	530			530	10 MO S/L	530	0
103	REFINISH CREDENZA	1/30/04	780			780	5 MO S/L	780	0
104	BROCHURE CABINET	3/31/04	550			550	5 MO S/L	550	0
105	MOBILE STAND	3/31/04	233			233	5 MO S/L	233	0
106	EQUIPMENT	8/31/04	680			680	5 MO S/L	680	0
107	FLOOR DISPLAYER	8/31/04	530			530	5 MO S/L	530	0
108	REDO SIGN FOR HWY	10/29/04	538			538	5 MO S/L	538	0
109	20 KEY LCD TELEPHONE	9/29/14	1,172			1,172	5 MO S/L	1,172	0
110	PHONE SYSTEM	12/17/15	2,902			2,902	5 MO S/L	2,902	0
111	LAND	12/31/02	24,646			24,646	0 -- Land	0	0
112	LAND SITE IMPROVEMENTS	12/31/02	12,000			12,000	0 -- Land	0	0
113	SPRINKLER SYSTEM & LANDSCAPING	8/13/03	13,432			13,432	15 MO S/L	13,432	0
114	GRANITE SIGN	11/01/03	6,800			6,800	10 MO S/L	6,800	0
115	PARKING LOT, SIDEWALK & LANDSC	8/13/03	47,665			47,665	25 MO S/L	36,543	1,907
116	SIGN	8/13/04	7,896			7,896	15 MO S/L	7,896	0
117	CHAMBERMASTER SOFTWARE	12/01/10	1,500			1,500	3 MO S/L	1,500	0
118	WEB DESIGN & WEBSITE COST	8/16/12	26,594			26,594	3 MO S/L	26,594	0
119	WEB & SOFTWARE DEVELOPMENT	11/10/16	1,600			1,600	3 MO S/L	1,600	0
120	WEB REDESIGN DEVELOPMENT	2/28/17	11,250			11,250	3 MO S/L	11,250	0
121	RESPONSIVE WEB DESIGN SETUP	2/09/17	1,600			1,600	3 MO S/L	1,600	0
122	LAPTOP-NANCY	2/19/21	1,701			1,701	5 MO S/L	539	340
126	HEAT EXCHANGERS	10/24/22	4,354			4,354	15 MO S/L	0	266
<b>Total Other Depreciation</b>			<b>1,540,407</b>			<b>1,539,757</b>		<b>767,978</b>	<b>33,860</b>
<b>Total ACRS and Other Depreciation</b>			<b>1,540,407</b>			<b>1,539,757</b>		<b>767,978</b>	<b>33,860</b>
<b>Amortization:</b>									
15	TRAINING SOLUTIONS	4/11/14	450			450	3 MO Amort	450	0
19	LOAN FEES	6/19/15	13,000			13,000	10 MO Amort	9,533	1,300
20	LOAN FEES	3/27/15	1,000			1,000	10 MO Amort	758	100
21	WORKFORCE WEBSITE	11/25/14	4,750			4,750	5 MO Amort	4,750	0
22	WORKFORCE WEBSITE	6/22/15	4,750			4,750	5 MO Amort	4,750	0
24	WEB DESIGN COSTS- ORIGINAL	9/30/14	5,838			5,838	5 MO Amort	5,838	0
26	LOAN FEES- DAKOTA RESOURCES	6/20/16	6,000			6,000	10 MO Amort	3,800	600
			<b>35,788</b>			<b>35,788</b>		<b>29,879</b>	<b>2,000</b>
<b>Grand Totals</b>			<b>1,576,195</b>			<b>1,575,545</b>		<b>797,857</b>	<b>35,860</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>1,576,195</b>			<b>1,575,545</b>		<b>797,857</b>	<b>35,860</b>







**Book Asset Detail 10/01/22 - 9/30/23**

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Book Cost</u>	<u>Book Sec 179 Exp c</u>	<u>Book Sal Value</u>	<u>Book Prior Depreciation</u>	<u>Book Current Depreciation</u>	<u>Book End Depr</u>	<u>Book Net Book Value</u>	<u>Book Method</u>	<u>Book Period</u>
<b>Grand Total</b>				<u>0.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		

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Tax Asset Detail 10/01/22 - 9/30/23

