#### \*\* PUBLIC DISCLOSURE COPY \*\*

#### Return of Organization Exempt From Income Tax

Form **990**Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2023
Open to Public Inspection

ternal Revenue Service JUL 1, 2023 A For the 2023 calendar year, or tax year beginning 2024 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Friends of South Dakota Public Address change Broadcasting Name change 23-7310698 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 601 N Phillips Ave Final return/ 100 605-367-7266 4,611,089. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Sioux Falls, SD 57104 H(a) Is this a group return Applica-F Name and address of principal officer: Ryan Howlett for subordinates? ..... Yes X No same as C above H(b) Are all subordinates included? I Tax-exempt status: ■ 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No." attach a list. See instructions https://www.sdpb.org/friends/about/ H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 1973 M State of legal domicile: SD Part I Summary Briefly describe the organization's mission or most significant activities: The Friends of SDPB supports the Activities & Governance mission of SDPB through effective advocacy and fundraising from our if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 16 5 150 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 ...... Prior Year **Current Year** 4,372,857. 4,134,818. 8 Contributions and grants (Part VIII, line 1h) Revenue 33. 0.\_ 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 153,587. 312,941. -30,137. -8,666. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,517,811. 4,417,622. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,538,372. 1,451,625. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,319,938. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,213,026. 262,422. 226,079. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,254,332. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,851,029. 4,268,152. 4,848,671. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 249,659. -431,049. **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 11,028,958. 11,742,383. 20 Total assets (Part X, line 16) 2,238,899**.** 2,734,944. 21 Total liabilities (Part X, line 26) 8,790,059. 9,007,439. Net assets or fund balances. Subtract line 21 from line 20 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

,	-, and	,		
Sign	Signature of officer		Date	
	Ryan Howlett, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	Laurie Hanson, CPA	Laurie Hanson, CPA	12/10/24 self-employed P008518	48
Preparer	Firm's name Eide Bailly LLP		Firm's EIN 45-0250958	j
Use Only	Firm's address 345 N. Reid Pl.,	Ste. 400		
	Sioux Falls, SD 5	7103-7034	Phone no. 605 - 339 - 199	9
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes	No

 $\label{local-loc$ 

332001 12-21-23

Form 990 (2023)

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Friends of South Dakota Public Broadcasting supports lifelong learning	
	for all South Dakotans through advocacy, leadership and responsible	
	fundraising on behalf of SDPB television, radio, internet, and	
	education and outreach.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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		<u>•</u> )
	Friends of South Dakota Public Broadcasting provides support to South	
	Dakota Public Broadcasting (SDPB), which is a statewide source for	
	over-the-air, commercial-free, educational programming for all ages.	
	SDPB is South Dakotans' most reliable, accessible, and extensive	
	multiplatform resource for access to the South Dakota State	
	Legislature, including live feeds, daily reports, and broadcasts from	
	the Capital. SDPB is the state's major broadcaster of South Dakota high	
	school tournaments and events featuring high school student athletes	
	and achievers. SDPB is a significant source of local, in-depth	
	documentaries and history providers and is the sole provider of	
	over-the-air TV for South Dakota's most remote and rural areas. SDPB is	
	the statewide Emergency Alert System information provider, alerting	
4b	(Code:) (Expenses \$	_ )
4c	(Code:) (Expenses \$	_ )
4-1	Other program conject (Describe on Schodule O.)	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 2,674,460.	
40	Total program service expenses 2,6/4,460.	

Form **990** (2023)

23-7310698 Page 3 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 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions

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	3		X
4	Section 501(c)(3) organizations. 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	4	X	
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	5		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	6		_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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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	9		_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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	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	11c		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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		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	16		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	17	Х	
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	18		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	19	_	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	X	

Form	1990 (2023) Broadcasting 23-73	<u> 10698</u>	Р	age 4
Pa	rt 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			١
	Schedule J	23		X
24 a	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? If "Yes," answer lines 24b through 24d and complete			٠,
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			<del>.</del>
	Schedule L, Part I	25b		X
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%			x
<b></b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1^
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		1
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<del> </del>
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del> </del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	. 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			x
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	32		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c X

			Yes	No
2a	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 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
a	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the			
Б				
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, or 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?	17		
	If "Yes," complete Form 6069.			

