₹, Forn	,		of Organization Exen				OMB No 1545-0047 2019
-	January ≹020) tme≌t of the Treasur	▶ Do not e	nter social security numbers on th	is form as it may be	made public. \	1917.	Open(to)Publication
Intern	al Revenue Service	<del></del>	www.irs.gov/Form990 for instructi			1111	Inspection
		endar year, or tax year beginning  Name of organization	09/01/19 , and endir	ng 12/31/	19	D Employer	Identification number
	heck if applicable		a nanto atmu			B Employer	densitivation namber
^^	Address change		E RAPID CITY			1 46-01	L18545
□ N	lame change	Doing business as  Number and street (or P O box if mail is not of	delivered to street address)	<del>-</del>	Room/suite	E Telephone	
	nitial return	PO BOX 747	,			605-3	343-1744
٦Ę	inal return/	City or town, state or province, country, and Z	IP or foreign postal code				· · · · · ·
	erminated	RAPID CITY	SD 57709-0747			G Gross recei	pts \$ 4,849,822
^^	mended return	Name and address of principal officer	<del></del>				
	Application pending	TOM JOHNSON			H(a) Is this a gr	oup return for sub	ordinates? Yes No
		PO BOX 747		_	H(b) Are all sub	oordinates includ	ed? Yes No
1		RAPID CITY	SD 57709	$\wedge \mathcal{O}$	If "No	," attach a list (s	ee instructions)
/ <del>_</del>	Tax-exempt status	501(c)(3) X 501(c) ( 6	) <b>(</b> insert no ) 4947(a)(1) or	,527			
		W.ELEVATERAPIDCIT			H(c) Group exe	emption number	<b>.</b>
<i>y</i> —	Form of organization	X Corporation Trust Associa		1 L Y	ear of formation 1	.885	M State of legal domicile SD
	manufiletti milimitei	nmary					
pr. 1 to -tax		cribe the organization's mission or m	ost significant activities				<u>.</u>
$\mathbf{z}$	•	N BUSINESS INTEREST (					
	331						
na,							
Revenue & GANNELINITIES & Governance	2 Check thi	hov	ntinued its operations or disposed	of more than 25%	of its net asset	s	
ြုပို့ရ	A N		adu (Dad VIII lana da) / Di	-	0. 10 110. 0000.	3	34
<90 50	4 Number of	independent voting members of the	governing hody (Party) line th	CEIVE		4	32
Ei.	5 Total num	or of industrials amployed in calend	lar year 2019 (Part (Pine 2a)	D T		5	13
武	5 Total num	voting members of the governing of independent voting members of the ier of individuals employed in calend ier of volunteers (estimate if necession ated business revenue from Part VII	and year 2019 (I arty Chine 24/UG	^	. /	6	400
Z	70 Total non	ated business revenue from Part VII	L column (C) line 12	2 2021 /8	၁/	7a	0
3		ed business taxable income from Fo	1 11-	0 2 2021	5/	7b	0
3	b Net unier	ed business taxable income from FC	5/11/ 990-1, line 39	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Ye		Current Year
<b>(9)</b>	8 Contributi	ns and grants (Part VIII, line 1h)		· 01	2,63	3,985	4,396,246
- J		ervice revenue (Part VIII, line 2g)			92	9,276	217,353
ē.	•	income (Part VIII, column (A), lines	3. 4. and 7d)	Ī		1,534	59,118
8		nue (Part VIII, column (A), lines 5, 6	<u>-</u>		7	9,529	177,105
1		ue - add lines 8 through 11 (must e		, [	3,64	4,324	4,849,822
	•	sımılar amounts paid (Part IX, colur			•		251,500
		id to or for members (Part IX, colum		Ī			0
		her compensation, employee benefi		o) [	57	7,747	391,731
ses	16a Professio	al fundraising feesi (Pait (X) column (	กษากร (A)idine 11e)	·			0
Expenses		aising expenses (Part IX column (D		o			
Ä		nses (Part IX, column (A), lines 11a		Ĭ	69	5,234	834,820
		nses Add lines 13+17 (must equal f				2,981	1,478,051
		ess expenses Subtract line 18 from		ì		1,343	3,371,771
es o	10 IVCACING	SS Experiess Sabilate into 10 inditi	<u> </u>		Beginning of Cu	rrent Year	End of Year
Assets or d Balances	20 Total ass	s (Part X, line 16) Odden, UT			8,18	9,416	10,309,870
Ass		ies (Part X, line 26)	هد م		36	7,078	411,428
Net A Fund		or fund balances Subtract line 21 fr	om line 20	<u>[</u>	7,82	2,338	9,898,442
		nature Block					
		rjury, I declare that I have examined this	s return, including accompanying sch	nedules and statemer	nts, and to the be	st of my know	rledge and belief, it is
tru	e, correct, and co	plete Declaration of preparer (other the	an officer) is based on all information	of which preparer ha	as any knowledge	e	
		Tom John					
Sig	n   🗗 🕏	nature of officer	<del>"-</del>			Date	1/1 20
Her		TOM JOHNSON		PRESI	DENT/CEC	) <i>(</i>	1.6.20
		e or print name and title			<u>.</u>	<del>-</del> -	· ·
		reparer's name	Breparer's signature		Date	Check	If PTIN
Paid	.   "	AUN, CPA	y W		11/3	self-emp	loyed P01245137
	parer Firm's nar	. PEMET MUODO	TENSON, LLP	<del></del>	<del></del>	Pirm's EIN	46-0257538
•	Only	PO BOX 3140					
	- 1	. DADID CIMV	SD 57709-3140		Ι.	Phone no	605-342-5630
May	the IRS discuss	this return with the preparer shown a				. ,10110 110	X Yes No
		tion Act Notice, see the separate inst			(2)		Form <b>990</b> (2019)
		oparet in the second sec					(2017)

For Paperwork Reduction Act Notice, see the separate instructions. DAA

BCPFJO

Part IV	of Required	

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	le the assessment required to complete Schodule P. Schodule of Contributors (see instructions)?

