

Williams & Company, CPA, PC
304 Picotte Street
Yankton, SD 57078
605-665-9401

February 23, 2026

CONFIDENTIAL

YANKTON THRIVE INC
803 E 4TH ST
YANKTON, SD 57078

Dear Brian:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

By signing below you consent to receive text messages from Williams & Company, P.C. We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Williams & Company, CPA, PC

Accepted By: _____

Date: _____

Form 990-T Return Summary

For calendar year 2024, or tax year beginning **10/01/24** , and ending **09/30/25**

46-0348636

YANKTON THRIVE INC

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities		<u>951</u>	
Losses from all activities			
Unrelated business taxable income from all trades			<u>951</u>
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)		<u>951</u>	
Specific deduction		<u>1,000</u>	
Section 199A Deduction (Trusts Only)			
Total adjustments			<u>(1,951)</u>
Unrelated business taxable income			<u> </u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due			<u> </u>
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			<u> </u>
Other taxes			
Total tax			<u> </u>
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			<u> </u>
Net tax due			<u> </u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			<u> </u>
Balance due			<u> </u>
Total overpayment			
Overpayment applied to next year's tax			
Refund			<u> </u>

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	_____

Miscellaneous Information

Amended return
 Return / extended due date 08/17/26

Filing Instructions

YANKTON THRIVE INC

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended September 30, 2025

Federal Filing Instructions

Your Form 990 for the year ended 9/30/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Williams & Company, CPA, PC
304 Picotte Street
Yankton, SD 57078

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Your Form 990-T for the tax year ended 9/30/25 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization.

Your Form 990-T is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.

Your electronically filed 990-T is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Williams & Company, CPA, PC
304 Picotte Street
Yankton, SD 57078

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE for Form 990-T has been received by this office.**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 9/30, 2025

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

YANKTON THRIVE INC

46-0348636

Name and title of officer or person subject to tax BRIAN STEWARD TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number and description, Input box, and Amount. Line 1a: Form 990 check here (checked), Total revenue, 2,437,883. Line 2a: Form 990-EZ check here. Line 3a: Form 1120-POL check here. Line 4a: Form 990-PF check here. Line 5a: Form 8868 check here. Line 6a: Form 990-T check here. Line 7a: Form 4720 check here. Line 8a: Form 5227 check here. Line 9a: Form 5330 check here. Line 10a: Form 8038-CP check here.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize WILLIAMS & COMPANY, CPA, PC to enter my PIN 82621 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 02/23/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

***** Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SHAUNA M. KAUTH, CPA Date 02/23/26

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 9/30, 2025

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Department of the Treasury
Internal Revenue Service
Name of filer

EIN or SSN
46-0348636

YANKTON THRIVE INC

Name and title of officer or person subject to tax **BRIAN STEWARD
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WILLIAMS & COMPANY, CPA, PC to enter my PIN 82621 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 02/23/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SHAUNA M. KAUTH, CPA Date 02/23/26

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 10/01/24, and ending 09/30/25

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YANKTON THRIVE INC	D Employer identification number 46-0348636
	Doing business as	E Telephone number 605-665-3636
	Number and street (or P.O. box if mail is not delivered to street address) 803 E 4TH ST	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code YANKTON SD 57078	G Gross receipts \$ 2,437,883

F Name and address of principal officer: BRIAN STEWARD 803 E. 4TH ST. YANKTON SD 57078	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
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J Website: WWW.YANKTONSD.COM	L Year of formation: 1978	M State of legal domicile: SD
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP IN FOSTERING EFFICIENT GROWTH OF THE YANKTON AREA ECONOMY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 25
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 13
	6 Total number of volunteers (estimate if necessary)	6 50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 4,757
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 3,518,840 Current Year: 1,466,185
	9 Program service revenue (Part VIII, line 2g)	411,532 446,866
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,688 8,880
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,572 515,952
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,174,632 2,437,883
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		625,220 664,736
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)		0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		516,061 712,974
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,993,315 1,773,178	
19 Revenue less expenses. Subtract line 18 from line 12	1,181,317 664,705	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 9,680,780 End of Year: 10,590,007
	21 Total liabilities (Part X, line 26)	4,104,135 4,349,210
	22 Net assets or fund balances. Subtract line 21 from line 20	5,576,645 6,240,797

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BRIAN STEWARD	Date
	Type or print name and title TREASURER	

Paid Preparer Use Only	Preparer's name SHAUNA M. KAUTH, CPA	Preparer's signature SHAUNA M. KAUTH, CPA	Date 02/23/26	Check <input type="checkbox"/> if self-employed	PTIN P00446613
	Firm's name WILLIAMS & COMPANY, CPA, PC	Firm's EIN 42-1377056			
	Firm's address 304 PICOTTE STREET YANKTON, SD 57078	Phone no. 605-665-9401			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE LEADERSHIP IN FOSTERING EFFICIENT GROWTH OF THE YANKTON AREA ECONOMY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

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

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	1
1b	0

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

BRIAN STEWARD
YANKTON

803 E 4TH ST

SD 57078

605-665-3636

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY WENANDE CEO/PRESIDENT	40.00 0.00			X			138,800	0	0	
(2) BRIAN STEWARD TREASURER	40.00 0.00			X			85,010	0	0	
(3) BRIDGET BENSON BOARD MEMBER	1.00 0.00	X					0	0	0	
(4) BRAD WENANDE BOARD MEMBER	1.00 0.00	X					0	0	0	
(5) DAN SPECHT VICE CHAIR	5.00 0.00	X		X			0	0	0	
(6) DOUG EKEREN VICE CHAIR	5.00 0.00	X		X			0	0	0	
(7) MANDI GAUSE BOARD MEMBER	1.00 0.00	X					0	0	0	
(8) JAMES GROTENHUIS BOARD MEMBER	1.00 0.00	X					0	0	0	
(9) VICTORIA HANSEN BOARD MEMBER	1.00 0.00	X					0	0	0	
(10) BRAD HOFER BOARD MEMBER	1.00 0.00	X					0	0	0	
(11) LAUREN KATHOL BOARD MEMBER	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DON KETTERING										
(12) BOARD MEMBER	1.00 0.00			X				0	0	0
(13) WAYNE KINDLE										
(13) BOARD MEMBER	1.00 0.00			X				0	0	0
(14) KELLY KNEIFL										
(14) BOARD MEMBER	1.00 0.00			X				0	0	0
(15) KEN KOPETSKY										
(15) BOARD MEMBER	1.00 0.00			X				0	0	0
(16) AMY LEON										
(16) VICE CHAIR	5.00 0.00			X		X		0	0	0
(17) MARCUS LONG										
(17) BOARD MEMBER	1.00 0.00			X				0	0	0
(18) LYNN PETERSON										
(18) BOARD MEMBER	1.00 0.00			X				0	0	0
(19) MIKE MARLOW										
(19) BOARD MEMBER	1.00 0.00			X				0	0	0
1b Subtotal								223,810		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								223,810		

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	254,549					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,173,538					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,098					
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,598					
	h Total. Add lines 1a-1f			1,466,185				
	Program Service Revenue	2a WESTBROOK TIF INCOME	Business Code	531390	407,095	407,095		
b PROGRAM INITIATIVES			611430	17,073	17,073			
c SPECIAL PROJECTS - TOURISM			531120	15,800	15,800			
d GEHL DRIVE TIF INCOME			531390	6,898	6,898			
e								
f All other program service revenue								
g Total. Add lines 2a-2f				446,866				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,880			8,880	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real					
		6a		9,076				
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c		9,076				
	d Net rental income or (loss)			9,076			9,076	
	7a Gross amount from sales of assets other than inventory		(i) Securities					
		7a	(ii) Other					
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a OTHER INCOME - EC DEV	Business Code	900099	301,739	301,739			
	b NET PRESENT VALUE & ALLOW-PTG		900099	142,280	142,280			
	c ADVERTISING INCOME		900099	24,450	24,450			
	d All other revenue		900099	38,407	33,650	4,757		
	e Total. Add lines 11a-11d			506,876				
12 Total revenue. See instructions			2,437,883	948,985	4,757	17,956		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	395,468	395,468		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,810	134,286	89,524	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	340,197	204,415	135,782	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,336	11,035	5,301	
9 Other employee benefits	39,754	23,850	15,904	
10 Payroll taxes	44,639	26,084	18,555	
11 Fees for services (nonemployees):				
a Management				
b Legal	69,046	61,139	7,907	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	161,762	161,762		
13 Office expenses	100,981	60,589	40,392	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	108,115	108,115		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,998	13,830	9,168	
23 Insurance	18,982	11,389	7,593	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER OPERATING COSTS	119,749	119,749		
b PROGRAM INITIATIVES	62,751	62,751		
c PROPERTY TAX	48,590	48,590		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,773,178	1,443,052	330,126	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	689,330	1	1,011,323
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,665,342	3	1,031,572
	4	Accounts receivable, net	254,878	4	77,929
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	965,643	8	965,642
	9	Prepaid expenses and deferred charges	13,780	9	59,148
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 987,607		
	b	Less: accumulated depreciation	10b 669,057	10c 336,448	318,550
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	5,576,204	13	6,958,963
	14	Intangible assets	27,963	14	40,363
	15	Other assets. See Part IV, line 11	151,192	15	126,517
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,680,780	16	10,590,007	
Liabilities	17	Accounts payable and accrued expenses	1,014,076	17	126,571
	18	Grants payable	169,085	18	75,141
	19	Deferred revenue	104,632	19	107,943
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	100,000	23	100,000
	24	Unsecured notes and loans payable to unrelated third parties	1,795,527	24	3,470,384
	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	920,815	25	469,171
	26	Total liabilities. Add lines 17 through 25	4,104,135	26	4,349,210
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,138,694	27	4,853,372
	28	Net assets with donor restrictions	2,437,951	28	1,387,425
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,576,645	32	6,240,797
33	Total liabilities and net assets/fund balances	9,680,780	33	10,590,007	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,437,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,773,178
3	Revenue less expenses. Subtract line 2 from line 1	3	664,705
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,576,645
5	Net unrealized gains (losses) on investments	5	-945
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	392
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,240,797