# Friends of South Dakota Public

Form 990 (2023) Broadcasting 23-7310698 Page 6

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.

	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				X
<u>Sec</u>	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1			
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 2	1			
2	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?		2		X
3	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?	. L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. L	5		X
6	Did the organization have members or stockholders?		6		X
7a	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?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	X	
b	Each committee with authority to act on behalf of the governing body?	. L	8b	X	
9	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	.	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Ŀ	10a		X
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?	. 🗠	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ŀ	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. Li	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. L	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		12c		Х
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	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?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization	F	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				37
	taxable entity during the year?	F	16a		X
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				
0	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure		MAT.	NTT T	NT.C
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, IL, KS, KY, MD, MA, M				
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 o	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X 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, a	ınd fi	nanc	ial	
	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				
	Laura Peterson - 605-800-1530				

601 N Phillips Ave, Room 100, Sioux Falls, SD 57104

Form 990 (2023) Bro

casting 23-7310698

# 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 the 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pe	son i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	Cei aii	u a u	lecto	ii/ii us	(66)	from	from related	other
	(list any hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e Or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nstitutional trustee		эуее	Highest compensated employee		1099-NEC)	,	and related
	below	Individual 1	itutior	Je.	Key employee	nest co	ner			organizations
	line)	<u>n</u>	Inst	Officer	Key	High	Former			
(1) Eric Erickson	45.00	1								
VP of Corporate Partnerships	1					Х		135,752.	0.	8,145.
(2) Ryan Howlett	45.00							115 504		0 051
CEO	45.00			Х				115,604.	0.	9,851.
(3) Laura Peterson	45.00	-						110 265	•	6 601
CFO				Х				110,365.	0.	6,621.
(4) Karen Mortimer	2.00	٠,,		,,					0	0
Past President	2 00	Х		Х				0.	0.	0.
(5) Katrin Profilet	2.00	٠,		3,7					0	0
President	2 00	Х		Х				0.	0.	0.
(6) Gene Ellenson Vice President	2.00	X		х				0.	0.	0.
(7) Jan Johnson	2.00	₽		^				0.	0.	0.
Secretary	2.00	x		х				0.	0.	0.
(8) Josh VanLaecken	2.00	^		_				0.	0.	0.
Treasurer	2.00	x		Х				0.	0.	0.
(9) Vernon Brown	1.00	1						0.	0.	0.
Director	1.00	X						0.	0.	0.
(10) Michael Goodroad	1.00	123							•	•
Director	1.00	x						0.	0.	0.
(11) Susan Jones	1.00	<del> </del>							•	•
Director		x						0.	0.	0.
(12) Tom Hurlbert	1.00							-	-	-
Director		x						0.	0.	0.
(13) Mike Mueller	1.00									
Director		Х						0.	0.	0.
(14) Tamara Pier	1.00									
Director		X						0.	0.	0.
(15) Matt Rama	1.00									
Director		Х						0.	0.	0.
(16) Matt Moen	1.00	_								
Director		Х						0.	0.	0.
(17) Lindsey Meyers	1.00									
Director		Х						0.	0.	0.
000007 40 04 00										Form 990 (2022)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) Broadcas									23-7310	090 Page
Part VII Section A. Officers, Directors, True	1	oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more rson i	than of the state	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Bobbie Clark	1.00									
Director		Х						0.	0.	0.
(19) Kara Flynn	1.00							_	_	_
Director		Х						0.	0.	0.
(20) Suneetha Kurra	1.00									
Director	1	Х						0.	0.	0.
(21) Toby Uecker	1.00									_
Director		Х						0.	0.	0.
(22) Nick Fischer	1.00									
Director	<u> </u>	Х						0.	0.	0.
(23) Kay Jorgensen	1.00								•	
Ex-Officio Director	1 00	Х						0.	0.	0.
(24) Julie Overgaard	1.00								•	
Ex-Officio Director		Х						0.	0.	0.
								064 504		
1b Subtotal								361,721.	0.	24,617.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								361,721.	0.	0. 24,617.

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

3

			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**

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
Allegiance Fundraising Group		
3064 49th St South, Fargo, ND 58104	Fundraising Services	147,052.
Carl Bloom Associates, Inc		
4 Loop Road, Bedford, NY 10506	Fundraising Services	113,251.