- 2 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
- 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
- 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - 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
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	Yes	No
		x
2	x	
3_	X	
4		
5	x	
6		x
7		x
8		<u> </u>
9		<u>x</u>
10		x
11a	x	
11b		x
11c		x
11d		X
11e		
11f		<u>x</u>
12a		_ <b>x</b> _
12b		X
13 14a	-	X
14a		
14b		X_
15		<u> </u>
16		X
17	_	<u>x</u>
18		x
19		x
20a		X
20b		
21	x	
		<b>)</b> (2019)
		-

MP.	artilVi Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	_	Yes	No.
	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	\ <u></u>	1	+
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	1
24a				$\top$
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	İ	1	ļ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	i		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	ļ
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 pnor Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1	ļ	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	]		}
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	persons? If "Yes," complete Schedule L, Part III	27	10025000000	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	1
	conservation 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,"		1	l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	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)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>↓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ł
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<del> </del>
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Maid 40	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		
_	Fundamental B. 0.45. (025. 1.1.)	CHOM (Hand	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 9  1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	I	1

<b>P</b>	Statements Regarding Other IRS Filings and Tax Compliance (continued)		, —	
2-	Fig. 11. 12. 12. 13. 14. 15. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		Yes	No
2a		13		
_	Statements, filed for the calendar year ending with or within the year covered by this return  2a			
b	· · · · · · · · · · · · · · · · · · ·		X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			A PROGRAMMA
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	$\vdash$	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	<u>3b</u>	-	├
4a				
_	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a	A DOMESTIC ON ANY	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 (Fig. 1)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		├
6a	, , , , , , , , , , , , , , , , , , ,			۱
	organization solicit any contributions that were not tax deductible as chantable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ish.6.allinii?
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?	<u>7a</u>		<b></b>
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		<b>_</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Hartifficati	UBS 1788 HURSH
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├—
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	orm 1098-C? 7h		
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?	<b>. 8</b>		
9	Sponsoring organizations maintaining donor advised funds.	lister the state of the state o		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b></b> -
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	9b	704144	
	1 1			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	20022300	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		AHIIN HE SHARE
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans  13b			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	anian anii d	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ <del></del> -
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · ·		
	excess parachute payment(s) during the year?	15	] ]	x
	If "Yes," see instructions and file Form 4720, Schedule N			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		- India and the second	and the same	- m- marginal

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Form 990 (2019). ELEVATE RAPID CITY Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management				1	<del></del>
		1 4- 1	34		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	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.	46	32			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					X
_	any other officer, director, trustee, or key employee?			2		_
3	Did the organization delegate control over management duties customanly performed by or under the direct			,		x
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3 4	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6	х	_
6	Did the organization have members or stockholders?			<u>•</u>		<del></del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					x
	one or more members of the governing body?			7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7.		x
_	stockholders, or persons other than the governing body?	4h a £a		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year because of the contemporaneously document the meetings held or written actions undertaken during the year because of the contemporare	y the to	nowing		X	
a	The governing body?			8a 8b	X	<del>                                     </del>
ь	Each committee with authority to act on behalf of the governing body?			80	_	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			وا	ľ	x
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Inter	nal Re	avenue		<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the inter	iiai ixe	- Veriue	- Code.)	Yes	No
40-	Did the executivation have lead shorters, branches, or officiates?			10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?			100		<del></del>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	form?		11a	-	x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	HOIMIT				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	conflict	102	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COMMIC	is r	120		$\vdash$
С	describe in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
	Did the organization have a written document retention and destruction policy?			14	X	<u> </u>
14 15	Did the process for determining compensation of the following persons include a review and approval by					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
a b	Other officers or key employees of the organization			15b	X	<b></b>
Ü	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
100	with a taxable entity during the year?			16a	Thurstoner.	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b	STATE OF THE PARTY	MILITER COM
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE		-			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990, and 990-T (Section 6104 or 1024-A, if applicable), 990-T (Section 6104 or 1024-A, if	on 501(	(c)			
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(	•			
	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	and			
. •	financial statements available to the public during the tax year.		-			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>•</b>				
	OM JOHNSON PO BOX 747	-				
	APID CITY SD 5770	9		605-34	3-1	744

\_	10,								
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated	<b>Employees</b>	, and
• •	Independent C	ontractors							

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

Section A.	. Officers, Directors	. Trustees, Ke	v Employees	and Highest Com	pensated Emp	loyee

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	rson i	than o is both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) LINDA RABE		1								-	
	40.00								_		
PRES/CEO	0.00	ļ	_				X	126,839	0	21,564	
(2) TOM JOHNSON		1									
	40.00	l									
PRESIDENT/CEO	0.00	X		X	_	ļ		83,200	0	2,175	
(3) JEFF HAVERLY		l									
	40.00	l		l						_	
INTERIM PRESIDENT	0.00	X	_	X	<u> </u>	_	<u> </u>	59,615	0	0	
(4) STEVE ALLENDER											
	1.00								^	_	
DIRECTOR	0.00	X	_	├—	-	-	_	0	0	<u> </u>	
(5) CALEB ARCENEAUX	1						l				
	1.00							o	0	o	
DIRECTOR  (6) DR BRADLEY ARCHE	0.00	X			-	╁	<del> </del>	0		0	
(6) DR BRADLEI ARCHE	1.00										
DIDECTOR	0.00	x						o	0	o	
OTENNIFER BALOUN	0.00	1	-		$\vdash$	$\vdash$					
(/) JENNIFER BALOUN	1.00										
DIDECMOD	0.00	x						o	0	o	
DIRECTOR (8) SCOTT BARBOUR	0.00	╇			┝	<u> </u>					
(8) SCOII BARBOOK	1.00										
TREASURER	0.00	x		x	İ			o	0	o	
(9) ANDREW BARTLING	0.00	1			$\vdash$	t -	$\vdash$				
(9) FAIDREW BRAILING	1.00										
DIRECTOR	0.00	x						l o	0	О	
(10) DARA BOROWSKI	0.00	+		_			$\vdash$				
(10) Dinate Boltowski	40.00						l				
FINANCE DIRECTOR	0.00	x		İ	ļ	1		o	0	o	
(11) HUGH BOYLE	<u> </u>	†==	$\vdash$		<u> </u>						
(,	1.00			1							
VICE CHAIR	0.00	x		x				ĺ	0	o	