Part XII Financial Statements and Reporting

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
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	(B) Description of services	(C) Compensation

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

Federal Statements

Statement 1 - Form 4562, Line 42 - Amortization

<u>Description</u>	<u>Amortization Beg Date</u>	<u>Amortizable Amount</u>	<u>Code Section</u>	<u>Period / Percent</u>	<u>Current Year Amortization</u>
LOAN FEES DAKOTA RESOURCES	11/27/24	\$ 2,500	461	10.0	\$ 229
LOAN FEES - DAKOTA RESOURCES \$500K	2/26/25	5,000	461	10.0	333
LOAN FEES DAKOTA RESOURCES \$1M	7/15/25	10,000	461	10.0	250
TOTAL		\$ <u>17,500</u>			\$ <u>812</u>

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**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Name of the organization YANKTON THRIVE INC	Employer identification number 46-0348636
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(6) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

YANKTON THRIVE INC

Employer identification number

46-0348636

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 361,507	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 9,598	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 812,031	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

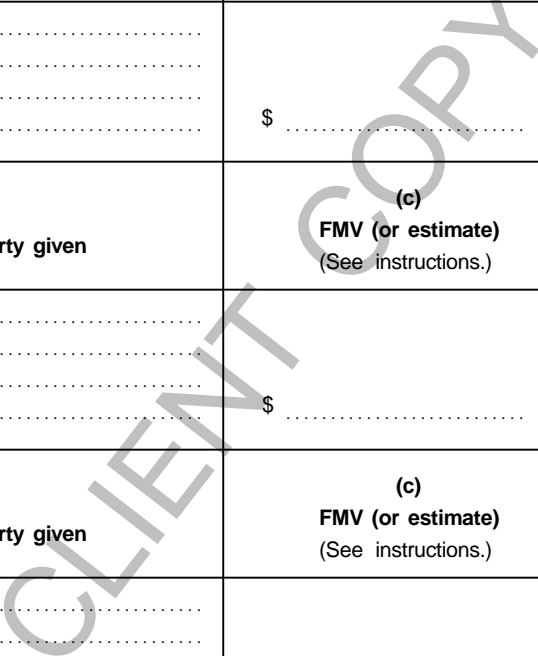
YANKTON THRIVE INC

Employer identification number

46-0348636

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PROFESSIONAL FEES	\$ 9,598	



**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization YANKTON THRIVE INC	Employer identification number (EIN) 46-0348636
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

(a) Filing organization's totals **(b)** Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</td> <td>THEN the lobbying nontaxable amount is:</td> </tr> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Series of horizontal dotted lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

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SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

YANKTON THRIVE INC

46-0348636

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

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

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

Part II Conservation Easements

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|-------------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d 821,856 |
| e Distributions during the year | 1e 821,856 |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment **100.00** %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,646		36,646
b Buildings		633,488	357,128	276,360
c Leasehold improvements				
d Equipment		150,674	150,532	142
e Other		166,799	161,397	5,402
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				318,550

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) GARDEN ESTATES	6,190,852	COST
(2) INVESTMENT IN SDEP	473,153	COST
(3) YANKTON DEVELOPMENT CORPORATION	290,899	COST
(4) INVESTMENT IN SABS	2,754	MARKET
(5) INVESTMENT IN BULU	1,305	MARKET
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))	6,958,963	

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GARDEN ESTATES - LOC	454,872
(3) ACCRUED INTEREST	14,299
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	469,171

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,122,919
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	3,749	
	e Add lines 2a through 2d		2e	3,749
3	Subtract line 2e from line 1		3	2,119,170
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	318,713	
	c Add lines 4a and 4b		4c	318,713
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,437,883

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

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

1	Total expenses and losses per audited financial statements		1	1,458,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,458,767
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	314,411	
	c Add lines 4a and 4b		4c	314,411
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,773,178

Part XIII Supplemental Information

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

PART IV, LINE 1B - EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS
YANKTON THRIVE INC ACTS AS A PASS-THROUGH INTERMEDIARY FOR THE CITY OF YANKTON, SD

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
INTENDED USE FOR ENDOWMENT FUNDS WILL BE UTILIZED TO ENHANCE AND PROMOTE ECONOMIC GROWTH IN THE YANKTON AREA AS DEEMED NECESSARY BY A MAJORITY VOTE OF THE GOVERNING BOARD. THESE FUNDS MAY BE LOANED, GRANTED, OR USED INTERNALLY TO PURCHASE PROPERTY AND DEVELOP PROPERTIES AND OTHER ASSETS, AND TO CONSTRUCT BUILDINGS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
SDEP SEC 743(B) ADJUSTMENT \$ 3,749

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
LOSS ON CONSOLIDATED YDC \$ 3,357
UNREALIZED LOSS ON SABS INVESTMENT \$ 945
NPV & ALLOWANCE - PTG \$ 17,438
ADDL AUDIT PASS THROUGH INTMED REV \$ 296,973

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
NPV & ALLOWANCE - PTG \$ 17,438
ADDL AUDIT PASSTHROUGH INTERMEDIARY EXP \$ 296,973

Part XIII Supplemental Information *(continued)*

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YANKTON THRIVE INC

Employer identification number

46-0348636

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY OF YANKTON 410 WALNUT ST YANKTON SD 57078	46-6000567	GOV	395,468				DEVELOPMENT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

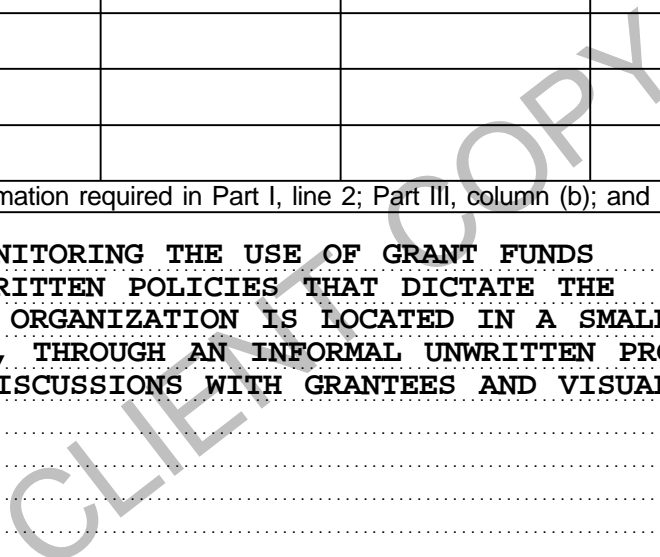
- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3**
- 3 Enter total number of other organizations listed in the line 1 table **7**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
ALTHOUGH THE ORGANIZATION HAS NO WRITTEN POLICIES THAT DICTATE THE
MONITORING OF THE GRANT FUNDS, THE ORGANIZATION IS LOCATED IN A SMALL
COMMUNITY. THE BOARD OF DIRECTORS, THROUGH AN INFORMAL UNWRITTEN PROCESS,
MONITORS THE USE BASED ON VERBAL DISCUSSIONS WITH GRANTEEES AND VISUAL
INSPECTION.