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

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... Contributions, Gifts, Grants and Other Similar Amounts 1a 2,157,013. **b** Membership dues 1b 29,610. c Fundraising events ..... 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 1,948,195. 17,605. g Noncash contributions included in lines 1a-1f 4,134,818. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 205,119. 205,119. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 262,669. assets other than inventory b Less: cost or other basis 7ь 154,847. Other Revenue and sales expenses ..... c Gain or (loss) 7c 107,822. 107,822. 107,822. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ \_\_\_\_ of contributions reported on line 1c). See 8,483. Part IV, line 18 38,620. **b** Less: direct expenses -30,137. -30,137.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d ..... 4,417,622. 0. 0. 282,804. 12 Total revenue. See instructions

Form 990 (2023) Broadcasting
Part IX Statement of Functional Expenses

Jecli	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiste column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,451,625.	1,451,625.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	, - ,	, , , , , ,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	253,855.	91,913.	63,464.	98,478
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	200,000	,	,	
7	Other salaries and wages	846,368.	100,718.	115,888.	629,762
8	Pension plan accruals and contributions (include	-	-	-	
	section 401(k) and 403(b) employer contributions)	54,043.	11,387.	6,426.	36,230
9	Other employee benefits	83,384.	11,387. 10,814.	22,690.	49,880.
10	Payroll taxes	82,288.	14,763.	12,911.	54,614.
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting	93,541.		93,541.	
	Lobbying	31,129.	31,129.		
	Professional fundraising services. See Part IV, line 17	226,079.			226,079
f	Investment management fees	61,709.		61,709.	
g	//r				
_	column (A), amount, list line 11g expenses on Sch O.)	335,948.	287,096.	4,502.	44,350
12	Advertising and promotion	183,625.	141,266.	4,806.	37,553.
13	Office expenses	473,877.	298,415.	16,973.	158,489.
14	Information technology	66,608.	7,806.	9,245.	49,557.
15	Royalties				
16	Occupancy	81,070.	67,840.	5,042.	8,188.
17	Travel	39,220.	4,625.	817.	33,778.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,382.	12,839.	16,785.	26,758.
20	Interest	48,126.	48,126.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	139,964.	93,614.	13,211.	33,139.
23	Insurance	7,399.		7,399.	
24	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 0.)				
а	Fundraising Expenses	109,285.			109,285.
b	Telemarketing	40,464.			40,464.
С	Operating Lease Expense	32,865.		9,367.	23,498.
d	Dues & Subscriptions	11,915.	484.	8,131.	3,300.
е	All other expenses	37,902.		23.	37,879.
25	Total functional expenses. Add lines 1 through 24e	4,848,671.	2,674,460.	472,930.	1,701,281.
26	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 if following SOP 98-2 (ASC 958-720)				-
					Farm 990 (2022

|--|

rait		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
		Chook in Concedure Community a responde of his	o to arr	, mile in the rate X	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			757,433.	2	261,256
	3	Pledges and grants receivable, net		353,482.	3	407,470	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ايو	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>ĕ</b>	9	Prepaid expenses and deferred charges			40,531.	9	20,476
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		877,935. 259,864.			
	b	Less: accumulated depreciation	10b	259,864.	653,406.	10c	618,071 4,007,609
	11	Investments - publicly traded securities			3,689,327.	11	4,007,609
	12	Investments - other securities. See Part IV, line 1	l <b>1</b>			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,534,779.	15	6,427,501
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	11,028,958.	16	11,742,383
	17	Accounts payable and accrued expenses			491,819.	17	152,861
	18	Grants payable				18	
	19	Deferred revenue			75,219.	19	67,744
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or form	ner offic	er, director,			
≝		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
<b>-</b>	23	Secured mortgages and notes payable to unrela	ted thir	d parties	0.	23	270,000.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,671,861.		2,244,339.
_	26	Total liabilities. Add lines 17 through 25			2,238,899.	26	2,734,944.
ا س		Organizations that follow FASB ASC 958, che	ck here	X			
ğ		and complete lines 27, 28, 32, and 33.			4 006 000		4 202 465
<u>aa</u>	27				4,026,238.	27	4,202,465
<u>~</u>	28	Net assets with donor restrictions			4,763,821.	28	4,804,974.
Ĭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
卢		and complete lines 29 through 33.					
ts C	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
	31	Retained earnings, endowment, accumulated in			0 700 050	31	0 007 430
	32	Total net assets or fund balances			8,790,059.	32	9,007,439
	33	Total liabilities and net assets/fund balances .			11,028,958.	33	11,742,383.