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>												
<b>Asset Classific: BUILDING</b>												
29		LEASHOLD IMPROVEMENT BU	4/18/19	4,008.10	0.00	0.00	351.13	102.77	453.90	3,554.20	S/L	39.00
32		CHAMBER BUILDING	8/13/03	506,005.90	0.00	0.00	243,191.77	12,650.15	255,841.92	250,163.98	S/L	40.00
33		CERAMIC TILE	8/13/03	15,186.00	0.00	0.00	15,186.00	0.00	15,186.00	0.00	S/L	15.00
34		CARPET	8/13/03	13,596.00	0.00	0.00	13,596.00	0.00	13,596.00	0.00	S/L	10.00
35		BLINDS	8/13/03	1,750.00	0.00	0.00	1,750.00	0.00	1,750.00	0.00	S/L	10.00
36		BUILDING IMPROVEMENTS	12/01/07	81,138.33	0.00	0.00	33,431.96	2,253.84	35,685.80	45,452.53	S/L	36.00
37		NEW GUTTERS & DOWNSPOUT	6/01/13	2,639.00	0.00	0.00	1,642.01	175.93	1,817.94	821.06	S/L	15.00
38		BUILDING REMODEL	3/04/16	3,811.23	0.00	0.00	929.30	141.16	1,070.46	2,740.77	S/L	27.00
39		YACC SHARE OF OFFICE REMC	4/18/19	1,000.00	0.00	0.00	120.38	37.04	157.42	842.58	S/L	27.00
126		HEAT EXCHANGERS	10/24/22	4,353.73	0.00c	0.00	0.00	266.06	266.06	4,087.67	S/L	15.00
<b>BUILDING</b>				<b>633,488.29</b>	<b>0.00c</b>	<b>0.00</b>	<b>310,198.55</b>	<b>15,626.95</b>	<b>325,825.50</b>	<b>307,662.79</b>		
<b>Asset Classific: COMPUTER EQUIP</b>												
40		SERVER & CONFIGURATION	9/28/11	10,173.89	0.00	0.00	10,173.89	0.00	10,173.89	0.00	S/L	5.00
41		2 DESK TOP CUMPUTERS	8/30/12	1,986.44	0.00	0.00	1,986.44	0.00	1,986.44	0.00	S/L	5.00
42		OPTIPLEX 3010 DESK TOP	2/28/13	867.08	0.00	0.00	867.08	0.00	867.08	0.00	S/L	5.00
43		OPTIPLEX 3010 PC & SETUP	4/30/13	1,199.22	0.00	0.00	1,199.22	0.00	1,199.22	0.00	S/L	5.00
44		COMPUTER & SETUP	3/06/15	1,186.12	0.00	0.00	1,186.12	0.00	1,186.12	0.00	S/L	5.00
45		COMPUTER,MONITOR,LAPTOP	1/31/17	3,667.59	0.00	0.00	3,667.59	0.00	3,667.59	0.00	S/L	5.00
46		COMPUTER & SETUP	11/13/18	1,447.07	0.00	0.00	1,125.99	289.41	1,415.40	31.67	S/L	5.00
47		KASI COMPUTER	1/11/19	2,113.47	0.00	0.00	1,373.75	422.69	1,796.44	317.03	S/L	5.00
122		LAPTOP-NANCY	2/19/21	1,700.81	0.00	0.00	538.59	340.16	878.75	822.06	S/L	5.00
<b>COMPUTER EQUIP</b>				<b>24,341.69</b>	<b>0.00c</b>	<b>0.00</b>	<b>22,118.67</b>	<b>1,052.26</b>	<b>23,170.93</b>	<b>1,170.76</b>		
<b>Asset Classific: DATA CENTER</b>												
6		LAND	10/01/10	14,000.00	0.00	0.00	0.00	0.00	0.00	14,000.00	Land	0.00
7		MIDY BUILDING	10/01/10	554,593.41	0.00	0.00	170,644.08	14,220.34	184,864.42	369,728.99	S/L	39.00
<b>DATA CENTER</b>				<b>568,593.41</b>	<b>0.00c</b>	<b>0.00</b>	<b>170,644.08</b>	<b>14,220.34</b>	<b>184,864.42</b>	<b>383,728.99</b>		
<b>Asset Classific: EQUIPMENT</b>												
12		EQUIPMENT	2/20/14	1,868.30	0.00	0.00	1,868.30	0.00	1,868.30	0.00	S/L	5.00
13		EQUIPMENT	4/22/14	1,559.15	0.00	0.00	1,559.15	0.00	1,559.15	0.00	S/L	5.00
15		TRAINING SOLUTIONS	4/11/14	450.00	0.00	0.00	450.00	0.00	450.00	0.00	Amort	3.00
16		YANKTON COMPUTER	3/27/14	1,214.24	0.00	0.00	1,214.24	0.00	1,214.24	0.00	S/L	5.00
17		COMPUTER (RITA)	5/14/15	1,542.71	0.00	0.00	1,542.71	0.00	1,542.71	0.00	S/L	5.00
18		COMPUTER	11/14/14	1,176.70	0.00	0.00	1,176.70	0.00	1,176.70	0.00	S/L	5.00
23		COMPUTER EQUIPMENT-ORIGI	9/30/13	2,233.30	0.00	0.00	2,233.30	0.00	2,233.30	0.00	S/L	5.00
25		TELEPHONE SYSTEM	12/17/15	2,902.23	0.00	0.00	2,798.55	103.68	2,902.23	0.00	S/L	7.00
27		COMPUTER-JEN	1/30/18	1,862.32	0.00	0.00	1,738.15	124.17	1,862.32	0.00	S/L	5.00
28		COMPUTER-CHRISTINE	5/31/18	1,862.67	0.00	0.00	1,614.30	248.37	1,862.67	0.00	S/L	5.00
30		COMPUTERS - RITA & BRIAN	1/15/19	2,894.55	0.00	0.00	2,170.91	578.91	2,749.82	144.73	S/L	5.00
48		COMPUTER/GL PROGRAM	2/01/88	371.00	0.00	0.00	371.00	0.00	371.00	0.00	S/L	5.00
49		SOFTWARE	8/04/89	1,290.00	0.00	0.00	1,290.00	0.00	1,290.00	0.00	S/L	5.00
50		CHAIRS	1/15/90	406.09	0.00	0.00	406.09	0.00	406.09	0.00	200DB	7.00
51		FAX MACHINE	4/06/90	846.30	0.00	0.00	846.30	0.00	846.30	0.00	200DB	7.00