Part VII Section A. Officers,	Directors, Tru	stee	s, Ke	y E	mplo	yees	, an	d Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ai officer and a director/trustee		an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
•	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) SHANNON BRINK	ER				T					
DIRECTOR	1.00 0.00	x						0	0	0
(13) JEFF CARSRUD	1.00	x						0	0	0
DIRECTOR (14) KEVIN DIETZ	0.00	^			├					
(14) KHVIN BIBIB	1.00									
DIRECTOR	0.00	x						0	0	0
(15) COLONEL DAVID										-
	1.00				1					•
DIRECTOR	0.00	X	_	_	ļ	_		0	0	0
(16) GARY DREWES	1.00	1	Ì							
DIRECTOR	0.00	x		l				o	o	0
(17) BLAISE EMERSO				<u> </u>						
	1.00	l								
DIRECTOR	0.00	X	lacksquare					0	0	0
(18) JOSH FARLEY	1 00			ŀ						
DIDECHOD	1.00 0.00	x						o	o	0
DIRECTOR (19) JON GILLAM	0.00	┢弃	$\vdash$		-					
(13) 0011 011111	1.00									
DIRECTOR	0.00	x						0	0	0
1b Subtotal							<b></b>	269,654		23,739
c Total from continuation shee	ts to Part VII, S	ectio	on A				<b>&gt;</b>	060 654		02 720
d Total (add lines 1b and 1c)  Total number of individuals (inc	li dina bi i mat lim	tod	to th		linto	dobo	<u>▶</u>	269,654		23,739
reportable compensation from t	he organization	ea	1	use	iistet	J auc	ve)	who received more than \$10	00,000 01	
3 Did the organization list any for	mer officer, dire	ctor,						or highest compensated		Yes No
employee on line 1a? If "Yes," of For any individual listed on line organization and related organization	1a, is the sum of	f rep	ortab	le co	ompe	ensat	on a		n the	
<ul> <li>individual</li> <li>Did any person listed on line 1a for services rendered to the org</li> </ul>									lividual	4 X 5 X
Section B. Independent Contractor		<u> </u>	<u> Unipi</u>	010 1	30,70	0010	0 101	Such person	<del>-</del> , -	
Complete this table for your five compensation from the organization.	highest comper									
	(A) business address	про	ioun	,,,,,		Cuit	100		(B) tion of services	(C) Compensation
Name and	DUSINESS AUDIESS							Безатр	ion or services	Compensation
<del></del>							-			
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							_			
					_					
							L			шистина «Епециання в «Епециання в «Епециання в «Епециання в «Епециання в «Епециання в «Епециання в «Епециання в
2 Total number of independent co								listed above) who	0	

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(25) KEVIN MAHER 1.00	Part VIII Section A. Officers	, Directors, Tru	stee	s, K	y E	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)	<del> </del>
Compensation   Comp	• •								,		
Canal   Cana	Name and title		,	(do not check more than one							
Care   Process   Care   Process   Care   Process   Care   Process   Care   Process   Care	•	per week		•			from the	from related	compensation		
(20) JIM HAAR  1.00 X X X O O O O O O O O O O O O O O O O	•		<b>—</b>	т=		_					
Compensation   Comp		I	8 8	ᄩ	E S	ey e	鬱	) me			related organizations
Compensation   Comp			of the	tona		nplo	88	=			
Compensation   Comp		dotted line)	- aste	T tous	ĺ	8	npen				
VICE PRESIDENT 0.00 X X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			*	8	1	l	saled.				
VICE PRESIDENT  (21) DEBRA JENSEN  1,00  DIRECTOR  0,00 X  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(20) JIM HAAR										
Carried National Contractors   Complete Schedule   Description   Complet										_	_
DIRECTOR		0.00	X		X	<u> </u>			0	0	0
DIRECTOR  (22) JULIE JENSEN  1.00  DIRECTOR  0.00 X  0  0  0  0  0  0  0  0  0  0  0  0  0	(21) DEBRA JENSEN										
Total number of independent contractors (including but not limited to those listed above) who   Total number of independent contractors (including but not limited to those listed above) who   Total number of independent contractors (including but not limited to those listed above) who   Total number of independent contractors (including but not limited to those listed above) who   Total number of independent contractors (including but not limited to those listed above) who   Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organizations greater than \$150,000 of reportable compensation from the organizations greater than \$150,000 of reportable compensation from the organizations greater than \$150,000 of reportable compensation from the organizations greater than \$150,000 of reportable compensation from the organizations greater than \$150,000 of reportable compensation from the organizations greater than \$150,000 of reportable compensation from the organization fluid plants of the pla				ł	1	l					
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0.00	X	<u> </u>		<u> </u>					
Case   Case	(22) JULIE JENSEN	1 00		İ							
Case   Case	DIRECTOR		, v	1					_	n	۱ ،
DIRECTOR   1.00   X   0   0   0   0   0   0   0   0			1	╁	$\vdash$	┢	$\vdash$	├─	<del></del>		<u>_</u>
Carried Compensation   Compensati	(23) VESIA WELLS C	1		ļ	]	ļ		]	}		
Case   Case	DIRECTOR		x						0	o	o
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<del></del>	0.00	<del>  •</del>		$\vdash$	┢	<del>                                     </del>				
DIRECTOR  1.00  0.00 X  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(= 3, 0120 200	1.00									
C25   KEVIN MAHER	DIRECTOR		X						0	o	0
DIRECTOR  0.00 X  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(25) KEVIN MAHER										
Compensation from the organization B.   Compensation from the organization from the organization B.   Compensation B.   Comp		1.00	ł	ł	l		1				
DIRECTOR    1.00	DIRECTOR	0.00	X						0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(26) MAJ GEN JEFFE	1	TI	E							
DIRECTOR										_	
DIRECTOR  1.00		0.00	X			_			0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(27) MAX PATNOE		ļ		ļ						
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 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 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 midwidual 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 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization? tax year (A) Name and business address (C) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who											•
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a² // "Yes," complete Schedule J for such individual  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° // "Yes," complete Schedule J for such individual  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 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (C)  Name and business address  Complete Schedule J for such person  5 Description of services  Compensation  Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (C)  Compensation from the organization from the organization or individual feet organization and other compensation from the organization and other compensation from the organization and other compensation from the organization and other compensation or individual for such and other compensation or individual for such and other compensation or individual for such and other compensation or individual for such and other compensation from the organization and other compensation or individual for such and other compensation from the organization and other compensation from the organization and other compensation from the organization and other compensation from the	<del></del>	0.00	X		L.,	L			0		0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶    Ves   No		4- 4- D43/II O	4! -								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes No  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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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  Total number of independent contractors (including but not limited to those listed above) who		ts to Part VII, S	ectic	on A							
reportable compensation from the organization   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  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  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  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		luding but not lig	nted	to th	ose l	ister	1 aho	ve)	who received more than \$10	00 000 of	
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 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 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  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (B) (C)  Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	•	•							Will received more than \$7		
amployee on line 1a? If "Yes," complete Schedule J for such individual  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  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  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  (B)  Name and business address  Compensation  Total number of independent contractors (including but not limited to those listed above) who	2 Did the agreement on list one form		-1	<b></b>	aa 1				er highest componented		answere and an arrangement of the arrangement of
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  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 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who									, or nighest compensated		3
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  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on line	1a, is the sum of	f rep	ortab	le co	mpe	ensati	ion a		m the	
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  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  Name and business address  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who		zations greater ti	han S	150	000	? If "	Yes,"	' con	mplete Schedule J for such		
for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who		receive or accru	ie co	mpe	nsatı	on fr	rom a	nv ı	unrelated organization or ind	lividual	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who				•				•	_		5
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	Section B. Independent Contractor	'S									
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your five	highest comper	nsate	ed inc	lepe	nder	t cor	ntrac ndar	tors that received more that	n \$100,000 of he organization's tax year	
2 Total number of independent contractors (including but not limited to those listed above) who			iipei		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>ou.c.</del>	1	Description of the control of the co	(B)	(C)
	Name and	Dusiness address				_		┢	Безаф	UI SELVICES	Compensation
								$\vdash$			
											3
											Ĭ.
									listed above) who		