# Friends of South Dakota Public

<u>Form</u>	1990 (2023) Broadcasting	<u> 45</u> -	-/3 <u>T</u> U	<u>098</u>	<u>P</u> ag	ge I⊿
Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,84		
3	Revenue less expenses. Subtract line 2 from line 1	3		-43		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,79		
5	Net unrealized gains (losses) on investments	5		64	1,2	<u>96.</u>
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			7,1	<u>33.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		_		_	
	column (B))	10	9	,00	7,4	<u>39.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					٠,,
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X

b 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

Form 990 (2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Friends of South Dakota Public

2023

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

23-7310698 Broadcasting Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

332021 12-21-23

23-7310698 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2809040.	4187156.	5190079.	4372857.	4134818.	20693950.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2809040.	4187156.	5190079.	4372857.	4134818.	20693950.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						20693950.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2809040.	4187156.	5190079.	4372857.	4134818.	20693950.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	106,947.	37,022.	40,389.	166,173.	205,119.	555,650.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	675,685.	39.	235.	33.		675,992.
11	<b>Total support.</b> Add lines 7 through 10						21925592.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						04.20
	Public support percentage for 2023 (I		•	.,,		14	94.38 %
	Public support percentage from 2022					15	90.79 %
16a	33 1/3% support test - 2023. If the o						T
	stop here. The organization qualifies	. ,	•		li 45 i- 00 4/00/		
b	33 1/3% support test - 2022. If the c						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the fact			-		_	
,	meets the facts-and-circumstances te	-				Za and line 15 is	
b	10% -facts-and-circumstances test						10% Of
	more, and if the organization meets the organization meets the facts-and-circu				-		
12	Private foundation. If the organization						H
10	Titale Touridation. If the Organization	and not officer a t	55. 511 iii 16 15, 108	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	, cricon triis box ai		(Form 990) 2023

# Schedule A (Form 990) 2023 Broadcasting Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			f		-04(-)(0)	
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	rcentage				
				l (f)\		45	0/
	Public support percentage for 2023 (I					15	<u>%</u>
16 Sec	Public support percentage from 2022 ction D. Computation of Inves					16	%
				ina 10 anti-man (f)		17	0/
	Investment income percentage for 20	•	_ :				<u>%</u>
	Investment income percentage from					18	% 17 is not
198	33 1/3% support tests - 2023. If the						TOIT 21 15 11 OT
	more than 33 1/3%, check this box ar	•	-				
Ď	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			•		-	
20	i iivate iouiiuatioii. Ii tile organizatio	aid not oneon a	55A 5H III 6 14, 18	a, or roo, cricck t	מווט טטא מווע סכב וווג		·····

23-7310698 Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	-		
	8		
	0-		
	9a		
	0.		
	9b		
	9с		
	10a		
	10b		
ماددا	A /Forn	n 000)	2022

Schedule A (Form 990) 2023

23-7310698 Page 5

Par	Supporting Organizations (continued)			
	_	_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tions	-)	
2	Activities Test. Answer lines 2a and 2b below.	- 1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	,		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>			
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3	,		
		_	_	

# Friends of South Dakota Public

	rrroman or poach panosa rantro		
Schedule A (Form 990) 2023	Broadcasting	23-7310698	Page 6
Part V Type III Non-Function	onally Integrated 509(a)(3) Supporting Organizations		
4 0 11 111		D	

				5
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income	ist complete s	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

## Friends of South Dakota Public

<u>Schedule A (Form 990) 2023</u> <u>Broadcasting</u> 23-7310698 Page 7

COLIC	dale 77 (1 61111 656) 2526				o romoro rager
Paı	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ıed)	
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
<u>b</u>	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

23-7310698 Page 8 Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer identification number** 