Tax Asset Detail 10/01/22 - 9/30/23

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1   Asset Classific: EQUIPMENT (continued)												
52		IMS SOFTWARE	6/29/90	519.75	0.00	0.00	519.75	0.00	519.75	0.00	200DB	7.00
53		BUSINESS WORK SOFTWARE	9/25/90	487.60	0.00	0.00	487.60	0.00	487.60	0.00	200DB	7.00
54		VEDIO-PROMOTION	6/15/90	15,000.00	0.00	0.00	15,000.00	0.00	15,000.00	0.00	200DB	7.00
55		SHOT MASTER ZOOM CAMARA	4/20/90	249.95	0.00	0.00	249.95	0.00	249.95	0.00	200DB	7.00
56		SWINTEC CALCULATOR	10/31/91	199.45	0.00	0.00	199.45	0.00	199.45	0.00	S/L	7.00
57		PRINTER	1/31/91	784.44	0.00	0.00	784.44	0.00	784.44	0.00	S/L	7.00
58		ANSWERING MACHINE	10/06/92	42.23	0.00	0.00	42.23	0.00	42.23	0.00	S/L	3.00
59		AIR CLEANER	1/27/93	110.61	0.00	0.00	110.61	0.00	110.61	0.00	S/L	7.00
60		CHAIR	7/15/93	277.20	0.00	0.00	277.20	0.00	277.20	0.00	S/L	7.00
61		SHELVES	8/15/93	166.32	0.00	0.00	166.32	0.00	166.32	0.00	S/L	7.00
62		OFFICE CHAIR	12/31/96	104.81	0.00	0.00	104.81	0.00	104.81	0.00	S/L	7.00
63		COMPUTER & PRINTER	12/31/96	2,597.96	0.00	0.00	2,597.96	0.00	2,597.96	0.00	S/L	5.00
64		KARL'S TV	3/12/96	739.88	0.00	0.00	739.88	0.00	739.88	0.00	S/L	5.00
65		FIRST DAKOTA	5/15/96	75.00	0.00	0.00	75.00	0.00	75.00	0.00	S/L	5.00
66		CALCULATOR	10/01/81	103.95	0.00	0.00	103.95	0.00	103.95	0.00	S/L	7.00
67		OFFICE FURNITURE	9/01/81	6,421.96	0.00	0.00	6,421.96	0.00	6,421.96	0.00	S/L	7.00
68		CLOCKS	10/01/81	124.95	0.00	0.00	124.95	0.00	124.95	0.00	S/L	7.00
69		SECRETART CHAIR	12/01/81	248.54	0.00	0.00	248.54	0.00	248.54	0.00	S/L	7.00
70		REFRIDGERATOR	11/01/86	110.25	0.00	0.00	110.25	0.00	110.25	0.00	S/L	7.00
71		SHELVING	7/01/88	210.25	0.00	0.00	210.25	0.00	210.25	0.00	S/L	7.00
72		DESK & CREDENZA	7/31/89	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	7.00
73		COMPUTER UNIT	8/16/89	131.24	0.00	0.00	131.24	0.00	131.24	0.00	S/L	7.00
74		CONFERENCE TABLE	3/16/91	1,442.70	0.00	0.00	1,442.70	0.00	1,442.70	0.00	S/L	7.00
75		DESK UNIT	11/21/91	1,056.72	0.00	0.00	1,056.72	0.00	1,056.72	0.00	S/L	7.00
