Public Disclosure Copy

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о				n or other filer, see instructions. Taxpayer identification numb			
print	LIFESCAPE FOUNDATION			46-0353254			
File by the due date f filing your	y the ate for your 2501 WEST 26TH STREET						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SIOUX FALLS, SD 57105-2498							
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)				
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) STEVE WILSON	07					
 If the If this box > 1 the th	request an automatic 6-month extension of time until ne organization named above. The extension is for the orga ▶ calendar year or	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole ers the exte npt organiza	group, check this ension is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0	
	stimated tax payments made. Include any prior year overpa			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	•				0.	
	sing EFTPS (Electronic Federal Tax Payment System). See n: If you are going to make an electronic funds withdrawal ions.			3c 153-TE and	l ⊅ d Form 887		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

	_		** PUBLIC DISCLOSURE COP Return of Organization Exempt Fr		ncome Tax	OMB No. 1545-0047		
Form	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					2022		
Depa	Do not enter social security numbers on this form as it may be made public.							
Interr	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection		
<u>A</u> F	or th	e 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and er	nding J	UN 30, 2023			
	Check if	ole: C Name o	forganization		D Employer identifica	ation number		
	_Addr 	ge LIFE	SCAPE FOUNDATION					
	Nam Chan	ge Doing b	usiness as		46-035325	4		
	Initia	Number	and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number			
	Final		WEST 26TH STREET		605-444-9			
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,390,010.		
	Amer returi	n <u>SIOO</u>	X FALLS, SD 57105-2498		H(a) Is this a group ret			
	Appli tion pend		nd address of principal officer: JESSICA WELLS		for subordinates?			
		SAME	AS C ABOVE		H(b) Are all subordinates incl			
		empt status:		527	l	st. See instructions		
_	Nebs		LIFESCAPESD.ORG/FOUNDATION	1	H(c) Group exemption			
	orm c art l		X Corporation Trust Association Other	L Year	of formation: 1979 M	State of legal domicile: SD		
ГС	<u> </u>							
e	1		e the organization's mission or most significant activities: <u>TO PRC</u> ES OF CHILDREN AND ADULTS SERVED BY					
anc								
Governance	2	Check this bo	22					
ğ	3		ber of voting members of the governing body (Part VI, line 1a) 3 ber of independent voting members of the governing body (Part VI, line 1b) 4					
	5		of individuals employed in calendar year 2022 (Part V, line 2a)	<u>21</u> 9				
Activities &	6		of nonviduals employed in calendar year 2022 (Part V, inte 2a)			87		
či						0.		
¥			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
•	8	Contributions	and grants (Part VIII, line 1h)		4,539,664.	1,735,513.		
nue	9		ce revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		4,699,208.	4,026,387.		
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,920.	33,017.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,247,792.	5,794,917.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		3,757,056.	6,001,998.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		606,520.	748,345.		
Expenses	16 a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.		
ď×	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 716,105	5.		440.601		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		504,925.	448,681.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,868,501.	7,199,024.		
	19	Revenue less	expenses. Subtract line 18 from line 12		4,379,291.	<u>-1,404,107.</u>		
ts of				1	ginning of Current Year	End of Year		
Ssei Bala	20	Total assets (F			<u>12,557,125.</u> 1,577,373.	116,794,947.		
Net Assets or	21		; (Part X, line 26)		10,979,752.	<u>1,541,018.</u> 115,253,929.		
	22 art II		fund balances. Subtract line 21 from line 20	⊥	10,313,134.	<u></u> ,2_,2_929.		
			I declare that I have examined this return, including accompanying schedules a	and stateme	ints and to the best of my l	nowledge and belief it is		
			Declaration of preparer (other than officer) is based on all information of which			וו ואסשוטעשט מווע שבוובו, וג וא		
uuo,	,	si, una sompiete	becaution of property (other than officer) is based of an information of which	propurol	nao any knowlougo.			

Paid LAURIE HANSON, CPA LAURIE HANSON, CPA 04/23/24 Preparer Firm's name EIDE BAILLY LLP Firm's EIN 45-02 Use Only Firm's address 345 N. REID PL., STE. 400 Phone no.605-33							
Print/Type preparer's name Preparer's signature Date Paid LAURIE HANSON, CPA LAURIE HANSON, CPA 04/23/24 Firm's name EIDE BAILLY LLP Firm's EIN 45-02 Vse Only Firm's address 345 N. REID PL., STE. 400 SIOUX FALLS, SD 57103-7034 Phone no.605-33							
Paid LAURIE HANSON, CPA LAURIE 04/23/24 Preparer Firm's name EIDE BAILLY LLP Use Only Firm's address 345 N. REID PL., STE. 400 SIOUX FALLS, SD 57103-7034 Phone no.605-33							
PreparerFirm's nameEIDEBAILLYLLPFirm's EIN45-02Use OnlyFirm's address345 N. REIDPL., STE. 400SIOUXFALLS, SD57103-7034Phone no.605-33	PTIN						
Use Only Firm's address 345 N. REID PL., STE. 400 SIOUX FALLS, SD 57103-7034 Phone no.605-33	0851848						
SIOUX FALLS, SD 57103-7034 Phone no.605-33	50958						
	9-1999						
May the IRS discuss this return with the preparer shown above? See instructions	May the IRS discuss this return with the preparer shown above? See instructions						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