Friends of South Dakota Public 23-7310698 Broadcasting Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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
Friends of South Dakota Public
Broadcasting

Employer identification number

23-7310698

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zii + 4	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page 3

Name of organization
Friends of South Dakota Public
Broadcasting

Employer identification number

23-7310698

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page 4

Name of organization Friends of South Dakota Public Employer identification number

# Broadcasting

23-7310698

Use	duplicate copies of Part III if additional s	space is needed.	less for the year. (Enter this info. once.) \$
o. 1 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
o. I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	<del>'t</del>
	Transferee's name, address, a		Relationship of transferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	tt
1			

#### **SCHEDULE C**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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) organizat				
Nam		of South Dakota	Public	Emp	loyer identification number
	Broadca	sting			23-7310698
Pa	rt I-A Complete if the org	janization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures ign activities			S
Pa	rt I-B Complete if the org	janization is exempt unde	r section 501(c)(3)	).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	\$	S
2	Enter the amount of any excise tax	incurred by organization managers	s under section 4955	\$	S
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt unde	r section 501(c), e	except section 501(c	:)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt function	on activities \$	S
2	Enter the amount of the filing organ	ization's funds contributed to other	er organizations for sec	tion 527	
	exempt function activities			\$	S
3	Total exempt function expenditures		,		
	line 17b			\$	S
	Did the filing organization file Form	•			
5	Enter the names, addresses, and er				
	made payments. For each organiza				•
	contributions received that were pro			•	e segregated fund or a
	political action committee (PAC). If	· · · · · · · · · · · · · · · · · · ·	le information in Part IV	/. T	T
	(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

#### Friends of South Dakota Public

Sche	edule C (Form 990) 2023	Broad	castin	g		23-7	7310698 Page <b>2</b>
Pa	rt II-A Complete if the org	janizatio	n is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ection under
	section 501(h)).						
A	Check if the filing organiza	ation belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of exces	ss lobbying e	expenditures).			
В	Check if the filing organiza	ation check	ed box A ar	nd "limited control" pro	visions apply.		
			bying Exper neans amou	nditures ints paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influ	uence pub	lic opinion (g	grassroots lobbying)			
b	Total lobbying expenditures to influ	uence a le	gislative bod	ly (direct lobbying)			
С	Total lobbying expenditures (add li	ines 1a and	d 1b)				
	Other exempt purpose expenditure						
е	Total exempt purpose expenditure	s (add line	s 1c and 1d	)			
	Lobbying nontaxable amount. Enter						
	If the amount on line 1e, column (a) o			bying nontaxable am			
	not over \$500,000,		20% of	the amount on line 1e.			
	over \$500,000 but not over \$1,000	0,000,	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000,	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000,	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,	000.			
g	Grassroots nontaxable amount (en	nter 25% of	f line 1f)		_		
h	Subtract line 1g from line 1a. If zer	o or less, e	enter -0-				
i	Subtract line 1f from line 1c. If zero	o or less, e	nter -0				
j	If there is an amount other than ze	ro on eithe	er line 1h or l	line 1i, did the organiza	ation file Form 4720		
-	reporting section 4911 tax for this	year?					Yes No
	-		4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations t	hat made	a section 50	01(h) election do not l	have to complete all o	of the five columns b	elow.
		Se	e the separa	ate instructions for lir	nes 2a through 2f.)		
		Lob	bying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount						
	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
c	Total lobbying expenditures						

Schedule C (Form 990) 2023

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 Broadcasting 23-7310698 Page 3

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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(k	))
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		405
d	Mailings to members, legislators, or the public?	X			135.
	Publications, or published or broadcast statements?		X	0.0	105
f	Grants to other organizations for lobbying purposes?	X			425.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	37		2,569.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X	2.1	1 2 0
j	Total. Add lines 1c through 1i		37	31	,129.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(	5) or sec	tion	
ı aı	501(c)(6).	11 50 1(0)(	<i>J</i> , 01 360	tion.	
	001(0)(0).			Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		1		110
1	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				
_	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
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).				
а	Current year		2a		
b	Carryover from last year				
С	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditures next year?		4		
_5_	Taxable amount of lobbying and political expenditures. See instructions		5		
Pai	t IV Supplemental Information				
	ide 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
Par	ct II-B, Line 1, Lobbying Activities:				
_				_	
<u>In</u>	FY 2024, Friends of SDPB supported a request submit	ted by	SDPB	ior	
_					
ado	ditional general fund appropriations in support of e	xıstır	ng sta	<u>tt</u>	
sa.	laries to account for salary policy changes in FY 20	24. Fr	riends	sent	
	direct e-mail to members asking for support, and the	CEU a	ıcena	ea two	<u> </u>
<u>1e</u>	gislative meetings to discuss the request.		Cabadu	lo C (Eorm	000) 0000