76		CHAIR	12/23/91	420.00	0.00	0.00	420.00	0.00	420.00	0.00	S/L	7.00
77		OFFICE EQUIP - SCOBLCIS	9/15/95	197.37	0.00	0.00	197.37	0.00	197.37	0.00	S/L	7.00
78		COMPUTERS	10/15/98	11,474.38	0.00	0.00	11,474.38	0.00	11,474.38	0.00	S/L	5.00
79		CHAMBERWARE SOFTWARE	7/27/99	3,495.00	0.00	0.00	3,495.00	0.00	3,495.00	0.00	S/L	5.00
80		CHRISTMAS LIGHTS	10/04/99	22,809.00	0.00	0.00	22,809.00	0.00	22,809.00	0.00	S/L	5.00
81		SHARP SF-2030 COPIER	2/16/00	4,631.67	0.00	0.00	4,631.67	0.00	4,631.67	0.00	S/L	5.00
82		COMPUTER	8/31/01	1,174.48	0.00	0.00	1,174.48	0.00	1,174.48	0.00	S/L	5.00
83		FIRE FILE	8/31/01	413.40	0.00	0.00	413.40	0.00	413.40	0.00	S/L	5.00
84		TELEPHONE SYSTEM	1/15/01	4,759.40	0.00	0.00	4,759.40	0.00	4,759.40	0.00	S/L	5.00
85		COLOR PRINTER	3/30/01	317.99	0.00	0.00	317.99	0.00	317.99	0.00	S/L	5.00
86		PRINTER	3/30/01	416.74	0.00	0.00	416.74	0.00	416.74	0.00	S/L	5.00
87		CALCULATOR	5/31/02	104.94	0.00	0.00	104.94	0.00	104.94	0.00	S/L	5.00
88		VISUAL CHAMBERWARE SOFT	6/14/03	3,095.00	0.00	0.00	3,095.00	0.00	3,095.00	0.00	S/L	3.00
89		REFRIDGERATOR	7/29/03	100.00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	5.00
90		OFFICE EQUIPMENT	8/15/03	1,339.12	0.00	0.00	1,339.12	0.00	1,339.12	0.00	S/L	7.00
91		OFFICE EQUIPMENT	8/29/03	1,632.40	0.00	0.00	1,632.40	0.00	1,632.40	0.00	S/L	7.00
92		BULLETIN BOARD	9/15/03	390.09	0.00	0.00	390.09	0.00	390.09	0.00	S/L	7.00
93		CHILDREN'S TABLE &CHAIRS	10/10/03	210.00	0.00	0.00	210.00	0.00	210.00	0.00	S/L	7.00
94		RACKS	10/15/03	1,190.00	0.00	0.00	1,190.00	0.00	1,190.00	0.00	S/L	7.00
95		CHAIRS	10/15/03	1,650.42	0.00	0.00	1,650.42	0.00	1,650.42	0.00	S/L	7.00
96		FRAMED MAPS	10/31/03	914.78	0.00	0.00	914.78	0.00	914.78	0.00	S/L	7.00
97		CD BURNER	10/31/03	147.94	0.00	0.00	147.94	0.00	147.94	0.00	S/L	5.00
98		HUTCHES	10/31/03	1,011.02	0.00	0.00	1,011.02	0.00	1,011.02	0.00	S/L	7.00
99		FAX MACHINE	11/30/03	148.35	0.00	0.00	148.35	0.00	148.35	0.00	S/L	5.00
100		DOOR SIGNAGE	11/30/03	640.47	0.00	0.00	640.47	0.00	640.47	0.00	S/L	7.00