SCHEDULE L

(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

YANKTON THRIVE INC

Employer identification number

46-0348636

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) CITY OF YANKTON	BOARD MEMBER	395,468	GRANTS		X
(2) MARLOW WOODWARD & HUFF LLC	BOARD MEMBER	2,761	PROFESSIONAL FEES		X
(3) MOUNT MARTY UNIVERSITY	BOARD MEMBER	256,139	GRANTS & EXP REIMBUR		X
(4) NORTHWESTERN ENERGY	BOARD MEMBER	10,726	UTILITIES		X
(5) BUHL'S	BOARD MEMBER	449	MAINTENANCE		X
(6) SLOWEY CONSTRUCTION	BOARD MEMBER	1,390,900	CONSTRUCTION		X
(7) KOPETSKY ACE HARDWARE	BOARD MEMBER	184	SUPPLIES		X
(8) MAYER SIGNS	BOARD MEMBER	51	MARKETING		X
(9)					
(10)					

Part V Supplemental Information

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

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SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YANKTON THRIVE INC

Employer identification number

46-0348636

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
TO PROMOTE YANKTON AREA BUSINESSES**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS MEMBERS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 FOR THEIR REVIEW. THE EXECUTIVE
BOARD WILL MEET AT THE NEXT SCHEDULED EXECUTIVE BOARD MEETING TO REVIEW AND
DISCUSS THE FORM 990 IN DETAIL.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS MONITORS CONFLICTS OF INTEREST AT EACH BOARD MEETING
AND TAKES APPROPRIATE ACTION TO ENFORCE THE POLICY IF ANY ISSUES ARISE.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION FOR EMPLOYEES IS REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED
BY BOARD OF DIRECTORS**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION FOR EMPLOYEES IS REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION HAS ADOPTED A POLICY OF PROVIDING COPIES OF VARIOUS
DOCUMENTS THAT ARE SUBJECT TO PUBLIC DISCLOSURE, UPON WRITTEN OR VERBAL
REQUEST.**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION		
SD EQUITY PARTNERS SEC 743(B) ADJUSTMENT	\$	3,749
LOSS ON YANKTON DEVELOPMENT CORPORATION	\$	-3,357
TOTAL	\$	392

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

YANKTON THRIVE INC

Employer identification number

46-0348636

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Longbow LLLP 803 E 4TH ST YANKTON SD 57078 61-1729627	237210	SD	YDC	UNRELATED	-1,711	253,617		X		X		50.00
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) YANKTON DEVELOPMENT CORPORATION 803 E 4TH ST YANKTON SD 57078 37-1744289	813000	SD	X	C	-1,711	290,899	100.000000		X
(2)									
(3)									
(4)									

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	YANKTON DEVELOPMENT CORPORATION	D	92,097	ACTUAL EXPENSES ADVANCED
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

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Part VII

Supplemental Information.

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

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Form **990-T**

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

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning **10/01/24**, and ending **09/30/25**

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(C)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type YANKTON THRIVE INC Number, street, and room or suite no. If a P.O. box, see instructions. 803 E 4TH ST City or town, state or province, country, and ZIP or foreign postal code YANKTON SD 57078	E Group exemption number (see instructions) 46-0348636
C Book value of all assets at end of year	10,590,007	F <input type="checkbox"/> Check box if an amended return.

G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university
	<input type="checkbox"/> 6417(d)(1)(A) Applicable entity

H Check if filing only to claim	<input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
--	---

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>
---	--------------------------

J Enter the number of attached Schedules A (Form 990-T)	1
--	----------

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation	

L The books are in care of	BRIAN STEWARD	Telephone number	605-665-3636
-----------------------------------	----------------------	------------------	---------------------

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	951
2 Reserved	2	
3 Add lines 1 and 2	3	951
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	951
6 Deduction for net operating loss. See instructions	6	951
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	

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

	Yes	No
1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ -13,225 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code 900099		Available post-2017 NOL carryover 74,348
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes No

TREASURER

Signature of officer

Date

Title

Paid Preparer Use Only

Print/Type preparer's name SHAUNA M. KAUTH, CPA	Preparer's signature SHAUNA M. KAUTH, CPA	Date 02/23/26	Check <input type="checkbox"/> if self-employed	PTIN P00446613
Firm's name WILLIAMS & COMPANY, CPA, PC			Firm's EIN 42-1377056	
Firm's address 304 PICOTTE STREET YANKTON, SD 57078			Phone no. 605-665-9401	

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	5 4,757		4,757
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 4,757		4,757

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b 0
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		4,757
17 Deduction for net operating loss. See instructions	17		3,806
18 Unrelated business taxable income. Subtract line 17 from line 16	18		951

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

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

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

Form 990-T	Schedule A Loss Carryover Calculation Description SD EQUITY PARTNERS	2024
Name YANKTON THRIVE INC		Taxpayer Identification Number 46-0348636
Unincorporated Business Income Tax Code: 900099 Activity: OTHER UNRELATED BUSINESS ACTIVIT		

Each activity may carryforward losses after 2018

1 Activity income	1	4,757
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	4,757
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	74,348
5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	3,806
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	3,806
7 Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	7	70,542
8 If line 3 is less than zero, enter that amount here as a positive number	8	0
9 Total loss carried forward to 2025 (Add lines 7 and 8)	9	70,542

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	74,348
E2 Prior year activity losses included on Schedule A, Line 17	E2	3,806

CLIENT COPY

Federal Statements

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

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
SD EQUITY PARTNERS	900099	\$ 74,348
TOTAL		\$ <u>74,348</u>

CLIENT COPY

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

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
SOUTH DAKOTA EQUITY PART	\$ <u>4,757</u>	\$ <u> </u>	\$ <u>4,757</u>
TOTAL	\$ <u>4,757</u>	\$ <u>0</u>	\$ <u>4,757</u>

CLIENT COPY

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

YANKTON THRIVE INC

Identifying number
46-0348636

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,898

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	17,898
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

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

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

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

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions): SEE STATEMENT 1 17,500 812
43 Amortization of costs that began before your 2024 tax year 43 4,288
44 Total. Add amounts in column (f). See the instructions for where to report 44 5,100

46-0348636

Federal Asset Report

FYE: 9/30/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
12	EQUIPMENT	2/20/14	1,868			1,868	5 MO S/L	1,868	0
13	EQUIPMENT	4/22/14	1,559			1,559	5 MO S/L	1,559	0
14	TRAINING SOLUTIONS	2/07/14	1,299		X	649	3 MO Amort	1,299	0
16	YANKTON COMPUTER	3/27/14	1,214			1,214	5 MO S/L	1,214	0
17	COMPUTER (RITA)	5/14/15	1,543			1,543	5 MO S/L	1,543	0
18	COMPUTER	11/14/14	1,177			1,177	5 MO S/L	1,177	0
23	COMPUTER EQUIPMENT-ORIGINAL	9/30/13	2,233			2,233	5 MO S/L	2,233	0
25	TELEPHONE SYSTEM	12/17/15	2,902			2,902	7 MO S/L	2,902	0
27	COMPUTER-JEN	1/30/18	1,862			1,862	5 MO S/L	1,862	0
28	COMPUTER-CHRISTINE	5/31/18	1,863			1,863	5 MO S/L	1,863	0
29	LEASHOLD IMPROVEMENT BUILDING	4/18/19	4,008			4,008	39 MO S/L	557	102
30	COMPUTERS - RITA & BRIAN	1/15/19	2,895			2,895	5 MO S/L	2,895	0
31	WEB DEVELOPMENT	6/01/09	31,825			31,825	3 MO S/L	31,825	0
32	CHAMBER BUILDING	8/13/03	506,006			506,006	40 MO S/L	268,492	12,650
33	CERAMIC TILE	8/13/03	15,186			15,186	15 MO S/L	15,186	0
34	CARPET	8/13/03	13,596			13,596	10 MO S/L	13,596	0
35	BLINDS	8/13/03	1,750			1,750	10 MO S/L	1,750	0
36	BUILDING IMPROVEMENTS	12/01/07	81,138			81,138	36 MO S/L	37,940	2,253
37	NEW GUTTERS & DOWNSPOUTS	6/01/13	2,639			2,639	15 MO S/L	1,994	176
38	BUILDING REMODEL	3/04/16	3,811			3,811	27 MO S/L	1,212	141
39	YACC SHARE OF OFFICE REMODEL	4/18/19	1,000			1,000	27 MO S/L	194	38
40	SERVER & CONFIGURATION	9/28/11	10,174			10,174	5 MO S/L	10,174	0
41	2 DESK TOP CUMPUTERS	8/30/12	1,986			1,986	5 MO S/L	1,986	0
42	OPTIPLEX 3010 DESK TOP	2/28/13	867			867	5 MO S/L	867	0
43	OPTIPLEX 3010 PC & SETUP	4/30/13	1,199			1,199	5 MO S/L	1,199	0
44	COMPUTER & SETUP	3/06/15	1,186			1,186	5 MO S/L	1,186	0
45	COMPUTER,MONITOR,LAPTOP	1/31/17	3,668			3,668	5 MO S/L	3,668	0
46	COMPUTER & SETUP	11/13/18	1,447			1,447	5 MO S/L	1,447	0
47	KASI COMPUTER	1/11/19	2,113			2,113	5 MO S/L	2,113	0
48	COMPUTER/GL PROGRAM	2/01/88	371			371	5 MO S/L	371	0
49	SOFTWARE	8/04/89	1,290			1,290	5 MO S/L	1,290	0
50	CHAIRS	1/15/90	406			406	7 MO200DB	406	0
51	FAX MACHINE	4/06/90	846			846	7 MO200DB	846	0
52	IMS SOFTWARE	6/29/90	520			520	7 MO200DB	520	0
53	BUSINESS WORK SOFTWARE	9/25/90	488			488	7 MO200DB	488	0
54	VEDIO-PROMOTION	6/15/90	15,000			15,000	7 MO200DB	15,000	0
55	SHOT MASTER ZOOM CAMARA	4/20/90	250			250	7 MO200DB	250	0
56	SWINTEC CALCULATOR	10/31/91	199			199	7 MO S/L	199	0
57	PRINTER	1/31/91	784			784	7 MO S/L	784	0
58	ANSWERING MACHINE	10/06/92	42			42	3 MO S/L	42	0
59	AIR CLEANER	1/27/93	111			111	7 MO S/L	111	0
60	CHAIR	7/15/93	277			277	7 MO S/L	277	0
61	SHELVES	8/15/93	166			166	7 MO S/L	166	0
62	OFFICE CHAIR	12/31/96	105			105	7 MO S/L	105	0
63	COMPUTER & PRINTER	12/31/96	2,598			2,598	5 MO S/L	2,598	0
64	KARL'S TV	3/12/96	740			740	5 MO S/L	740	0
65	FIRST DAKOTA	5/15/96	75			75	5 MO S/L	75	0
66	CALCULATOR	10/01/81	104			104	7 MO S/L	104	0
67	OFFICE FURNITURE	9/01/81	6,422			6,422	7 MO S/L	6,422	0
68	CLOCKS	10/01/81	125			125	7 MO S/L	125	0
69	SECRETART CHAIR	12/01/81	249			249	7 MO S/L	249	0
70	REFRIDGERATOR	11/01/86	110			110	7 MO S/L	110	0
71	SHELVING	7/01/88	210			210	7 MO S/L	210	0
72	DESK & CREDENZA	7/31/89	500			500	7 MO S/L	500	0
73	COMPUTER UNIT	8/16/89	131			131	7 MO S/L	131	0
74	CONFERENCE TABLE	3/16/91	1,443			1,443	7 MO S/L	1,443	0
75	DESK UNIT	11/21/91	1,057			1,057	7 MO S/L	1,057	0
76	CHAIR	12/23/91	420			420	7 MO S/L	420	0
77	OFFICE EQUIP - SCOBLCIS	9/15/95	197			197	7 MO S/L	197	0
78	COMPUTERS	10/15/98	11,474			11,474	5 MO S/L	11,474	0
79	CHAMBERWARE SOFTWARE	7/27/99	3,495			3,495	5 MO S/L	3,495	0
80	CHRISTMAS LIGHTS	10/04/99	22,809			22,809	5 MO S/L	22,809	0
81	SHARP SF-2030 COPIER	2/16/00	4,632			4,632	5 MO S/L	4,632	0
82	COMPUTER	8/31/01	1,174			1,174	5 MO S/L	1,174	0
83	FIRE FILE	8/31/01	413			413	5 MO S/L	413	0
84	TELEPHONE SYSTEM	1/15/01	4,759			4,759	5 MO S/L	4,759	0
85	COLOR PRINTER	3/30/01	318			318	5 MO S/L	318	0
86	PRINTER	3/30/01	417			417	5 MO S/L	417	0