	990 (2022) LIFESCAPE FOUNDATION 46-0353254 Page 2
Pa	t 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: THE MISSION OF THE LIFESCAPE FOUNDATION IS TO PROVIDE RESOURCES TO ENHANCE THE LIVES OF CHILDREN AND ADULTS SERVED BY LIFESCAPE. WE DO
	THIS THROUGH DIRECT SUPPORT OF THERAPY, EDUCATION, SUPPORTED LIVING
	AND EMPLOYMENT PROGRAMS, AND HELPING MEET ESSENTIAL, BASIC LIVING
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X 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 \$6,069,095. including grants of \$6,001,998.) (Revenue \$]
	LIFESCAPE FOUNDATION PROVIDED RESOURCES THAT SUPPORTED THE MISSION,
	GOALS AND OPERATIONS OF THE CHILDREN'S CARE HOSPITAL AND SCHOOL, DBA
	LIFESCAPE, SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE, AND LIFESCAPE.
	ACCOMPLISHMENTS THAT CONTRIBUTED TO THIS MISSION INCLUDED HOLDING SIX
	MAJOR FUNDRAISING EVENTS THROUGHOUT THE YEAR, INCREASED DONOR
	COMMUNICATIONS THROUGH NEWSLETTERS AND PHONE CALLS, AND CONTINUED
	STRONG PLANNED GIVING PARTICIPATION. THE LIFESCAPE FOUNDATION
	CONTRIBUTED \$1,091,303 THROUGH DONOR-RESTRICTED GIFTS RESULTING IN
	DIRECT PROGRAM SUPPORT TO LIFESCAPE. THE LIFESCAPE FOUNDATION ENDOWMENT
	WAS ABLE TO MAKE A 4.0% CONTRIBUTION EQUALING \$2.7 MILLION TO ASSIST
	WITH THE OPERATION COSTS OF THE CHILDREN'S CARE HOSPITAL AND SCHOOL DBA LIFESCAPE AND SOUTH DAKOTA ACHIEVE DBA LIFESCAPE AND LIFESCAPE LAST
4b	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,069,095.
	Form 990 (2022

Form	aan	(2022)

Form 990 (2022) LIFESCAPE FOUNDATION
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	~	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		- 11
b 01	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization organiza	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u> </u> 21	1 7	1

Form 990 (2022)

Form	990	(2022)
	330	

 Form 990 (2022)
 LIFESCAPE
 FOUNDATION

 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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b		24b		
c				
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			X
			Yes	No
1a	1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) LIFESCAPE FOUNDATION 46-0353	254	P	age 5	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			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 9				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
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? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	b If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	Gross income from members or shareholders [11a]				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?			х	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.				

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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	

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• ·		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	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			
	STEVE WILSON - 605-444-9820			
	2501 W 26TH STREET, SIOUX FALLS, SD 57105-2498			