**Tax Asset Detail 10/01/22 - 9/30/23**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1   Asset Classific: EQUIPMENT (continued)</b>												
101		OKIDATA COLOR PRINTER	10/20/03	1,547.09	0.00	0.00	1,547.09	0.00	1,547.09	0.00	S/L	5.00
102		SIGN	8/13/03	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	10.00
103		REFINISH CREDENZA	1/30/04	780.22	0.00	0.00	780.22	0.00	780.22	0.00	S/L	5.00
104		BROCHURE CABINET	3/31/04	550.00	0.00	0.00	550.00	0.00	550.00	0.00	S/L	5.00
105		MOBILE STAND	3/31/04	232.89	0.00	0.00	232.89	0.00	232.89	0.00	S/L	5.00
106		EQUIPMENT	8/31/04	680.00	0.00	0.00	680.00	0.00	680.00	0.00	S/L	5.00
107		FLOOR DISPLAYER	8/31/04	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
108		REDO SIGN FOR HWY	10/29/04	537.77	0.00	0.00	537.77	0.00	537.77	0.00	S/L	5.00
109		20 KEY LCD TELEPHONE	9/29/14	1,172.10	0.00	0.00	1,172.10	0.00	1,172.10	0.00	S/L	5.00
110		PHONE SYSTEM	12/17/15	2,902.23	0.00	0.00	2,902.23	0.00	2,902.23	0.00	S/L	5.00
<b>EQUIPMENT</b>				<u>126,331.58</u>	<u>0.00c</u>	<u>0.00</u>	<u>125,131.72</u>	<u>1,055.13</u>	<u>126,186.85</u>	<u>144.73</u>		
<b>Asset Classific: IMPROVEMENTS</b>												
113		SPRINKLER SYSTEM & LANDS	8/13/03	13,432.00	0.00	0.00	13,432.00	0.00	13,432.00	0.00	S/L	15.00
114		GRANITE SIGN	11/01/03	6,800.00	0.00	0.00	6,800.00	0.00	6,800.00	0.00	S/L	10.00
115		PARKING LOT, SIDEWALK & L.	8/13/03	47,665.00	0.00	0.00	36,543.17	1,906.60	38,449.77	9,215.23	S/L	25.00
116		SIGN	8/13/04	7,895.92	0.00	0.00	7,895.92	0.00	7,895.92	0.00	S/L	15.00
<b>IMPROVEMENTS</b>				<u>75,792.92</u>	<u>0.00c</u>	<u>0.00</u>	<u>64,671.09</u>	<u>1,906.60</u>	<u>66,577.69</u>	<u>9,215.23</u>		
<b>Asset Classific: LAND</b>												
111		LAND	12/31/02	24,645.50	0.00	0.00	0.00	0.00	0.00	24,645.50	Land	0.00
112		LAND SITE IMPROVEMENTS	12/31/02	12,000.00	0.00	0.00	0.00	0.00	0.00	12,000.00	Land	0.00
<b>LAND</b>				<u>36,645.50</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>36,645.50</u>		
<b>Asset Classific: LOAN FEES</b>												
19		LOAN FEES	6/19/15	13,000.00	0.00	0.00	9,533.33	1,300.00	10,833.33	2,166.67	Amort	10.00
20		LOAN FEES	3/27/15	1,000.00	0.00	0.00	758.33	100.00	858.33	141.67	Amort	10.00
26		LOAN FEES- DAKOTA RESOUR	6/20/16	6,000.00	0.00	0.00	3,800.00	600.00	4,400.00	1,600.00	Amort	10.00
<b>LOAN FEES</b>				<u>20,000.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>14,091.66</u>	<u>2,000.00</u>	<u>16,091.66</u>	<u>3,908.34</u>		
<b>Asset Classific: SOFTWARE</b>												
14		TRAINING SOLUTIONS	2/07/14	1,299.00	0.00	649.50	1,299.00	0.00	1,299.00	0.00	Amort	3.00
21		WORKFORCE WEBSITE	11/25/14	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
22		WORKFORCE WEBSITE	6/22/15	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
24		WEB DESIGN COSTS- ORIGINAL	9/30/14	5,837.76	0.00	0.00	5,837.76	0.00	5,837.76	0.00	Amort	5.00
31		WEB DEVELOPMENT	6/01/09	31,825.00	0.00	0.00	31,825.00	0.00	31,825.00	0.00	S/L	3.00
117		CHAMBERMASTER SOFTWARE	12/01/10	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	0.00	S/L	3.00
118		WEB DESIGN & WEBSITE COST	8/16/12	26,594.24	0.00	0.00	26,594.24	0.00	26,594.24	0.00	S/L	3.00
119		WEB & SOFTWARE DEVELOPM	11/10/16	1,600.00	0.00	0.00	1,600.00	0.00	1,600.00	0.00	S/L	3.00
120		WEB REDESIGN DEVELOPMEN	2/28/17	11,250.00	0.00	0.00	11,250.00	0.00	11,250.00	0.00	S/L	3.00
121		RESPONSIVE WEB DESIGN SET	2/09/17	1,600.00	0.00	0.00	1,600.00	0.00	1,600.00	0.00	S/L	3.00
<b>SOFTWARE</b>				<u>91,006.00</u>	<u>0.00c</u>	<u>649.50</u>	<u>91,006.00</u>	<u>0.00</u>	<u>91,006.00</u>	<u>0.00</u>		
<b>Form 990, Page 1</b>				<u>1,576,199.39</u>	<u>0.00c</u>	<u>649.50</u>	<u>797,861.77</u>	<u>35,861.28</u>	<u>833,723.05</u>	<u>742,476.34</u>		