46-0348636

Federal Asset Report

FYE: 9/30/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
87	CALCULATOR	5/31/02	105			105	5 MO S/L	105	0
88	VISUAL CHAMBERWARE SOFTWARE	6/14/03	3,095			3,095	3 MO S/L	3,095	0
89	REFRIDGERATOR	7/29/03	100			100	5 MO S/L	100	0
90	OFFICE EQUIPMENT	8/15/03	1,339			1,339	7 MO S/L	1,339	0
91	OFFICE EQUIPMENT	8/29/03	1,632			1,632	7 MO S/L	1,632	0
92	BULLETIN BOARD	9/15/03	390			390	7 MO S/L	390	0
93	CHILDREN'S TABLE & CHAIRS	10/10/03	210			210	7 MO S/L	210	0
94	RACKS	10/15/03	1,190			1,190	7 MO S/L	1,190	0
95	CHAIRS	10/15/03	1,650			1,650	7 MO S/L	1,650	0
96	FRAMED MAPS	10/31/03	915			915	7 MO S/L	915	0
97	CD BURNER	10/31/03	148			148	5 MO S/L	148	0
98	HUTCHES	10/31/03	1,011			1,011	7 MO S/L	1,011	0
99	FAX MACHINE	11/30/03	148			148	5 MO S/L	148	0
100	DOOR SIGNAGE	11/30/03	640			640	7 MO S/L	640	0
101	OKIDATA COLOR PRINTER	10/20/03	1,547			1,547	5 MO S/L	1,547	0
102	SIGN	8/13/03	530			530	10 MO S/L	530	0
103	REFINISH CREDENZA	1/30/04	780			780	5 MO S/L	780	0
104	BROCHURE CABINET	3/31/04	550			550	5 MO S/L	550	0
105	MOBILE STAND	3/31/04	233			233	5 MO S/L	233	0
106	EQUIPMENT	8/31/04	680			680	5 MO S/L	680	0
107	FLOOR DISPLAYER	8/31/04	530			530	5 MO S/L	530	0
108	REDO SIGN FOR HWY	10/29/04	538			538	5 MO S/L	538	0
109	20 KEY LCD TELEPHONE	9/29/14	1,172			1,172	5 MO S/L	1,172	0
110	PHONE SYSTEM	12/17/15	2,902			2,902	5 MO S/L	2,902	0
111	LAND	12/31/02	24,646			24,646	0 -- Land	0	0
112	LAND SITE IMPROVEMENTS	12/31/02	12,000			12,000	0 -- Land	0	0
113	SPRINKLER SYSTEM & LANDSCAPING	8/13/03	13,432			13,432	15 MO S/L	13,432	0
114	GRANITE SIGN	11/01/03	6,800			6,800	10 MO S/L	6,800	0
115	PARKING LOT, SIDEWALK & LANDSCAPING	8/13/03	47,665			47,665	25 MO S/L	40,356	1,907
116	SIGN	8/13/04	7,896			7,896	15 MO S/L	7,896	0
117	CHAMBERMASTER SOFTWARE	12/01/10	1,500			1,500	3 MO S/L	1,500	0
118	WEB DESIGN & WEBSITE COST	8/16/12	26,594			26,594	3 MO S/L	26,594	0
119	WEB & SOFTWARE DEVELOPMENT	11/10/16	1,600			1,600	3 MO S/L	1,600	0
120	WEB REDESIGN DEVELOPMENT	2/28/17	11,250			11,250	3 MO S/L	11,250	0
121	RESPONSIVE WEB DESIGN SETUP	2/09/17	1,600			1,600	3 MO S/L	1,600	0
122	LAPTOP-NANCY	2/19/21	1,701			1,701	5 MO S/L	1,219	340
126	HEAT EXCHANGERS	10/24/22	4,354			4,354	15 MO S/L	556	291
Total Other Depreciation			971,814			971,164		635,366	17,898
Total ACRS and Other Depreciation			971,814			971,164		635,366	17,898
Amortization:									
130	LOAN FEES DAKOTA RESOURCES	11/27/24	2,500			2,500	10 MO Amort	0	229
131	LOAN FEES - DAKOTA RESOURCES \$5	2/26/25	5,000			5,000	10 MO Amort	0	333
132	LOAN FEES DAKOTA RESOURCES \$1M	7/15/25	10,000			10,000	10 MO Amort	0	250
15	TRAINING SOLUTIONS	4/11/14	450			450	3 MO Amort	450	0
19	LOAN FEES	6/19/15	13,000			13,000	10 MO Amort	12,133	867
20	LOAN FEES	3/27/15	1,000			1,000	10 MO Amort	958	42
21	WORKFORCE WEBSITE	11/25/14	4,750			4,750	5 MO Amort	4,750	0
22	WORKFORCE WEBSITE	6/22/15	4,750			4,750	5 MO Amort	4,750	0
24	WEB DESIGN COSTS- ORIGINAL	9/30/14	5,838			5,838	5 MO Amort	5,838	0
26	LOAN FEES- DAKOTA RESOURCES	6/20/16	6,000			6,000	10 MO Amort	5,000	600
127	DAKOTA RESOURCES ORIGINATION F	11/17/23	7,500			7,500	10 MO Amort	688	750
128	DAKOTA RESOURCES 400K LOAN	3/01/24	4,000			4,000	10 MO Amort	233	400
129	LINE OF CREDIT FEE	4/30/24	16,290			16,290	10 MO Amort	815	1,629
			81,078			81,078		35,615	5,100
Grand Totals			1,052,892			1,052,242		670,981	22,998
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			1,052,892			1,052,242		670,981	22,998

Book Asset Detail 10/01/2024 - 9/30/2025

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

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Tax Asset Detail 10/01/2024 - 9/30/2025