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Part VII Section A. Officers	Directors, Tru	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson ı	than o s both r/truste	Reportable Reportable compensation compensation from the from		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
. •	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(28) SARAH PIERCE	1.00									
DIRECTOR	0.00	x						0	0	0
(29) DR JIM RANKIN	1.00	.,							0	0
(30) TIFFANI ROBER	0.00 TSON	X	<del> </del>					0		<u>_</u>
(00)	1.00									_
DIRECTOR	0.00	X			_			0	0	0
(31) ANJELICA SASS	1.00									
DIRECTOR	0.00	x		l				0	0	0
(32) DR LORI SIMON										
DIDECMOD	1.00	x						0	o	o
DIRECTOR (33) DR. HELEN USE		^		-	-				•	<u> </u>
, ,	1.00								_	
DIRECTOR	0.00	X		_	_	-		0	0	0
(34) LINDA LEA VIK	1.00									
DIRECTOR	0.00	x				l		0	0	0
(35) TALBOT WIECZO	1.00									
DIRECTOR  1b Subtotal	0.00	X	L	<u> </u>				0	0	0
c Total from continuation shee	ets to Part VII, S	ectio	on A				•			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (increportable compensation from the compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 of	
3 Did the organization list any for	mer officer, dire	ctor,						, or highest compensated		Yes No
employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organi	1a, is the sum o	f rep	ortab	le co	mpe	ensat	ion a		m the	4
<ul> <li>individual</li> <li>Did any person listed on line 1a for services rendered to the org</li> </ul>									dividual	5
Section B. Independent Contractor								· · · · · · · · · · · · · · · · · · ·		
<ol> <li>Complete this table for your five compensation from the organiz</li> </ol>										
	(A) business address								(B) tion of services	(C) Compensation
									· · · ·	
						•				
			•							)
										, t
2 Total number of independent or received more than \$100,000 or								listed above) who		