**Tax Asset Detail 10/01/22 - 9/30/23**

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Grand Total</b>				<u>1,576,199.39</u>	<u>0.00</u> c	<u>649.50</u>	<u>797,861.77</u>	<u>35,861.28</u>	<u>833,723.05</u>	<u>742,476.34</u>		

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**AMT Asset Detail 10/01/22 - 9/30/23**

Asset	d t	Property Description	Date In Service	AMT Cost	AMT Sec 179 Exp c	AMT Bonus Amt	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr	AMT Net Book Value	AMT Method	AMT Period
<b>Activity: Form 990, Page 1   Asset Classific: EQUIPMENT (continued)</b>												
101		OKIDATA COLOR PRINTER	10/20/03	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
102		SIGN	8/13/03	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
103		REFINISH CREDENZA	1/30/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
104		BROCHURE CABINET	3/31/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
105		MOBILE STAND	3/31/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
106		EQUIPMENT	8/31/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
107		FLOOR DISPLAYER	8/31/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
108		REDO SIGN FOR HWY	10/29/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
109		20 KEY LCD TELEPHONE	9/29/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
110		PHONE SYSTEM	12/17/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
<b>EQUIPMENT</b>				<u>34,927.17</u>	<u>0.00c</u>	<u>0.00</u>	<u>30,375.11</u>	<u>4,407.33</u>	<u>34,782.44</u>	<u>144.73</u>		
<b>Asset Classific: IMPROVEMENTS</b>												
113		SPRINKLER SYSTEM & LANDS	8/13/03	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
114		GRANITE SIGN	11/01/03	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
115		PARKING LOT, SIDEWALK & L	8/13/03	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
116		SIGN	8/13/04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
<b>IMPROVEMENTS</b>				<u>0.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		
<b>Asset Classific: LAND</b>												
111		LAND	12/31/02	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
112		LAND SITE IMPROVEMENTS	12/31/02	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
<b>LAND</b>				<u>0.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		
<b>Asset Classific: LOAN FEES</b>												
19		LOAN FEES	6/19/15	13,000.00	0.00	0.00	9,533.33	1,300.00	10,833.33	2,166.67	Amort	10.00
20		LOAN FEES	3/27/15	1,000.00	0.00	0.00	758.33	100.00	858.33	141.67	Amort	10.00
26		LOAN FEES- DAKOTA RESOUR	6/20/16	6,000.00	0.00	0.00	3,800.00	600.00	4,400.00	1,600.00	Amort	10.00
<b>LOAN FEES</b>				<u>20,000.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>14,091.66</u>	<u>2,000.00</u>	<u>16,091.66</u>	<u>3,908.34</u>		
<b>Asset Classific: SOFTWARE</b>												
14		TRAINING SOLUTIONS	2/07/14	1,299.00	0.00	649.50	1,299.00	0.00	1,299.00	0.00	Amort	3.00
21		WORKFORCE WEBSITE	11/25/14	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
22		WORKFORCE WEBSITE	6/22/15	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
24		WEB DESIGN COSTS- ORIGINAL	9/30/14	5,837.76	0.00	0.00	5,837.76	0.00	5,837.76	0.00	Amort	5.00
31		WEB DEVELOPMENT	6/01/09	74,369.24	0.00	0.00	74,369.24	0.00	74,369.24	0.00	Land	3.00
117		CHAMBERMASTER SOFTWARE	12/01/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
118		WEB DESIGN & WEBSITE COST	8/16/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
119		WEB & SOFTWARE DEVELOPM	11/10/16	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
120		WEB REDESIGN DEVELOPMEN	2/28/17	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
121		RESPONSIVE WEB DESIGN SET	2/09/17	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
<b>SOFTWARE</b>				<u>91,006.00</u>	<u>0.00c</u>	<u>649.50</u>	<u>91,006.00</u>	<u>0.00</u>	<u>91,006.00</u>	<u>0.00</u>		
<b>Form 990, Page 1</b>				<u>724,589.22</u>	<u>0.00c</u>	<u>649.50</u>	<u>307,006.57</u>	<u>21,336.66</u>	<u>328,343.23</u>	<u>396,245.99</u>		

**AMT Asset Detail 10/01/22 - 9/30/23**

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In</u> <u>Service</u>	<u>AMT</u> <u>Cost</u>	<u>AMT Sec</u> <u>179 Exp c</u>	<u>AMT</u> <u>Bonus Amt</u>	<u>AMT Prior</u> <u>Depreciation</u>	<u>AMT Curr</u> <u>Depreciation</u>	<u>AMT</u> <u>End Depr</u>	<u>AMT Net</u> <u>Book Value</u>	<u>AMT</u> <u>Method</u>	<u>AMT</u> <u>Period</u>
<b>Grand Total</b>				<u>724,589.22</u>	<u>0.00c</u>	<u>649.50</u>	<u>307,006.57</u>	<u>21,336.66</u>	<u>328,343.23</u>	<u>396,245.99</u>		

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Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2022</b>
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Name <b>YANKTON THRIVE INC</b>	Taxpayer Identification Number <b>46-0348636</b>
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**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Losses Carried Forward .....	A. <u>13,225</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 .....	C. _____
D. Pre-2018 Applied (Sum of B and C) .....	D. _____
E. Pre-2018 Remaining (Line A minus Line D) .....	E. <u>13,225</u>
F. Pre-2018 Net Operating Losses Expiring this Year .....	F. _____
G. Pre-2018 Net Operating Losses Carried Forward .....	G. <u>13,225</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income .....		16. _____	_____