FYE: 9/30/2025

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1												
Asset Classific: BUILDING												
29		LEASHOLD IMPROVEMENT BU	4/18/2019	4,008.10	0.00	0.00	556.67	102.77	659.44	3,348.66	S/L	39.00
32		CHAMBER BUILDING	8/13/2003	506,005.90	0.00	0.00	268,492.07	12,650.15	281,142.22	224,863.68	S/L	40.00
33		CERAMIC TILE	8/13/2003	15,186.00	0.00	0.00	15,186.00	0.00	15,186.00	0.00	S/L	15.00
34		CARPET	8/13/2003	13,596.00	0.00	0.00	13,596.00	0.00	13,596.00	0.00	S/L	10.00
35		BLINDS	8/13/2003	1,750.00	0.00	0.00	1,750.00	0.00	1,750.00	0.00	S/L	10.00
36		BUILDING IMPROVEMENTS	12/01/2007	81,138.33	0.00	0.00	37,939.64	2,253.84	40,193.48	40,944.85	S/L	36.00
37		NEW GUTTERS & DOWNSPOUT	6/01/2013	2,639.00	0.00	0.00	1,993.87	175.93	2,169.80	469.20	S/L	15.00
38		BUILDING REMODEL	3/04/2016	3,811.23	0.00	0.00	1,211.62	141.16	1,352.78	2,458.45	S/L	27.00
39		YACC SHARE OF OFFICE REMC	4/18/2019	1,000.00	0.00	0.00	194.46	37.04	231.50	768.50	S/L	27.00
126		HEAT EXCHANGERS	10/24/2022	4,353.73	0.00	0.00	556.31	290.25	846.56	3,507.17	S/L	15.00
BUILDING				633,488.29	0.00c	0.00	341,476.64	15,651.14	357,127.78	276,360.51		
Asset Classific: COMPUTER EQUIP												
40		SERVER & CONFIGURATION	9/28/2011	10,173.89	0.00	0.00	10,173.89	0.00	10,173.89	0.00	S/L	5.00
41		2 DESK TOP CUMPUTERS	8/30/2012	1,986.44	0.00	0.00	1,986.44	0.00	1,986.44	0.00	S/L	5.00
42		OPTIPLEX 3010 DESK TOP	2/28/2013	867.08	0.00	0.00	867.08	0.00	867.08	0.00	S/L	5.00
43		OPTIPLEX 3010 PC & SETUP	4/30/2013	1,199.22	0.00	0.00	1,199.22	0.00	1,199.22	0.00	S/L	5.00
44		COMPUTER & SETUP	3/06/2015	1,186.12	0.00	0.00	1,186.12	0.00	1,186.12	0.00	S/L	5.00
45		COMPUTER,MONITOR,LAPTOP	1/31/2017	3,667.59	0.00	0.00	3,667.59	0.00	3,667.59	0.00	S/L	5.00
46		COMPUTER & SETUP	11/13/2018	1,447.07	0.00	0.00	1,447.07	0.00	1,447.07	0.00	S/L	5.00
47		KASI COMPUTER	1/11/2019	2,113.47	0.00	0.00	2,113.47	0.00	2,113.47	0.00	S/L	5.00
122		LAPTOP-NANCY	2/19/2021	1,700.81	0.00	0.00	1,218.91	340.16	1,559.07	141.74	S/L	5.00
COMPUTER EQUIP				24,341.69	0.00c	0.00	23,859.79	340.16	24,199.95	141.74		
Asset Classific: EQUIPMENT												
12		EQUIPMENT	2/20/2014	1,868.30	0.00	0.00	1,868.30	0.00	1,868.30	0.00	S/L	5.00
13		EQUIPMENT	4/22/2014	1,559.15	0.00	0.00	1,559.15	0.00	1,559.15	0.00	S/L	5.00
15		TRAINING SOLUTIONS	4/11/2014	450.00	0.00	0.00	450.00	0.00	450.00	0.00	Amort	3.00
16		YANKTON COMPUTER	3/27/2014	1,214.24	0.00	0.00	1,214.24	0.00	1,214.24	0.00	S/L	5.00
17		COMPUTER (RITA)	5/14/2015	1,542.71	0.00	0.00	1,542.71	0.00	1,542.71	0.00	S/L	5.00
18		COMPUTER	11/14/2014	1,176.70	0.00	0.00	1,176.70	0.00	1,176.70	0.00	S/L	5.00
23		COMPUTER EQUIPMENT-ORIGI	9/30/2013	2,233.30	0.00	0.00	2,233.30	0.00	2,233.30	0.00	S/L	5.00
25		TELEPHONE SYSTEM	12/17/2015	2,902.23	0.00	0.00	2,902.23	0.00	2,902.23	0.00	S/L	7.00
27		COMPUTER-JEN	1/30/2018	1,862.32	0.00	0.00	1,862.32	0.00	1,862.32	0.00	S/L	5.00
28		COMPUTER-CHRISTINE	5/31/2018	1,862.67	0.00	0.00	1,862.67	0.00	1,862.67	0.00	S/L	5.00
30		COMPUTERS - RITA & BRIAN	1/15/2019	2,894.55	0.00	0.00	2,894.55	0.00	2,894.55	0.00	S/L	5.00
48		COMPUTER/GL PROGRAM	2/01/1988	371.00	0.00	0.00	371.00	0.00	371.00	0.00	S/L	5.00
49		SOFTWARE	8/04/1989	1,290.00	0.00	0.00	1,290.00	0.00	1,290.00	0.00	S/L	5.00
50		CHAIRS	1/15/1990	406.09	0.00	0.00	406.09	0.00	406.09	0.00	200DB	7.00
51		FAX MACHINE	4/06/1990	846.30	0.00	0.00	846.30	0.00	846.30	0.00	200DB	7.00
52		IMS SOFTWARE	6/29/1990	519.75	0.00	0.00	519.75	0.00	519.75	0.00	200DB	7.00
53		BUSINESS WORK SOFTWARE	9/25/1990	487.60	0.00	0.00	487.60	0.00	487.60	0.00	200DB	7.00
54		VEDIO-PROMOTION	6/15/1990	15,000.00	0.00	0.00	15,000.00	0.00	15,000.00	0.00	200DB	7.00
55		SHOT MASTER ZOOM CAMARA	4/20/1990	249.95	0.00	0.00	249.95	0.00	249.95	0.00	200DB	7.00
56		SWINTEC CALCULATOR	10/31/1991	199.45	0.00	0.00	199.45	0.00	199.45	0.00	S/L	7.00
57		PRINTER	1/31/1991	784.44	0.00	0.00	784.44	0.00	784.44	0.00	S/L	7.00