Pa	rt V	III Stateme	e <b>nt o</b> f Sche	<b>f Revenue</b> edule O conta	ains a	a respor	se or note	to any line	in thi	s Part VIII		
_		•						(A) Total revenu		(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under
					•			G/L S. 173 Tr. 1141 1171 1171 1171	-iann-usi <del>an</del> -i	TUNCTION TOVERIDE	business revenue	sections 512-514
ま	1a	Federated campa	aigns		1a							
유민		Membership due			1b_							
Ęţ.		Fundraising ever			1c	-						
<u>i</u>		Related organiza		-41	1d 1e	<del>                                     </del>	<del></del> -					
Sir	e f	e Government grants (contributions) 1e  f All other contributions, grits, grants,										
F E	•	and similar amounts no			1f	4	,396,246					
	g	Noncash contributions	included	ın lınes 1a-1f	1g	1	, ,					
Contributions, Gifts, Grants and Other Similar Amounts	h						<b>&gt;</b>	4,396	,246			
		·					Business Code					
<u>بر</u>	2a	PROJECTS					900099					
e Zi	b	MEMBERSHIP	DUES	ł			900099	89	,578	89,578		
E E	C											
Program Service Revenue	d							_		<u> </u>	<u> </u>	
٦	e	All other program		oo royonyo								
	a	Total. Add lines		ce revenue			<b></b>	217	353			
	3	Investment incom		duding dividends	, intere	est, and					(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	
		other similar amounts)			•	·	•	59	,118			59,118
	4			•								
ļ	5	Royalties		_		т	<u> </u>		an an an an an			
		-		(i) Real		(11)	Personal					
	6a	Gross rents	6a									
	b	Less rental expenses	6b									
	d	Rental inc or (loss)  Net rental income	6c	) (CC)		L						
	7a	Gross amount from	01 (10	(i) Secunties		(12	) Other					
		sales of assets other than inventory	7a				·					
힐	b	Less cost or other										
e l		basis and sales exps	7b									
ther Revenue	C	Gain or (loss)	7c	<u>.</u>		<u> </u>						
her		Net gain or (loss)					<u> </u>					
ᅙ	8a	Gross income from	tundrai	sing events								
		(not including \$ of contributions rep	orted o	n line 1c)								
		See Part IV, line 18		rime roj	8a							
ŀ	b	Less direct expe			8b							
	C	Net income or (lo	ss) fro	om fundraising e	vents		<b>&gt;</b>					
	9a	Gross income from		activities.		]						
l		See Part IV, line 19			9a	ļ						
İ	b	Less direct expe			9b							
ľ	C 40-	Net income or (to	-		ties	1	<u> </u>					
	ıua	0a Gross sales of inventory, less returns and allowances 10a										
	b	Less cost of goo			10b	<del></del>	<del></del>					
		Net income or (lo				1	<b>•</b>	Samudinanininining damang da Paranin	***************************************	anace ammunumentation (unionistismeetii)	<u>тикана контивониот на начавания кон</u>	HIGH SAME DISTRICTION OF THE S
<u></u>			,				Business Code	111100000000000000000000000000000000000			ale to the near the second of	
Miscellaneous Revenue	11a	MISC INCOM	E - C	HAMBER			900099		_	135,422		
lan	b	MISC INCOM	E - E	LEVATE			900099	41	, 683	41,683		
Rev	С						<u> </u>					<del>_</del>
Ë		All other revenue		4.4				177	105			
		Total revenue					<u> </u>	4,849	,105 822			59,118
	<u> 12 </u>	Total revenue.	266 IIIS	SILUCTIONS				-,0-3			<u> </u>	

Part X Statement of Functional Expenses

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	Statement of Functional Expenses								
Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)  Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising				
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations	250 000	250,000						
_	and domestic governments See Part IV, line 21	250,000	230,000						
2	Grants and other assistance to domestic	1 500	1 500						
_	individuals See Part IV, line 22	1,500	1,500						
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,	121 020	20 152	111 606					
_	trustees, and key employees	131,839	20,153	111,686	<del></del>				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	50 663	17 500	41 064	}				
_	persons described in section 4958(c)(3)(B)	58,663	17,599	41,064					
7	Other salaries and wages	134,211	68,678	65,533	<del>                                     </del>				
8	Pension plan accruals and contributions (include	14 600	4 006	0 674					
_	section 401(k) and 403(b) employer contributions)	14,600	4,926		<del> </del>				
9	Other employee benefits	21,181	7,607	13,574					
10	Payroll taxes	31,237	10,308	20,929					
11	Fees for services (nonemployees)								
a	Management		<del></del>	<del>-</del>	<del></del>				
b	Legal	15 F16	E 100	10 206					
C	Accounting	15,516	5,120	10,396					
ď	Lobbying	50,000	50,000						
e	Professional fundraising services See Part IV, line 17								
T	Investment management fees	<u> </u>			<u> </u>				
g	Other (If line 11g amount exceeds 10% of line 25, column	00 000	22 006	66,992					
40	(A) amount, list line 11g expenses on Schedule O)	99,988 143,646	32,996 47,403	96,243					
	Advertising and promotion	29,700	9,770	19,930					
13	Office expenses	29,700	9,110	19,930					
14	Information technology								
15	Royalties	13,164	4,344	8,820					
16	Occupancy	3,525	1,163	2,362					
17	Travel	3,323	1,103	2,302					
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	23,594	21,250	2,344					
19 20	Interest	82,491	82,491	2,344					
21	Payments to affiliates	02,491	<u> </u>						
22	Depreciation, depletion, and amortization	8,189	2,702	5,487					
23	Insurance	2,740	904	1,836					
23 24	Other expenses Itemize expenses not covered								
24	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	BAD DEBT	302,266	aman kundi kundi kandaran karana kandi da kandi da kandi da kandi da kandi da kandi da kandi da kandi da kandi	302,266	entrin, illi ota tasti maga ingga nating illiga illiga ist ga ga ga ga ga ga ga ga ga ga ga ga ga				
a b	PROJECT COSTS	35,641	11,762	23,879	<del></del>				
	MISCELLANEOUS	23,220	7,663	15,557					
d	TRAINING	1,140	376	764					
_	All other expenses	1,140	3,0	, 53					
e 25	•	1,478,051	658,715	819,336	0				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	x, 410, UJI	030,713	019,330	<del></del>				
20	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)				- 000				

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Form 990 (2019). PartX **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 760,309 1,788,671 Cash-non-interest-bearing 52,809 2 910,388 Savings and temporary cash investments 3 Pledges and grants receivable, net 6,918,896 6,065,700 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 1,297,910 Notes and loans receivable, net 7 8 Inventories for sale or use 366,792 20,400 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 898,313 basis Complete Part VI of Schedule D 10a 787,276 88,960 111,037 10b 10c b Less accumulated depreciation 1,650 Investments—publicly traded securities 11 11 12 Investments—other secunties. See Part IV, line 11 12 115,764 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 8,189,416 10,309,870 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 258,490 98,430 17 Accounts payable and accrued expenses 17 250,000 18 18 Grants payable 108,588 19 62,998 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 367,078 411,428 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ |X| and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 7,822,338 8,731,642 27 27 Net assets without donor restrictions 1,166,800 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds

Form **990** (2019)

9,898,442

10,309,870

7,822,338

8,189,416

32

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

Both consolidated and separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

Form 990 (2019)