**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. <b>SD EQUITY PARTNERS</b> .....	<b>900099</b>	1. <u>-30,814</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities .....		5. _____
6. Totals .....		6. <u>-30,814</u>

## Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

**2022**

For calendar year 2022, or tax year beginning **10/01/22**, ending **09/30/23**

Name

**YANKTON THRIVE INC**

Employer Identification Number  
**46-0348636**

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
16th 09/30/03					
15th 09/30/04					
14th 09/30/05					
13th 09/30/06					
12th 09/30/07					
11th 09/30/08					
10th 09/30/09					
9th 09/30/10					
8th 09/30/11					
7th 09/30/12					
6th 09/30/13	-1,378		1,378		1,378
5th 09/30/14	-3,452		3,452		3,452
4th 09/30/15	-3,206		3,206		3,206
3rd 09/30/16	-1,397		1,397		1,397
2nd 09/30/17	-1,460		1,460		1,460
1st 09/30/18	-2,332		2,332		2,332
NOL carryover available to current year			<b>13,225</b>		
Current year	<b>0</b>				
NOL carryover available to next year					<b>13,225</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning <b>10/01/22</b> , ending <b>09/30/23</b>		

Name **YANKTON THRIVE INC** Taxpayer Identification Number **46-0348636**

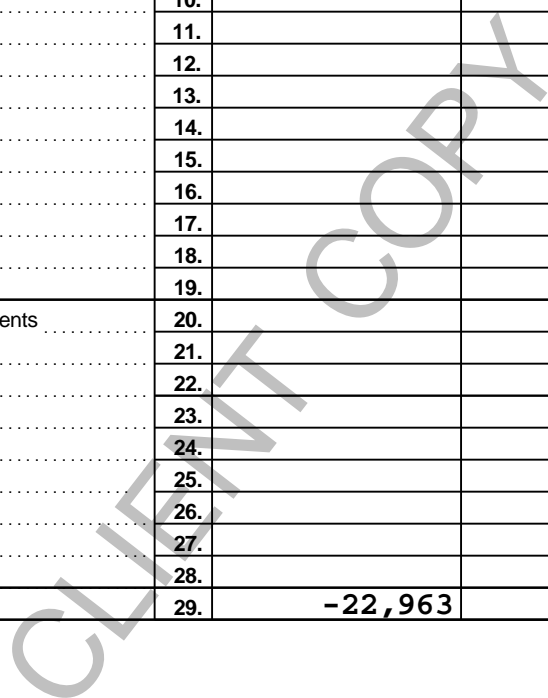
		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	2,426,610	1,499,869	-926,741
	2. Membership dues and assessments	247,608	250,868	3,260
	3. Government contributions and grants	1,234,692	1,345,405	110,713
	4. Program service revenue	388,461	421,138	32,677
	5. Investment income	2,785	17,521	14,736
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-1,977		1,977
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	-329,387	153,436	482,823
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,968,792</b>	<b>3,688,237</b>	<b>-280,555</b>
<b>Expenses</b>	13. Grants and similar amounts paid	791,402	896,045	104,643
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	210,035	200,712	-9,323
	16. Salaries, other compensation, and employee benefits	341,427	413,196	71,769
	17. Professional fundraising fees	256,807		-256,807
	18. Other professional fees	50,986	307,998	257,012
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	36,829	35,860	-969
	21. Other expenses	623,639	991,313	367,674
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,311,125</b>	<b>2,845,124</b>	<b>533,999</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>1,657,667</b>	<b>843,113</b>	<b>-814,554</b>
<b>Other Information</b>	24. Total exempt revenue	3,968,792	3,688,237	-280,555
	25. Total unrelated revenue	-24,940	-30,814	-5,874
	26. Total excludable revenue	84,822	622,909	538,087
	27. Total assets	5,549,140	5,745,063	195,923
	28. Total liabilities	1,784,893	1,119,543	-665,350
	29. Retained earnings	3,764,247	4,625,520	861,273
	30. Number of voting members of governing body	25	24	
	31. Number of independent voting members of governing body	25	24	
	32. Number of employees	11	10	
	33. Number of volunteers	50	50	



Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning <b>10/01/22</b> , ending <b>09/30/23</b>		

Name **YANKTON THRIVE INC** Taxpayer Identification Number **46-0348636**

		2021	2022	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	2	1	-1
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. <b>Unrelated business taxable income.</b>			
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>			
	18. Recapture taxes and 965 tax			
	19. <b>Total Taxes</b>			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>			
	25. <b>Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>			
29. Activity Losses NOL (Post-2017)	-22,963	-30,814	-7,851	