### Friends of South Dakota Public

#### 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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Friends of South Dakota Public Broadcasting

Employer identification number 23-7310698

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? No 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. b 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 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

#### Friends of South Dakota Public

Broadcasting Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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). Public exhibition Loan or exchange program b Scholarly research Other Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No 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 Yes Nο on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 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 in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 3,689,327. 3,491,182. 2.031.678. 1,463,127 1.040.941. 1a Beginning of year balance ..... 24,310. 10,569. 1,636,481. 360,515 430,800. Contributions 384,972. 187,576. -176,977. 215,118. 30,008. c Net investment earnings, gains, and losses 91,000. 32,500. d Grants or scholarships Other expenditures for facilities and programs 7,082. 6,122. Administrative expenses End of year balance 4,007,609. 3,689,327. 3,491,182. 2,031,678. 1,463,127. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 100 **b** Permanent endowment \_\_\_\_ • 0000 .0000 % 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 Yes No organization by: (i) Unrelated organizations? 3a(i) Х (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 203,040. 811,490. 608,450. c Leasehold improvements

66,445.

Schedule D (Form 990) 2023

9,621.

618,071.

56,824.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

	South Dakota I		
Schedule D (Form 990) 2023 Broadcastin	g	23-	-7310698 Page 3
Part VII Investments - Other Securities	5 000 B 1 11 11 11		
Complete if the organization answered "Yes"	1		
(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)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (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) Beneficial interest in as	sets held by c	community	
(2) foundations		<u>-</u>	4,021,211.
(3) Operating Lease Right of	Use Asset		2,224,256.
(4) Beneficial Interest in Ch		;	182,034.
(5)			•
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	J (R))		6,427,501.
Part X Other Liabilities	( <i>D</i> ))		
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) Operating Lease Liability			2,244,339.
(3)			_,,
(4)			
(5)			
(6)			

2,244,339. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the <u>X</u> 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

(7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,042,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	641,296.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,133.		
е	Add lines 2a through 2d			2e	648,429. 4,394,533.
3	Subtract line 2e from line 1			3	4,394,533.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		61,709. -38,620.		
b	Other (Describe in Part XIII.)	4b	-38,620.		
С	Add lines 4a and 4b			4c	23,089.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	4,417,622.
Par	t XII Reconciliation of Expenses per Audited Financial St		Expenses per F	Returr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total expenses and losses per audited financial statements			1	4,825,582.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		38,620.		
е	Add lines 2a through 2d			2e	38,620. 4,786,962.
3	Subtract line 2e from line 1			3	4,786,962.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,709.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	61,709.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	4,848,671.
	t XIII Supplemental Information	•			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part X	K, line 2; Part XI,
Par	t V, line 4:				
Sup	port great programming at SDPB.				
Par	t X, Line 2:				
The	Organization believes that it has app	ropriate s	support for	any	y tax
pos	itions taken affecting its annual fili	ng require	ements, and	as	such,
doe	s not have any uncertain tax positions	that are	material t	o tł	ne
fin	ancial statements. The Organization wo	uld recogn	nize future	aco	crued
<u>in</u> t	erest and penalties related to unrecog	nized tax	benefits a	nd	
lia	bilities in income tax expense if such	interest	and penalt	ies	are
	urred.				

Schedule D (Form 990) 2023 Broadcasting	23-7310698 Page 5
Dart VIII Supplemental Information	23 7310030 Page <b>5</b>
Part Ain Supplemental information (continued)	
Part XI, Line 2d - Other Adjustments:	
rait XI, hine Zu - Other Adjustments:	
Change in Deneficial Interest in Manual	7 122
Change in Beneficial Interest in Trust	7,133.
Part XI, Line 4b - Other Adjustments:	
Fundraising expenses	-38,620.
Part XII, Line 2d - Other Adjustments:	
rate MII, line la other majabements.	
Fundraising expenses	38,620.
rundraising expenses	30,020.

#### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Friends of South Dakota Public Broadcasting Employer identification number 23-7310698

	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual organization has been provided in the provided i</li></ul>	e X Solicita f Solicita g X Specia  or oral agreement with any individual art VII) or entity in connection with p	ation of ation of I fundra I (include professi	non-g gover ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<del></del>
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Louis Kennedy Associates -	Consultant - Membership -	Yes	No			
1800 S Macadam Ave Ste 120,	Renewal mail / Sustainer		Х	317,464.	19,690.	297,774.
Carl Bloom Associates, Inc -						
Loop Road, Bedford, NY	Consultant - Membership		Х	265,934.	206,389.	59,545.
Allegiance Fundraising Group - 3064 49th St South, Fargo,	Consultant - Membership		х	0.	31,243.	0.
Total				583,398.	257,322.	357,319.
3 List all states in which the organization or licensing. AL,AK,AZ,AR,CA,CO,CT,I	on is registered or licensed to solicit	contrib	A,K	or has been notified	it is exempt from red	gistration MN , MS , MO

Schedule G (Form 990) 2023

Part II Fundraising Events.

23-7310698 Page 2

						ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Cheers SD!			col. (c))
ē			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	33,760.			33,760.
	2	Less: Contributions	29,610.			29,610.
	3	Gross income (line 1 minus line 2)	4,150.			4,150.
	4	Cash prizes				
ω		Noncash prizes				
Direct Expenses	6	Rent/facility costs	4,460.			4,460.
rect E	7	Food and beverages	5,360.			5,360.
		Entertainment				
	9	Other direct expenses				71.
	10	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	· /			9,891.
	11					-5,741.
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
$\neg$		\$15,000 on Form 990-EZ, line 6a.	1	a > Dull take for take		(n = 1   1   1   1   1
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				biligo/progressive bilige		oon (a) through oon (c)
æ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
뒿						
Dire	4	Rent/facility costs				
Dire		Rent/facility costs  Other direct expenses				
Dire	5			Yes%	Yes% No	
Dire	5 6	Other direct expenses	Yes%  No		No No	
Dire	5 6 7	Other direct expenses  Volunteer labor	Yes% No h 5 in column (d)	No No	No	
Dire	5 6 7	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d)	No No	No	
9	5 6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conditions.	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:	No No	No	
9 a	5 6 7 8 Entries	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ictivities in each of these s	No states?	No	
9 a	5 6 7 8 Entries	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conditions.	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ictivities in each of these s	No states?	No	
9 a	5 6 7 8 Entries	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ictivities in each of these s	No states?	No	
9 a b	5 6 7 8 En 1 Is t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line in the state (s) in which the organization conduct the organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses in the organization licenses in the organization is gaming licenses in the organization in the organization's gaming licenses in the organization is gaming licenses in the organization in the organization is gaming licenses in the organization is gaming licenses.	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ictivities in each of these s	No states?	No	Yes No
9 a b	5 6 7 8 En 1 Is t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line in the state(s) in which the organization conduct the organization licensed to conduct gaming a lino," explain:  ere any of the organization's gaming licenses refers, explain:	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: ictivities in each of these s	states?	No	Yes No

Schedule G (Form 990) 2023 Broadcasting	23-7310698 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the	amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
Audie55	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper organization's own exempt activities during the tax year \$	it iii tile
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III. lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(-),,
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundra	aisers:
(i) Name of Fundraiser: Louis Kennedy Associates	
11/ Name of Fundament: Bould Remiedy Abboelaceb	
(i) Address of Fundraiser: 4800 S Macadam Ave Ste 120, Port	land, OR 97239
(ii) Activity: Consultant - Membership - Renewal mail / Sust	tainer and Mid-L
(i) Name of Fundraiser: Carl Bloom Associates, Inc	
(i) Address of Fundraiser: 4 Loop Road, Bedford, NY 10506	
(i) Address of Fundraiser: 4 Loop Road, Bedford, NY 10506	