2c

#### SCHEDULE C (Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

2019

3pan to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

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

ELEVATE RAPID CITY    Complete if the organization is exempt under section 501(c) or is a section 527 organization.    Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")   Political campaign activities (see instructions)   Political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political campaign activities (see instructions)   Valunteer hours for political activities (see instructions)   Valunteer hours for political assuments (see instructions)   Valunteer hours for political assuments (see instructions)   Valunteer hours for political assuments (see instructions)   Ves	_ • ;	Section 501(c)(4), (5), or (6) organizations Complete Part III.				<del></del>
Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")  2 Political campaign activity expenditures (see instructions)  3 Volunteer hours for political campaign activities (see instructions)  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by the organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  5 If "Yes," describe in Part IV  Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function activities  3 Total exempt function activities  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the amount of the filing organization listed, enter the amount paid from the filing organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organizations funds Also enter the amount of political organization store filing organization is funds also enter the amount of political organization is exempt under section 527 exempt function organization is exempt function organization funds payments For each organization listed, enter the amount paid from the filing organizations funds Also enter the amount of political organization is exempt function organization is exempt function organization is exempt function organization is exempt function organization is exempt function organization is exempt	Nam	•				
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definition of "political campaign activities")  Political campaign activity expenditures (see instructions)  Volunteer hours for political campaign activities (see instructions)  Complete if the organization is exempt under section 501(c)(3).  Inter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  If Yes, describe in Part IV  Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Inter the amount directly expended by the filing organization for section 527 exempt function activities  Complete if the organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Inter 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (e) Amount of political organization's funds are ceived that were promptly and directly delivered to a separate political organization's funds are political organization such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV delivered to a separate political organization's funds expert of a separate political organization's funds expert of a separate political organization's funds expert of a separate po		Complete if the organization is exem	pt under section 501(c)	or is a section	527 organizatio	n
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b   f"Yes," describe in Part IV    Complete if the organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount directly expended by the filing organization for section 527 exempt function activities   S   Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   S   Total exempt function activities   S   S	2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$	
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Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- promptly and directly delivered to a separate political organization if none, enter -0- If none, enter -0-	2		d to other organizations for sect	ion		
Ine 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-		•			▶ \$	
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- fling organization's funds. If none, enter -0- lift none, enter -0- If none, enter -0- If none, enter -0-	3	·	r here and on Form 1120-POL,			
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (1)					▶ \$	
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-	-					Yes X No
the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-  funds. If none, enter -0-  If none, enter -0-  (1)	5	· · · ·		=	-	
as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- from filing organization's funds if none, enter -0- from filing organization's funds if none, enter -0- from filing organization is funds if none, enter -0- from filing organi			•	• •		
(a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- fromptly and directly delivered to a separate political organization If none, enter -0-  (1)		·	• •		•	
filing organization's funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0- funds If none, enter -0-		· · · · · · · · · · · · · · · · · · ·				<u> </u>
funds If none, enter -0- funds If none, enter -0- promptly and directly delivered to a separate political organization If none, enter -0-  (1)		(a) Name	(b) Address	(c) EIN		
delivered to a separate political organization If none, enter -0-						
(1)					,	•
(1)						
	(4)					in Hone, enter o
(2)	(1)					
	(2)		<del> </del>	<del>  </del>		
	(2)					
(3)	(3)					
	(3)					
(4)	(4)			-		
(**)	(+)					
(5)	(5)	<del></del>				
	(3)					
(6)	(6)	·		+	-	
	(-)					

Schedule C (Form 990 or 990-EZ) 2019 <b>ELE</b>	VATE RAPID (	CITY		46-0118545	Page 2
Complete if the orga	nization is exemp	t under section 5	01(c)(3) and file	d Form 5768 (elec	tion under
<u>section 501(h)).</u>					
	•	•		illated group member	's name,
address, EIN, exper	ses, and share of exc	ess lobbying expen	dıtures).		
3 Check ▶ 🔲 if the filing organizat	ion checked box A an	d "limited control" pi	rovisions apply		
Limits on	obbying Expendit	tures		(a) Filing	(b) Affiliated
(The term "expenditure	s" means amounts p	paid or incurred.)		organization's totals	group totals
1a Total lobbying expenditures to influence	public opinion (grassroo	ts lobbying)			
<b>b</b> Total lobbying expenditures to influence	a legislative body (direct	t lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad-	d lines 1c and 1d)				
f Lobbying nontaxable amount Enter the	amount from the following	ig table in both			
columns					
If the amount on line 1e, column (a) or (b)	ıs: The lobbying nor	taxable amount is:			
Not over \$500,000	20% of the amoun	t on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	6 of the excess over \$500	,000,		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	6 of the excess over \$1,0	00,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a If zero or li	ess, enter -0-				
i Subtract line 1f from line 1c If zero or le	ss, enter -0-		<u> </u>		
j If there is an amount other than zero on	either line 1h or line 1i, d	lid the organization file	Form 4720		
reporting section 4911 tax for this year?					Yes · No
	4-Year Averag	ing Period Under S	Section 501(h)		
(Some organizations that r	_	_	• •	all of the five column	s below.
, ,	•	nstructions for line	•		
	Lobbying Expendit	ures During 4-Yea	Averaging Perio	d	
Calendar year (or fiscal year					
boginning in	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total

	Lobbying Expendit	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d</b> ) 2019	(e) Total
2a Lobbying nontaxable amount					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					, 1
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	S NOT TILED I	orm 5	768
Eor (	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)	(b)
	cription of the lobbying activity	Yes	No	Amount
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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			, and the second
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	89,578
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	50,000
b	Carryover from last year	2b	
С	Total	2c	50,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	50,000
_ 5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part tV Supplemental Information

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

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Employer identification number

E	LEVATE RAPID CITY		46-0118545
	Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	iting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
	Conservation Easements.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check al	l that apply)	
	Preservation of land for public use (for example, recreation or education	ion) Preservation of a historically in	mportant land area
	Protection of natural habitat	Preservation of a certified histo	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservati	ion
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure includ	ed ın (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06	, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	during the
	tax year ▶		
4	Number of states where property subject to conservation easement is loc	ated <b>&gt;</b>	
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi-	olations, and enforcing conservation easer	ments during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violating	ons, and enforcing conservation easements	s during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easement	is in its revenue and expense statement an	nd
	balance sheet, and include, if applicable, the text of the footnote to the org	panization's financial statements that descri	bes the
*******	organization's accounting for conservation easements		
	Organizations Maintaining Collections of Art, H		imilar Assets.
	Complete if the organization answered "Yes" on F	<del></del>	<del></del>
1a	If the organization elected, as permitted under FASB ASC 958, not to repo		
	of art, historical treasures, or other similar assets held for public exhibition	·	public
	service, provide in Part XIII the text of the footnote to its financial statement		
b	If the organization elected, as permitted under FASB ASC 958, to report in		
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$ "1
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or other	ner sımılar assets for financıal gaın, provide	e the
	following amounts required to be reported under FASB ASC 958 relating t	o these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>\$</b>