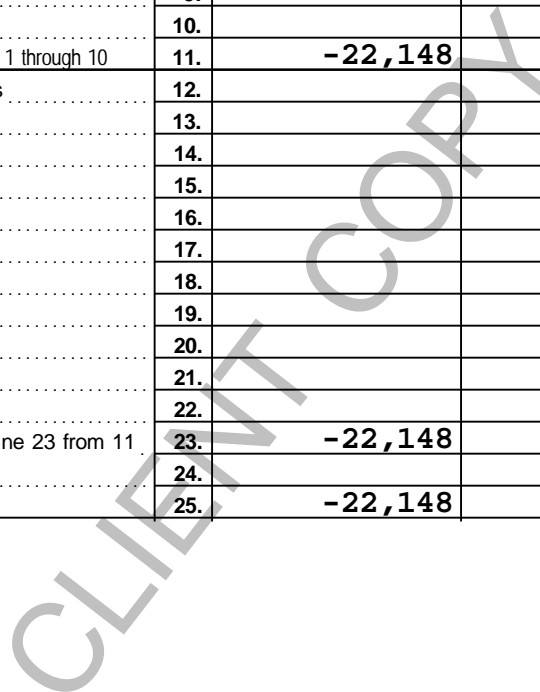


Form <b>SchA</b> (990T)	<b>Two Year Comparison for Unrelated Business Activity</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning <b>10/01/22</b> , ending <b>09/30/23</b>		

Organization Name <b>YANKTON THRIVE INC</b>	Taxpayer Identification Number <b>46-0348636</b>
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Activity: **SD EQUITY PARTNERS** Unincorporated Business Income Tax Code: **900099**

		2021	2022	Differences	
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>e</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.	-22,148	-30,814	-8,666
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-22,148</b>	<b>-30,814</b>	<b>-8,666</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>			
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>-22,148</b>	<b>-30,814</b>	<b>-8,666</b>
	24. Deductible losses	24.		60,931	60,931
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>-22,148</b>	<b>-91,745</b>	<b>-69,597</b>



Form **990****Tax Return History****2022**

Name

**YANKTON THRIVE INC**

Employer Identification Number

**46-0348636**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....	1,089,269	1,098,766	1,216,842	3,661,302	2,845,274	
Membership dues .....	34,226	33,885	90,184	247,608	250,868	
Program service revenue .....	132,182	285,232	353,301	388,461	421,138	
Capital gain or loss .....				-1,977		
Investment income .....	4,174	2,551	1,850	2,785	17,521	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	-7,644	36,407	-45,875	-329,387	153,436	
<b>Total revenue</b> .....	<b>1,252,207</b>	<b>1,456,841</b>	<b>1,616,302</b>	<b>3,968,792</b>	<b>3,688,237</b>	
Grants and similar amounts paid .....	637,594	628,899	843,198	791,402	896,045	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			207,558	210,035	200,712	
Other compensation .....			188,350	341,427	413,196	
Professional fees .....	418,323	362,981	39,323	307,793	307,998	
Occupancy costs .....			21,943			
Depreciation and depletion .....	20,759	18,972	22,914	36,829	35,860	
Other expenses .....	269,284	226,117	346,178	623,639	991,313	
<b>Total expenses</b> .....	<b>1,345,960</b>	<b>1,236,969</b>	<b>1,669,464</b>	<b>2,311,125</b>	<b>2,845,124</b>	
<b>Excess or (Deficit)</b> .....	<b>-93,753</b>	<b>219,872</b>	<b>-53,162</b>	<b>1,657,667</b>	<b>843,113</b>	
<b>Total exempt revenue</b> .....	<b>1,252,207</b>	<b>1,456,841</b>	<b>1,616,302</b>	<b>3,968,792</b>	<b>3,688,237</b>	
Total unrelated revenue .....	-7,524	1,552	-48,958	-24,940	-30,814	
Total excludable revenue .....	136,236	322,638	358,234	84,822	622,909	
Total Assets .....	4,713,432	4,233,318	4,530,814	5,549,140	5,745,063	
Total Liabilities .....	3,261,140	2,540,785	2,408,965	1,784,893	1,119,543	
Net Fund Balances .....	1,452,292	1,692,533	2,121,849	3,764,247	4,625,520	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>YANKTON THRIVE INC</b>	Employer Identification Number <b>46-0348636</b>
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\* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....	<b>-7,524</b>	<b>1,552</b>				
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....	<b>-7,524</b>	<b>1,552</b>	<b>-48,958</b>			
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

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**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME/BANK	\$ 17,521				14	
TWO BRIDGES CAPITAL LLC					14	
SOUTH DAKOTA EQUITY PARTNERS					14	
<b>TOTAL</b>	<b>\$ 17,521</b>					

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