Tax Asset Detail 10/01/2024 - 9/30/2025

FYE: 9/30/2025

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Asset Classific: EQUIPMENT (continued)												
58		ANSWERING MACHINE	10/06/1992	42.23	0.00	0.00	42.23	0.00	42.23	0.00	S/L	3.00
59		AIR CLEANER	1/27/1993	110.61	0.00	0.00	110.61	0.00	110.61	0.00	S/L	7.00
60		CHAIR	7/15/1993	277.20	0.00	0.00	277.20	0.00	277.20	0.00	S/L	7.00
61		SHELVES	8/15/1993	166.32	0.00	0.00	166.32	0.00	166.32	0.00	S/L	7.00
62		OFFICE CHAIR	12/31/1996	104.81	0.00	0.00	104.81	0.00	104.81	0.00	S/L	7.00
63		COMPUTER & PRINTER	12/31/1996	2,597.96	0.00	0.00	2,597.96	0.00	2,597.96	0.00	S/L	5.00
64		KARL'S TV	3/12/1996	739.88	0.00	0.00	739.88	0.00	739.88	0.00	S/L	5.00
65		FIRST DAKOTA	5/15/1996	75.00	0.00	0.00	75.00	0.00	75.00	0.00	S/L	5.00
66		CALCULATOR	10/01/1981	103.95	0.00	0.00	103.95	0.00	103.95	0.00	S/L	7.00
67		OFFICE FURNITURE	9/01/1981	6,421.96	0.00	0.00	6,421.96	0.00	6,421.96	0.00	S/L	7.00
68		CLOCKS	10/01/1981	124.95	0.00	0.00	124.95	0.00	124.95	0.00	S/L	7.00
69		SECRETART CHAIR	12/01/1981	248.54	0.00	0.00	248.54	0.00	248.54	0.00	S/L	7.00
70		REFRIDGERATOR	11/01/1986	110.25	0.00	0.00	110.25	0.00	110.25	0.00	S/L	7.00
71		SHELVING	7/01/1988	210.25	0.00	0.00	210.25	0.00	210.25	0.00	S/L	7.00
72		DESK & CREDENZA	7/31/1989	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	7.00
73		COMPUTER UNIT	8/16/1989	131.24	0.00	0.00	131.24	0.00	131.24	0.00	S/L	7.00
74		CONFERENCE TABLE	3/16/1991	1,442.70	0.00	0.00	1,442.70	0.00	1,442.70	0.00	S/L	7.00
75		DESK UNIT	11/21/1991	1,056.72	0.00	0.00	1,056.72	0.00	1,056.72	0.00	S/L	7.00
76		CHAIR	12/23/1991	420.00	0.00	0.00	420.00	0.00	420.00	0.00	S/L	7.00
77		OFFICE EQUIP - SCOBLCIS	9/15/1995	197.37	0.00	0.00	197.37	0.00	197.37	0.00	S/L	7.00
78		COMPUTERS	10/15/1998	11,474.38	0.00	0.00	11,474.38	0.00	11,474.38	0.00	S/L	5.00
79		CHAMBERWARE SOFTWARE	7/27/1999	3,495.00	0.00	0.00	3,495.00	0.00	3,495.00	0.00	S/L	5.00
80		CHRISTMAS LIGHTS	10/04/1999	22,809.00	0.00	0.00	22,809.00	0.00	22,809.00	0.00	S/L	5.00
81		SHARP SF-2030 COPIER	2/16/2000	4,631.67	0.00	0.00	4,631.67	0.00	4,631.67	0.00	S/L	5.00
82		COMPUTER	8/31/2001	1,174.48	0.00	0.00	1,174.48	0.00	1,174.48	0.00	S/L	5.00
83		FIRE FILE	8/31/2001	413.40	0.00	0.00	413.40	0.00	413.40	0.00	S/L	5.00
84		TELEPHONE SYSTEM	1/15/2001	4,759.40	0.00	0.00	4,759.40	0.00	4,759.40	0.00	S/L	5.00
85		COLOR PRINTER	3/30/2001	317.99	0.00	0.00	317.99	0.00	317.99	0.00	S/L	5.00
86		PRINTER	3/30/2001	416.74	0.00	0.00	416.74	0.00	416.74	0.00	S/L	5.00
87		CALCULATOR	5/31/2002	104.94	0.00	0.00	104.94	0.00	104.94	0.00	S/L	5.00
88		VISUAL CHAMBERWARE SOFT	6/14/2003	3,095.00	0.00	0.00	3,095.00	0.00	3,095.00	0.00	S/L	3.00
89		REFRIDGERATOR	7/29/2003	100.00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	5.00
90		OFFICE EQUIPMENT	8/15/2003	1,339.12	0.00	0.00	1,339.12	0.00	1,339.12	0.00	S/L	7.00
91		OFFICE EQUIPMENT	8/29/2003	1,632.40	0.00	0.00	1,632.40	0.00	1,632.40	0.00	S/L	7.00
92		BULLETIN BOARD	9/15/2003	390.09	0.00	0.00	390.09	0.00	390.09	0.00	S/L	7.00
93		CHILDREN'S TABLE & CHAIRS	10/10/2003	210.00	0.00	0.00	210.00	0.00	210.00	0.00	S/L	7.00
94		RACKS	10/15/2003	1,190.00	0.00	0.00	1,190.00	0.00	1,190.00	0.00	S/L	7.00
95		CHAIRS	10/15/2003	1,650.42	0.00	0.00	1,650.42	0.00	1,650.42	0.00	S/L	7.00
96		FRAMED MAPS	10/31/2003	914.78	0.00	0.00	914.78	0.00	914.78	0.00	S/L	7.00
97		CD BURNER	10/31/2003	147.94	0.00	0.00	147.94	0.00	147.94	0.00	S/L	5.00
98		HUTCHES	10/31/2003	1,011.02	0.00	0.00	1,011.02	0.00	1,011.02	0.00	S/L	7.00
99		FAX MACHINE	11/30/2003	148.35	0.00	0.00	148.35	0.00	148.35	0.00	S/L	5.00
100		DOOR SIGNAGE	11/30/2003	640.47	0.00	0.00	640.47	0.00	640.47	0.00	S/L	7.00
101		OKIDATA COLOR PRINTER	10/20/2003	1,547.09	0.00	0.00	1,547.09	0.00	1,547.09	0.00	S/L	5.00
102		SIGN	8/13/2003	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	10.00
103		REFINISH CREDENZA	1/30/2004	780.22	0.00	0.00	780.22	0.00	780.22	0.00	S/L	5.00
104		BROCHURE CABINET	3/31/2004	550.00	0.00	0.00	550.00	0.00	550.00	0.00	S/L	5.00
105		MOBILE STAND	3/31/2004	232.89	0.00	0.00	232.89	0.00	232.89	0.00	S/L	5.00
106		EQUIPMENT	8/31/2004	680.00	0.00	0.00	680.00	0.00	680.00	0.00	S/L	5.00

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Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Asset Classific: EQUIPMENT (continued)												
107		FLOOR DISPLAYER	8/31/2004	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
108		REDO SIGN FOR HWY	10/29/2004	537.77	0.00	0.00	537.77	0.00	537.77	0.00	S/L	5.00
109		20 KEY LCD TELEPHONE	9/29/2014	1,172.10	0.00	0.00	1,172.10	0.00	1,172.10	0.00	S/L	5.00
110		PHONE SYSTEM	12/17/2015	2,902.23	0.00	0.00	2,902.23	0.00	2,902.23	0.00	S/L	5.00
EQUIPMENT				<u>126,331.58</u>	<u>0.00c</u>	<u>0.00</u>	<u>126,331.58</u>	<u>0.00</u>	<u>126,331.58</u>	<u>0.00</u>		
Asset Classific: IMPROVEMENTS												
113		SPRINKLER SYSTEM & LANDS	8/13/2003	13,432.00	0.00	0.00	13,432.00	0.00	13,432.00	0.00	S/L	15.00
114		GRANITE SIGN	11/01/2003	6,800.00	0.00	0.00	6,800.00	0.00	6,800.00	0.00	S/L	10.00
115		PARKING LOT, SIDEWALK & L	8/13/2003	47,665.00	0.00	0.00	40,356.37	1,906.60	42,262.97	5,402.03	S/L	25.00
116		SIGN	8/13/2004	7,895.92	0.00	0.00	7,895.92	0.00	7,895.92	0.00	S/L	15.00
IMPROVEMENTS				<u>75,792.92</u>	<u>0.00c</u>	<u>0.00</u>	<u>68,484.29</u>	<u>1,906.60</u>	<u>70,390.89</u>	<u>5,402.03</u>		
Asset Classific: LAND												
111		LAND	12/31/2002	24,645.50	0.00	0.00	0.00	0.00	0.00	24,645.50	Land	0.00
112		LAND SITE IMPROVEMENTS	12/31/2002	12,000.00	0.00	0.00	0.00	0.00	0.00	12,000.00	Land	0.00
LAND				<u>36,645.50</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>36,645.50</u>		
Asset Classific: LOAN FEES												
19		LOAN FEES	6/19/2015	13,000.00	0.00	0.00	12,133.33	866.67	13,000.00	0.00	Amort	10.00
20		LOAN FEES	3/27/2015	1,000.00	0.00	0.00	958.33	41.67	1,000.00	0.00	Amort	10.00
26		LOAN FEES- DAKOTA RESOUR	6/20/2016	6,000.00	0.00	0.00	5,000.00	600.00	5,600.00	400.00	Amort	10.00
127		DAKOTA RESOURCES ORIGINA	11/17/2023	7,500.00	0.00	0.00	687.50	750.00	1,437.50	6,062.50	Amort	10.00
128		DAKOTA RESOURCES 400K LO	3/01/2024	4,000.00	0.00	0.00	233.33	400.00	633.33	3,366.67	Amort	10.00
129		LINE OF CREDIT FEE	4/30/2024	16,290.00	0.00	0.00	814.50	1,629.00	2,443.50	13,846.50	Amort	10.00
130		LOAN FEES DAKOTA RESOURC	11/27/2024	2,500.00	0.00c	0.00	0.00	229.17	229.17	2,270.83	Amort	10.00
131		LOAN FEES - DAKOTA RESOUR	2/26/2025	5,000.00	0.00c	0.00	0.00	333.33	333.33	4,666.67	Amort	10.00
132		LOAN FEES DAKOTA RESOURC	7/15/2025	10,000.00	0.00c	0.00	0.00	250.00	250.00	9,750.00	Amort	10.00
LOAN FEES				<u>65,290.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>19,826.99</u>	<u>5,099.84</u>	<u>24,926.83</u>	<u>40,363.17</u>		
Asset Classific: SOFTWARE												
14		TRAINING SOLUTIONS	2/07/2014	1,299.00	0.00	649.50	1,299.00	0.00	1,299.00	0.00	Amort	3.00
21		WORKFORCE WEBSITE	11/25/2014	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
22		WORKFORCE WEBSITE	6/22/2015	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
24		WEB DESIGN COSTS- ORIGINAI	9/30/2014	5,837.76	0.00	0.00	5,837.76	0.00	5,837.76	0.00	Amort	5.00
31		WEB DEVELOPMENT	6/01/2009	31,825.00	0.00	0.00	31,825.00	0.00	31,825.00	0.00	S/L	3.00
117		CHAMBERMASTER SOFTWARE	12/01/2010	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	0.00	S/L	3.00
118		WEB DESIGN & WEBSITE COST	8/16/2012	26,594.24	0.00	0.00	26,594.24	0.00	26,594.24	0.00	S/L	3.00
119		WEB & SOFTWARE DEVELOPM	11/10/2016	1,600.00	0.00	0.00	1,600.00	0.00	1,600.00	0.00	S/L	3.00
120		WEB REDESIGN DEVELOPMEN	2/28/2017	11,250.00	0.00	0.00	11,250.00	0.00	11,250.00	0.00	S/L	3.00
121		RESPONSIVE WEB DESIGN SET	2/09/2017	1,600.00	0.00	0.00	1,600.00	0.00	1,600.00	0.00	S/L	3.00
SOFTWARE				<u>91,006.00</u>	<u>0.00c</u>	<u>649.50</u>	<u>91,006.00</u>	<u>0.00</u>	<u>91,006.00</u>	<u>0.00</u>		
Form 990, Page 1				<u>1,052,895.98</u>	<u>0.00c</u>	<u>649.50</u>	<u>670,985.29</u>	<u>22,997.74</u>	<u>693,983.03</u>	<u>358,912.95</u>		