Schedule G (Form 990) Broadcasting	23-7310698	Page 4
Part IV Supplemental Information (continued)		Ĭ
(i) Name of Fundraiser: Allegiance Fundraising Group		
(i) Address of Fundraiser: 3064 49th St South, Fargo, ND	58104	
Part I, Line 2b, Column (v):		
Expenses paid to Allegiance Fundraising Group are included	on Line 24	
Fundraising Expenses on Form 990, Part IX as these were pa	yments for	
software and not fundraising services.		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Part I

# 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.

2023 Open to Public Inspection

OMB No. 1545-0047

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

Vermillion, SD 57069 Activities Association - PO South Dakota High School South Dakota Public Broadcasting 1217 - Pierre, SD 57501 Name of the organization 1 (a) Name and address of organization Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? 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 General Information on Grants and Assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. or government Friends of South Dakota Public Broadcasting Box 46-0226282 Government 46-6000364 Government **(b)** EIN (c) IRC section (if applicable) (d) Amount of cash grant 1,350,000 101,625 (e) Amount of noncash assistance 0 0 **(f)** Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance Employer identification number Programming Programming (h) Purpose of grant or assistance X Yes 23-7310698 S S

PO Box 5000

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

Schedule I (Form 990) 2023

ων

Page 2

Friends of South Dakota Public

Schedule | (Form 990) 2023 Broadcasting

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.				9	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part I I in a 2:	lired in Part ا, line الم	2; Part III, column	(b); and any other ad	Iditional information.	
ntract is completed with the	SDHSAA on	an annual	basis which	h determines	
of	SDPB	prepares an	annual budget	get in	
coordination with the Friends Board	0f	Directors, SDPB	PB leadership,	ip, and	
Educational Telecommunications Board	to	identify needs	for the	upcoming	
year and grant assistance.					
Part II					
The organization provides direct and indirect assistance to South	ıd indire	ct assista	ance to Sou	th	

Part IV Supplemental Information
Dakota Public Broadcasting (SDPB) through cash contributions and
expenses incurred by Friends of SDPB for the benefit of SDPB. All
amounts in Form 990, Part IX, Column B represent assistance, whether
direct or indirect, provided for the benefit of SDPB. Only the cash
grants rise to the level of being reported on Schedule I.

#### SCHEDULE O (Form 990)

#### 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 for the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Friends of South Dakota Public Broadcasting

Employer identification number 23-7310698

Form 990, Part I, Line 1, Description of Organization Mission:
members, donors and corporate partners.

Form 990, Part III, Line 4a, Program Service Accomplishments:

South Dakotans to Amber Alerts, Blue Alerts and Silver Alerts, and in the event of natural or man-made disasters. It is also the statewide source for all-ages programming about the living culture, history, and current issues of the Oceti Sakowin, comprised of South Dakota's nine Native American Tribes.

Form 990, Part VI, Section A, line 1a:

The Executive Committee shall consist of the Officers, and the executive director of South Dakota Public Broadcasting. It shall meet as necessary to carry out its duties. The Executive Committee shall act in place of the Board in between regular Board meetings, when immediate action is required, and shall report on any action taken at the next Board meeting. When a decision can be deferred until the next Board meeting, the Executive Committee will not act on the matter.

Form 990, Part VI, Section B, line 11b:

The Executive Director will review the return prior to its filing. The Board will receive a copy of the return prior to filing.

Form 990, Part VI, Section B, Line 15a:

The Board President and SDPB Executive Director determine compensation for the Friends of SDPB CEO and make a recommendation to Friends of SDPB

Schedule O (Form 990) 2023 Page 2 Name of the organization Friends of South Dakota Public **Employer identification number** Broadcasting 23-7310698 Executive Board. The Friends of SDPB Executive Board and CEO make decisions on all other staff of the organization. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AL,AR,CA,IL,KS,KY,MD,MA,MI,MN,NH,NC,PA,RI,SC,VA,WV,WI,FL,ND,UT,OR,GA,HI,MS NJ,NM,NY,TN Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy, and financial statements available upon request and on the organization's website. Form 990, Part XI, line 9, Changes in Net Assets: Change in Beneficial Interest in Charitable Trust 7,133.