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compen	sated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Report	able	Estimated	
	hours per	box,	unles	ss per	son i	s both r/trust	an	compensation	compensation		amount of	
	week		er an	aau	recio	r/trus	.ee)	from	from related		other	
	(list any hours for	irecto						the organization	organiza (W-2/1099		compensation from the	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-N		organization	
	organizations	truste	al trus		iyee	mper		1099-NEC)	10001		and related	
	below	ndividual trustee or director	nstitutional trustee	er	ƙey employee	Highest compensated employee	ner	,			organizations	
	line)	Indiv	Insti	Officer	Key	High emp	Former					
(1) STEVE WATKINS	1.00											
LIFESCAPE CEO & PRESIDENT	59.00	Х		Х				0.	309	,623.	35,981.	
(2) STEVE WILSON	1.00											
LIFESCAPE CFO	59.00			Х				0.	185	,196.	30,583.	
(3) JESSICA WELLS	45.00											
PRESIDENT	0.00			Х				157,236.		0.	2,945.	
(4) ERIK NYBERG	2.00											
CHAIR	1.00	Х		Х				0.		0.	0.	
(5) COURTNEY COLLEN SEBESTA	0.50											
VICE CHAIR	0.00	Х		Х				0.		0.	0.	
(6) JEFF NELSON	0.50											
SECRETARY	0.00	Х		Х				0.		0.	0.	
(7) RYAN BRUNNER	0.50											
TREASURER	0.00	Х		Х				0.		0.	0.	
(8) J. TYLER HAAHR	0.50											
PAST CHAIR	3.50	Х		Х				0.		0.	0.	
(9) W. TOM SIMMONS	0.50											
MEMBER AT LARGE	0.00	Х		Х				0.		0.	0.	
(10) NAN BAKER	1.50											
PAST CHAIR	0.00	Х		Х				0.		0.	0.	
(11) WENDY CLARK	0.50											
DIRECTOR	0.00	Х						0.		0.	0.	
(12) KILA LEGRAND	0.50											
DIRECTOR	0.00	Х						0.		0.	0.	
(13) HARLAN SCHILLINGER	0.50											
DIRECTOR UNTIL 12/22	0.00	Х						0.		0.	0.	
(14) BOBBI THURY	0.50											
DIRECTOR	0.00	Х						0.		0.	0.	
(15) EILEEN VAN SOEST	0.50											
DIRECTOR UNTIL 12/22	0.00	Х						0.		0.	0.	
(16) GREG WICK	0.50											
DIRECTOR	0.00	Х						0.		0.	0.	
(17) JASON HARRIS	0.50											
DIRECTOR/GOVERNING BOARD PAST CHAIR	3.00	Х						0.		0.	0.	

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average	(da	not ch		ition			Reportable	Reportable	Es	stimate	ed
		hours per	box	, unles	s per	son is	s both	n an	compensation	compensation	ar	nount	of
		week		cer and	d a di	recto	r/trus	tee)	from	from related		other	
		(list any hours for	recto						the	organizations		ipensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		rom th Ianizat	
		organizations	ruste	l trus		ee,	m pe n		1099-NEC)	1033-1120)		d relat	
		below	Individual trustee or director	Institutional trustee	л.	Key employee	Highest compensated employee	er	,			anizati	
		line)	Indiv	In stit	Officer	Key e	High(empl	Former			-		
(18)	CURT HOHMAN	0.50											
DIRE	CTOR UNTIL 12/22	0.00	Х						0.	0.			0.
(19)	GRADY PFEIFFER	0.50											
DIRE	CTOR	0.00	Х						0.	0.			0.
(20)	SONJA THEISEN	0.50											
DIRE	CTOR	0.00	Х						0.	0.			0.
(21)	MARLI SCHIPPERS	0.50											
DIRE	CTOR/GOVERNING BOARD CHAIR	3.50	Х						0.	0.			0.
(22)	JEFF HILGENBERG	0.50											
	CTOR FROM 01/23	0.00	Х						0.	0.			0.
	NICHOLAS KNAPP	0.50											
DIRE		0.00	Х						0.	0.			0.
	MARY OLINGER	0.50								•			•
	CTOR FROM 01/23	0.00	Х						0.	0.			0.
	SANDY SCHOENBECK	0.50								0			•
	CTOR FROM 04/23	0.00	Х						0.	0.			0.
	HEIDI SCHULTZ	0.50	37						•	0			0
	CTOR	0.00	Х						0.	0.			0.
	Subtotal								157,236.	494,819.	0	9,5	-
	Total from continuation sheets to Part VII								0.	0. 494,819.	6	9,5	$\frac{0}{00}$
	Total (add lines 1b and 1c)									•	0	9,5	09.
2	Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable			1
	compensation from the organization											Yes	No
2	Did the organization list any former officer,	director truct			mol	<u></u>		hia	boot componented amp	0,000 00		103	
3	c i				·			Ŭ	· · ·		3		х
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								er compensation from t		3		
-	and related organizations greater than \$150			•						0	4	х	
5	Did any person listed on line 1a receive or a												
Ŭ	rendered to the organization? If "Yes," com	•				,			0		5		х
Sec	tion B. Independent Contractors		201	<u> </u>		20/30							
1	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compensa	tion fro	om	
	the organization. Report compensation for t												
	(A)	,			<u> </u>				(B)		(0	C)	
	Name and business	address							Description of s	ervices C		nsatio	n
LIFESCAPE													
<u>25</u> 0)1 W. 26TH ST., SIOUX F	ALLS, S	D	<u>57</u> 2	10	5			COMMON PAYMA	STER	66	7,1	62.