Tax Asset Detail 10/01/2024 - 9/30/2025

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Sec 179 Exp Current = c</u>	<u>Tax Bonus Amt</u>	<u>Tax Prior Depreciation</u>	<u>Tax Current Depreciation</u>	<u>Tax End Depr</u>	<u>Tax Net Book Value</u>	<u>Tax Method</u>	<u>Tax Period</u>
Grand Total				<u>1,052,895.98</u>	<u>0.00</u>	<u>649.50</u>	<u>670,985.29</u>	<u>22,997.74</u>	<u>693,983.03</u>	<u>358,912.95</u>		

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AMT Asset Detail 10/01/2024 - 9/30/2025

Asset	d t	Property Description	Date In Service	AMT Cost	AMT Sec 179 Exp c	AMT Bonus Amt	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr	AMT Net Book Value	AMT Method	AMT Period
Activity: Form 990, Page 1 Asset Classific: EQUIPMENT (continued)												
107		FLOOR DISPLAYER	8/31/2004	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
108		REDO SIGN FOR HWY	10/29/2004	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
109		20 KEY LCD TELEPHONE	9/29/2014	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
110		PHONE SYSTEM	12/17/2015	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
EQUIPMENT				<u>34,927.17</u>	<u>0.00c</u>	<u>0.00</u>	<u>34,927.17</u>	<u>0.00</u>	<u>34,927.17</u>	<u>0.00</u>		
Asset Classific: IMPROVEMENTS												
113		SPRINKLER SYSTEM & LANDS	8/13/2003	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
114		GRANITE SIGN	11/01/2003	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
115		PARKING LOT, SIDEWALK & L	8/13/2003	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
116		SIGN	8/13/2004	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
IMPROVEMENTS				<u>0.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		
Asset Classific: LAND												
111		LAND	12/31/2002	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
112		LAND SITE IMPROVEMENTS	12/31/2002	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
LAND				<u>0.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>		
Asset Classific: LOAN FEES												
19		LOAN FEES	6/19/2015	13,000.00	0.00	0.00	12,133.33	866.67	13,000.00	0.00	Amort	10.00
20		LOAN FEES	3/27/2015	1,000.00	0.00	0.00	958.33	41.67	1,000.00	0.00	Amort	10.00
26		LOAN FEES- DAKOTA RESOUR	6/20/2016	6,000.00	0.00	0.00	5,000.00	600.00	5,600.00	400.00	Amort	10.00
127		DAKOTA RESOURCES ORIGINA	11/17/2023	7,500.00	0.00	0.00	687.50	750.00	1,437.50	6,062.50	Amort	10.00
128		DAKOTA RESOURCES 400K LO	3/01/2024	4,000.00	0.00	0.00	233.33	400.00	633.33	3,366.67	Amort	10.00
129		LINE OF CREDIT FEE	4/30/2024	16,290.00	0.00	0.00	814.50	1,629.00	2,443.50	13,846.50	Amort	10.00
130		LOAN FEES DAKOTA RESOURC	11/27/2024	2,500.00	0.00c	0.00	0.00	229.17	229.17	2,270.83	Amort	10.00
131		LOAN FEES - DAKOTA RESOUR	2/26/2025	5,000.00	0.00c	0.00	0.00	333.33	333.33	4,666.67	Amort	10.00
132		LOAN FEES DAKOTA RESOURC	7/15/2025	10,000.00	0.00c	0.00	0.00	250.00	250.00	9,750.00	Amort	10.00
LOAN FEES				<u>65,290.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>19,826.99</u>	<u>5,099.84</u>	<u>24,926.83</u>	<u>40,363.17</u>		
Asset Classific: SOFTWARE												
14		TRAINING SOLUTIONS	2/07/2014	1,299.00	0.00	649.50	1,299.00	0.00	1,299.00	0.00	Amort	3.00
21		WORKFORCE WEBSITE	11/25/2014	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
22		WORKFORCE WEBSITE	6/22/2015	4,750.00	0.00	0.00	4,750.00	0.00	4,750.00	0.00	Amort	5.00
24		WEB DESIGN COSTS- ORIGINA	9/30/2014	5,837.76	0.00	0.00	5,837.76	0.00	5,837.76	0.00	Amort	5.00
31		WEB DEVELOPMENT	6/01/2009	74,369.24	0.00	0.00	74,369.24	0.00	74,369.24	0.00	Land	3.00
117		CHAMBERMASTER SOFTWARE	12/01/2010	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
118		WEB DESIGN & WEBSITE COST	8/16/2012	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
119		WEB & SOFTWARE DEVELOPM	11/10/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
120		WEB REDESIGN DEVELOPMEN	2/28/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
121		RESPONSIVE WEB DESIGN SET	2/09/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
SOFTWARE				<u>91,006.00</u>	<u>0.00c</u>	<u>649.50</u>	<u>91,006.00</u>	<u>0.00</u>	<u>91,006.00</u>	<u>0.00</u>		
Form 990, Page 1				<u>201,285.81</u>	<u>0.00c</u>	<u>649.50</u>	<u>148,092.05</u>	<u>5,833.02</u>	<u>153,925.07</u>	<u>47,360.74</u>		

AMT Asset Detail 10/01/2024 - 9/30/2025

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In</u> <u>Service</u>	<u>AMT</u> <u>Cost</u>	<u>AMT Sec</u> <u>179 Exp</u>	<u>c</u>	<u>AMT</u> <u>Bonus Amt</u>	<u>AMT Prior</u> <u>Depreciation</u>	<u>AMT Curr</u> <u>Depreciation</u>	<u>AMT</u> <u>End Depr</u>	<u>AMT Net</u> <u>Book Value</u>	<u>AMT</u> <u>Method</u>	<u>AMT</u> <u>Period</u>
Grand Total				<u>201,285.81</u>	<u>0.00</u>	<u>c</u>	<u>649.50</u>	<u>148,092.05</u>	<u>5,833.02</u>	<u>153,925.07</u>	<u>47,360.74</u>		

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Form 990-T	Business Income Activity Summary	2024
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Name YANKTON THRIVE INC	Taxpayer Identification Number 46-0348636
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Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	A. <u>13,225</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C. <u>951</u>
D. Pre-2018 Applied (Sum of B and C)	D. <u>951</u>
E. Pre-2018 Remaining (Line A minus Line D)	E. <u>12,274</u>
F. Pre-2018 Net Operating Losses Expiring this Year	F. _____
G. Pre-2018 Net Operating Losses Carried Forward	G. <u>12,274</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. SD EQUITY PARTNERS	900099	1. <u>951</u>	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue		15. _____	_____
16. Total taxable income		16. <u>951</u>	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. _____

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2024

For calendar year 2024, or tax year beginning **10/01/24**, ending **09/30/25**

Name

YANKTON THRIVE INC

Employer Identification Number
46-0348636

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year	Current Year		Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
14th 09/30/05					
13th 09/30/06					
12th 09/30/07					
11th 09/30/08					
10th 09/30/09					
9th 09/30/10					
8th 09/30/11					
7th 09/30/12					
6th 09/30/13	-1,378		1,378	951	427
5th 09/30/14	-3,452		3,452		3,452
4th 09/30/15	-3,206		3,206		3,206
3rd 09/30/16	-1,397		1,397		1,397
2nd 09/30/17	-1,460		1,460		1,460
1st 09/30/18	-2,332		2,332		2,332
NOL carryover available to current year			13,225		
Current year	951			951	
NOL carryover available to next year					12,274