30116	Suile D (1 01111 330) 2013	Tun ID CITI							raye Z
	art III 🍐 Organizations Maintaini	ng Collections of	Art, Historical T	reasures, c	r Other S	Similar Ass	ets (cont	inued	)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	check any of the follo	wing that make	significant	use of its			•
а	Public exhibition	d $\square$	Loan or exchange pro	ogram		•			
b	Scholarly research	e 🗍	Other	J					
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explain h	now they further the or	ganization's ex	empt purpo	se in Part			
	XIII	•	•	-	, , ,				
5	During the year, did the organization solicit	or receive donations of	art, historical treasure	s, or other sim	lar				
	assets to be sold to raise funds rather than						Γ	Yes	□ No
	Escrow and Custodial A		<u>v</u>						
00000000	Complete if the organizati	_	on Form 990, Pa	art IV, line 9	, or repor	ted an amo	unt on Fo	rm	
	990, Part X, line 21.		•	,	•				
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ry for contributions or	other assets no	ot .	-			
	included on Form 990, Part X?		•					Yes	No
ь	If "Yes," explain the arrangement in Part XI	II and complete the follo	wing table				<u> </u>	'	
							Am	ount	
c	Beginning balance					1c			
	Additions during the year					1d			
	5					1e			
f	Ending balance					1f			
	Did the organization include an amount on	Form 990 Part X line 2	1 for escrow or custo	dial account lia	hility?	<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XI				-				''
	Endowment Funds.	TOTOGRAMOTO II ATO GAP	iditation had been pro	videa err i arr i			<del></del>	-	
xxxxxx	Complete if the organizati	on answered "Yes"	on Form 990. Pa	art IV. line 1	0.				
	Complete ii ii congariizati	(a) Current year	(b) Pnor year	(c) Two yea		(d) Three years	back (e	) Four yea	rs back
1a	Beginning of year balance	,,,,,,	.,,,,	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
	Contributions								
	Net investment earnings, gains, and								
·	losses			f					
а	Grants or scholarships			<del>                                     </del>				•	
	Other expenditures for facilities and			1		-			
-	·								
	programs Administrative expenses	·		†					
				<del>                                      </del>					
g 2	Provide the estimated percentage of the cu	reat year and balance (	lino 1a column (a)) h						
	Board designated or quasi-endowment	"rent year end balance (	inie 19, column (a)) ii	ciu as					
	Permanent endowment								
	Term endowment ▶ %	0							
·	The percentages on lines 2a, 2b, and 2c sh	ould oqual 100%							
20	•	•	on that are held and a	duninistarad fau	Ala a				
Ja	Are there endowment funds not in the poss	ession of the organization	on that are held and a	aministered for	rne			Ye	a Na
	organization by						3		s No
	(i) Unrelated organizations							1(i)	
	(ii) Related organizations		L. O.L. I. DO					(ii)	
	If "Yes" on line 3a(ii), are the related organic						ت_ا	b	
4	Describe in Part XIII the intended uses of the		ment funds						
	Land, Buildings, and Eq	<u>-</u>	F 000 B		4 - 0 5			40	
	Complete if the organization								
	Description of property	(a) Cost or other b		other basis		cumulated	(d) E	Book value	•
		(investment)	(oti	her)	depr	reciation			
	Land			206 466		101 000		25	100
b	Buildings			226,469		<u>191,360</u>	<u> </u>	<u> </u>	,109
C	Leasehold improvements				<del></del>	E0E 04 4			000
d	Equipment			571,844		<u>595,916</u>		/5	<u>, 928</u>
	Other		<u> </u>				<u> </u>	444	^
Total	I. Add lines 1a through 1e (Column (d) must	egual Form 990, Part X	, column (B), line 10c	)		•		TTT	,037

Schedule D (	roim 990) 2019 EDEVALE RAPID CITT		40-0110343	Page
Part VII		' on Form 000 Dort IV Iv	no 11h Coo Form 000 Do	
	Complete if the organization answered "Yes"  (a) Description of security or category	(b) Book value	ne 11b. See Form 990, Pa	· ·
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial		<del> </del>	,	<del></del>
• •	eld equity interests			<del>- ·</del>
(3) Other	, , , , , , , , , , , , , , , , , , , ,			
(A)				
(B)				
(C)				·
(D)				
(E)		` <u>-</u>		
(F)				
(G)				··-
(H)	on (h) must assist Form 000 Part V and (P) line 12 )			
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12) Investments – Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV Ju	ne 11c. See Form 990. Par	rt X. line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	· · · · · · · · · · · · · · · · · · ·	,,	Cost or end-of-year	
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I) (5 000 B (V) ( (B) ( (B)			
Part 1	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets.	<u> </u>		
	Complete if the organization answered "Yes"	on Form 990 Part IV lir	ne 11d. See Form 990. Par	rt X. line 15
	(a) Description		10 114. 0001 0111 000,1 4.	(b) Book value
(1)				
(2)				
(3)			-	
(4)				
(5)				
(6)				·
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X	Other Liabilities.			
***************************************	Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11e or 11f. See Form 9	90. Part X.
	line 25.			30,1 0.11,
1.	(a) Description of liability			(b) Book value
(1) Federal	Income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)		<u>▶</u>	<del></del>
	uncertain tax positions. In Part XIII, provide the text of the following tax positions, under EASP ASC 740. Cl			
<u>organization's</u>	liability for uncertain tax positions under FASB ASC 740 Cl	reck here if the text of the footh	ote has been provided in Part XII	<u> </u>