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 10/01/24 , ending 09/30/25		

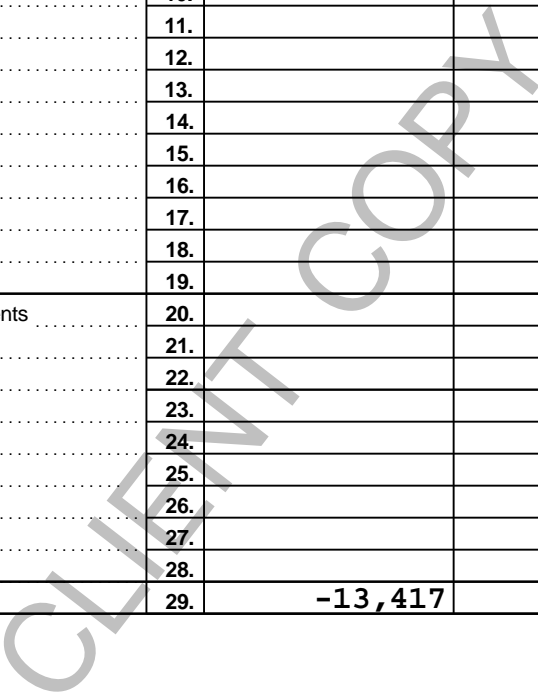
Name **YANKTON THRIVE INC** Taxpayer Identification Number **46-0348636**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	82,233	38,098	-44,135
	2. Membership dues and assessments	280,338	254,549	-25,789
	3. Government contributions and grants	3,156,269	1,173,538	-1,982,731
	4. Program service revenue	411,532	446,866	35,334
	5. Investment income	16,688	8,880	-7,808
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	227,572	515,952	288,380
	12. Total revenue. Add lines 1 through 11	4,174,632	2,437,883	-1,736,749
Expenses	13. Grants and similar amounts paid	1,852,034	395,468	-1,456,566
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	211,710	223,810	12,100
	16. Salaries, other compensation, and employee benefits	413,510	440,926	27,416
	17. Professional fundraising fees			
	18. Other professional fees	64,775	69,046	4,271
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	22,128	22,998	870
	21. Other expenses	429,158	620,930	191,772
	22. Total expenses. Add lines 13 through 21	2,993,315	1,773,178	-1,220,137
	23. Excess or (Deficit). Subtract line 22 from line 12	1,181,317	664,705	-516,612
Other Information	24. Total exempt revenue	4,174,632	2,437,883	-1,736,749
	25. Total unrelated revenue	-13,417	4,757	18,174
	26. Total excludable revenue	669,209	966,941	297,732
	27. Total assets	9,680,780	10,590,007	909,227
	28. Total liabilities	4,104,135	4,349,210	245,075
	29. Retained earnings	5,576,645	6,240,797	664,152
	30. Number of voting members of governing body	24	25	
	31. Number of independent voting members of governing body	24	25	
	32. Number of employees	11	13	
	33. Number of volunteers	50	50	

Form 990T	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 10/01/24 , ending 09/30/25		

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

		2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		951	951
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss		951	951
	6. Net operating loss (pre-2018)		951	951
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
	29. Activity Losses NOL (Post-2017)		-13,417	13,417



Form **990****Tax Return History****2024**

Name

YANKTON THRIVE INC

Employer Identification Number

46-0348636

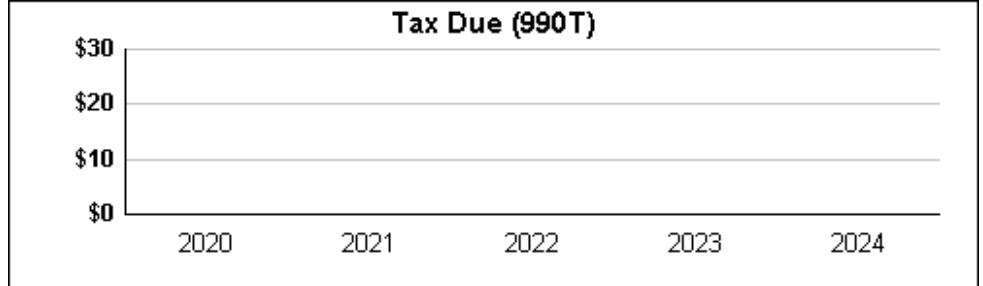
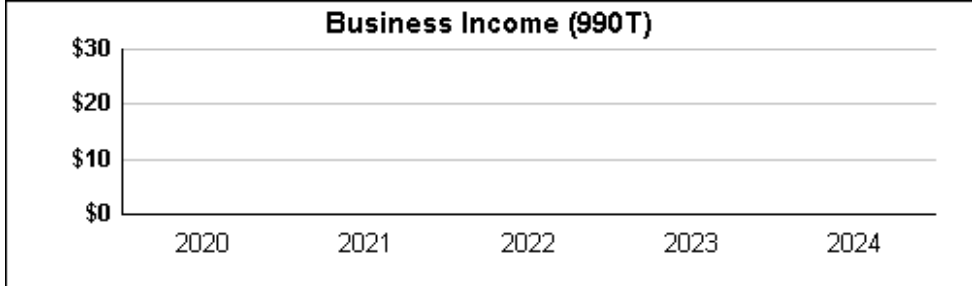
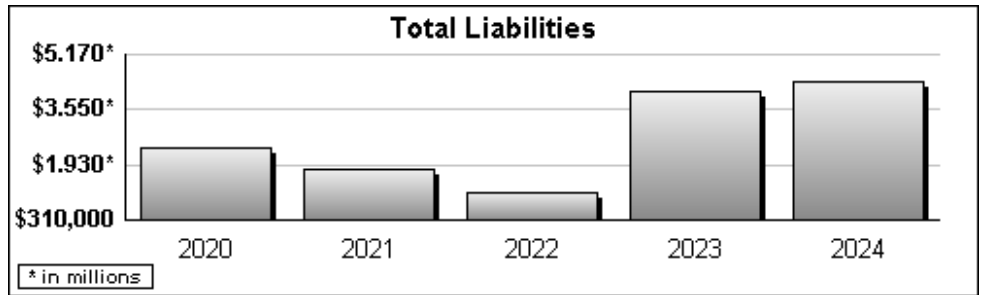
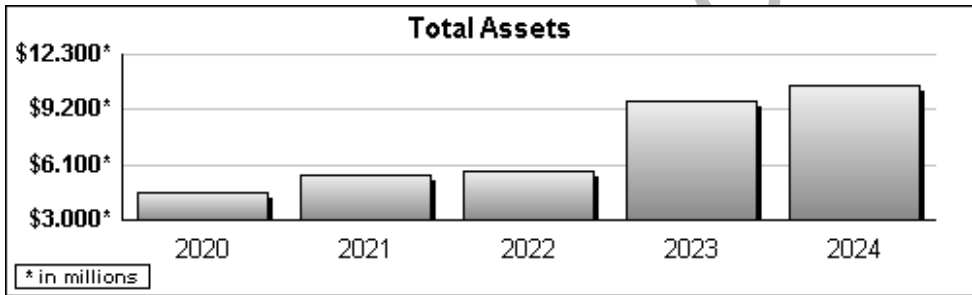
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,216,842	3,661,302	2,845,274	3,238,502	1,211,636	
Membership dues	90,184	247,608	250,868	280,338	254,549	
Program service revenue	353,301	388,461	421,138	411,532	446,866	
Capital gain or loss		-1,977				
Investment income	1,850	2,785	17,521	16,688	8,880	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	-45,875	-329,387	153,436	227,572	515,952	
Total revenue	1,616,302	3,968,792	3,688,237	4,174,632	2,437,883	
Grants and similar amounts paid	843,198	791,402	896,045	1,852,034	395,468	
Benefits paid to or for members						
Compensation of officers, etc.	207,558	210,035	200,712	211,710	223,810	
Other compensation	188,350	341,427	413,196	413,510	440,926	
Professional fees	39,323	307,793	307,998	64,775	69,046	
Occupancy costs	21,943					
Depreciation and depletion	22,914	36,829	35,860	22,128	22,998	
Other expenses	346,178	623,639	991,313	429,158	620,930	
Total expenses	1,669,464	2,311,125	2,845,124	2,993,315	1,773,178	
Excess or (Deficit)	-53,162	1,657,667	843,113	1,181,317	664,705	
Total exempt revenue	1,616,302	3,968,792	3,688,237	4,174,632	2,437,883	
Total unrelated revenue	-48,958	-24,940	-30,814	-13,417	4,757	
Total excludable revenue	358,234	84,822	622,909	669,209	966,941	
Total Assets	4,530,814	5,549,140	5,745,063	9,680,780	10,590,007	
Total Liabilities	2,408,965	1,784,893	1,119,543	4,104,135	4,349,210	
Net Fund Balances	2,121,849	3,764,247	4,625,520	5,576,645	6,240,797	

Form 990T	Tax Return History	2024
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Name YANKTON THRIVE INC	Employer Identification Number 46-0348636
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	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	0	0	0	951	
Charitable contributions						
Net operating loss deduction					951	
Specific deduction		1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments	14,739					
Other payments						
Balance due /Overpayment	-14,739					

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME/BANK	\$ 8,798				14	
SOUTH DAKOTA EQUITY PARTNERS	82				14	
TOTAL	<u>\$ 8,880</u>					

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