2e

3

4c

5

c Other losses

d Other (Describe in Part XIII )

b Other (Describe in Part XIII )c Add lines 4a and 4b

e Add lines 2a through 2d3 Subtract line 2e from line 1

	Reconciliation of Revenue per Audited Financial State	ements With Re	evenue per Return.	
	Complete if the organization answered "Yes" on Form 99	), Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
₽.	Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per Return.	
	Complete if the organization answered "Yes" on Form 99	), Part IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		

2c 2d

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

No 1545-0047	019
OMB No	20

å CAREER DEVELOPMENT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number X Yes 46-0118545 noncash assistance (g) Description of 1 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) CASH (e) Amount of noncash assistance 250,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) **6**0₹ 46-6002688 General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection cntena used to award the grants or assistance? ELEVATE RAPID CITY SD 57701 (a) Name and address of organization (1) RAPID CITY AREA SCHOOLS or government 300 6TH STREET Name of the organization RAPID CITY 2 3 ල 3 9 9 8 6

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

Schedule I (Form 990) (2019)

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.

	ייין כמון כם מפשיים וו מממווים ווייים יייי	יים הספקה והיים				3
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
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Part IV	Supplemental Information. Provide the Information required in Part I, line 2: Part III, column (b); and any other additional Information.	ide the information rec	quired in Part I, line	2: Part III. column (b)	and any other additional	nformation.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2 AFTER THE SCHOLARSHIPS ARE AWARDED, ELEVATE CONFIRMS DIRECTLY WITH THE

PAYMENTS ARE MADE HIGHER EDUCATION SCHOOLS THAT THE RECIPIENT IS ENROLLED.

DIRECTLY TO THE SCHOOLS, WHO IN TURN PROCESS AND DISTRIBUTE THE

SCHOLARSHIPS TO THE RESPECTIVE INDIVIDUALS USING THEIR NORMAL POLICIES AND

PROCEDURES

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inoperation

Internal Revenue Service Name of the organization

Department of the Treasury

ELEVATE RAPID CITY

Employer identification number 46-0118545

	Questions Regarding Compensation		-	
	•		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
k	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			<b>      </b>
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	ا ۱		
	explain	1b		
2	Did the organization require substantiation prior to reimburging or allowing expenses incurred by all	B88888888		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
_	organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	<del>-</del>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b	ļ	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only position 504/s/(2) 504/s/(4) and 504/s/(20) agreementions much complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а		5a		
	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		L
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III			
				<b>       </b>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			1
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	_		1
	ın Part III	8		
_	16 10 Varilly and the company of the fallow the particular and the control of the	<b>************</b>	<b> </b>	<b>******</b>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		ĺ
	Regulations section 53.4958-6(c)?	, y	1	1

. Page 2

ELEVATE RAPID CITY

Schedule J (Form 990) 2019

Part H

46-0118545

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(O) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ii) Bonus & incentive compensation	(uı) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(8)	in column (B) reported as deferred on pnor Form 990
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14	(E)						
	(E)						
15	(11)						
	<b>S</b> :						
16	(II)						

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 ELEVATE RAPID CITY Supplemental Information

Part III

for any additional information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part

Schedule J (Form 990) 2019

#### SCHEDULE O (Form 990 or 990-EZ)

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.

2019

OMB No. 1545-0047

Open to Public Inspection

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

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

Name of the organization

ELEVATE RAPID CITY

Employer identification number 46-0118545

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

LOCAL/AREA BUSINESSES WHO JOIN ELEVATE RECEIVE A MEMBERSHIP AND RIGHT

TO VOTE AT THE ANNUAL MEETING. THE ORGANIZATION HAS APPROXIMATELY 1200

MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO
REVIEWS IT WITH MANAGEMENT. A COPY OF THE FORM 990 IS PROVIDED TO THE
BOARD AT A REGULAR BOARD MEETING PRIOR TO FILING.

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

THE PRESIDENT IS RESPONSIBLE FOR MONITORING CONFLICT OF INTEREST SITUATIONS

AT EACH BOARD MEETING IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN THE

BYLAWS. ANY BOARD MEMBER DEEMED TO HAVE A CONFLICT IS TO REFRAIN FROM

VOTING ON MATTERS INVOLVING THE CONFLICT.

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

THE PRESIDENT OF ELEVATE HAS AN ANNUAL REVIEW PERFORMED BY THE PRESENT

AND PAST CHAIRMAN OF THE BOARD OF DIRECTORS. THIS REVIEW CONSISTS OF A

PERSONAL MEETING WITH THE PRESIDENT AND A FOLLOW-UP MEETING BETWEEN THE

PRESENT AND PAST CHAIRMAN. THIS REVIEW IS DONE USING PERFORMANCE CRITERIA,

AS WELL AS THE AMERICAN CHAMBER OF COMMERCE EXECUTIVES' CHAMBER

PROFESSIONAL SALARY AND BENEFITS REPORT FOR COMPARISONS.

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

Employer identification number 46-0118545

SAME PERSON AS 15A

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

GENERALLY, ONLY A COPY OF THE 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC.

SPECIFIC REQUESTS FOR OTHER INFORMATION ARE REVIEWED BY THE PRESIDENT AND

DISCUSSED WITH THE BOARD OF DIRECTORS FOR CONSIDERATION.

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

AUDIT ADJUSTMENT

\$ -1,295,667

RAPID CITY CHAMBER OF COMMERCE WAS MERGED WITH GREATER RAPID CITY AREA ECONOMIC DEVELOPMENT CORP (46-0414080) TO BECOME ELEVATE RAPID CITY (46-0118545) DURING THE 2018 TAX YEAR. AN AUDIT OF ELEVATE RAPID CITY WAS CONDUCTED FOR THE CALENDAR YEAR 2019 AND PRIOR TO THE FILING OF THE 2019 TAX RETURN. THE DECREASE IN NET ASSETS IS A RESULT OF THE COMPLETION OF THE AUDIT.