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 1

Form 990 LIFESCAPI Part VII Section A. Officers, Directors, Tru	E FOUNDA	TI.	ON	ſ					46-035	3254
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	(cl	(check		k all that app		ly)	compensation	compensation	amount of
	per week (list any							from the	from related organizations	other
		tor				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	r direc				ed em		(W-2/1099-MISC)		organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	onal ti		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) RYAN VANDEN BOSCH		=	=	ò	¥	<u> </u>	F			
DIRECTOR FROM 02/23	0.50	x						0.	0.	0.
	0.00	^						0.	0.	0.
		1								
		1								
		1								
						<u> </u>				
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										

Pa	rt V	111									
			Check if Schedule O	conta	ains a respor	nse (or note to any line	(A)	(B)	(C)	[] (D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ស ស	1	a	Federated campaigns		1a						
ran			Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events				656,045.				
ar A ar A			Related organizations								
s, G mila			Government grants (contr				108,277.				
ŝ		f	All other contributions, gifts,	grant	s, and						
but the			similar amounts not included	l abov	/e 1f		971,191.				
d fr		g	Noncash contributions included in	lines 1	a-1f 1g \$		178,978.				
a S		h	Total. Add lines 1a-1f					1,735,513.			
							Business Code				
e	2	а									
e vi		b									
enu Se		С									
Program Service Revenue		d									
5 F		е									
٩.			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	•				2 106 021			2106021
	_		other similar amounts)					3,126,231.			3126231.
	4						F				
	5		Royalties		(i) Real		(ii) Personal				
	~	_	Overe verte	6a		81	(ii) i eisonai				
			Gross rents Less: rental expenses	6b	, í						
			Rental income or (loss)	6c							
			Net rental income or (loss)			• - •		27,984.			27,984.
			Gross amount from sales of	<u>,</u>	(i) Securiti	es	(ii) Other	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	'	a	assets other than inventory	72	13,446,0		(, 0				
		h	Less: cost or other basis	74							
Ð		^N		7h	12,545,8	59.					
enu		c									
Revenue			Net gain or (loss)					900,156.			900,156.
P			Gross income from fundraisi								
Ē	-				045. of						
-			contributions reported on								
			Part IV, line 18			8a	17,670.				
		b	Less: direct expenses			8b	12,637.				
		с	Net income or (loss) from	fund	raising even	ts		5,033.			5,033.
	9	а	Gross income from gamin	ng ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing activities						
	10	а	Gross sales of inventory,	less i	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	s of inventor	у	1				
s							Business Code				
eou	11										
en		b									
Miscellaneous Revenue		c									
Ξ			All other revenue								
			Total. Add lines 11a-11d Total revenue. See instruction					5,794,917.	0.	0.	4059404.
	17			IIIS				J . I J I . J I .			

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46-0353254

Page **9**

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

0000	Check if Schedule O contains a response		0		
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,951,627.	5,951,627.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	50,371.	50,371.		
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,	1 6 2 . 0 0 4		01 050	01 050
	trustees, and key employees	163,904.		81,952.	81,952.
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	473,379.	6,424.	85,586.	381,369.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,980.	133.	1,869.	7.978.
9		54,818.	427.	14,215.	7,978. 40,176.
	Other employee benefits	46,264.	378.	12,104.	33,782.
10	Payroll taxes	40,204.	5/0.	14,104.	33,102.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	167.		167.	
с	Accounting	26,625.		26,625.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	182,146.		182,146.	
g		,		,	
9	column (A), amount, list line 11g expenses on Sch O.)				
40		1,170.		167.	1 003
12	Advertising and promotion	7,612.		2,006.	<u>1,003.</u> 5,606.
13	Office expenses	7,012.		2,000.	5,000.
14	Information technology				
15	Royalties		10 014	0.070	
16	Occupancy	26,968.	18,814.	2,079.	6,075.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,430.		3,430.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,287.	22,602.		10,685.
22		517.	,002.	327.	190.
		517.		547.	T 7 0 •
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	E 4 - 0 4 0			<u> </u>
а	DUES AND SUBSCRIPTIONS	54,343.			54,343.
b	CAPITAL CAMPAIGN	34,539.			34,539.
с	REPAIRS	12,862.	11,701.	237.	924.
d					
е	All other expenses	65,015.	6,618.	914.	57,483.
25	Total functional expenses. Add lines 1 through 24e	7,199,024.	6,069,095.	413,824.	716,105.
26	Joint costs. Complete this line only if the organization	,,	.,,		,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
23201	0 12-13-22				Form 990 (2022)

Part IX Statement of Functional Expenses

LIFESCAPE	FOUNDATION

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			272,886.	2	101,884.
	3	Pledges and grants receivable, net			1,364,517.	3	887,279.
	4	Accounts receivable, net			94,278.	4	237,707.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	alified pers				
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side som som som som stade forma stade som som			1,468.	9	1,468.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		506,314.			
	b	Less: accumulated depreciation		106,358.	407,369.	10c	399,956.
	11	Investments - publicly traded securities	57,670,401.	11	61,485,895.		
	12	Investments - other securities. See Part IV, line		52,653.	12	54,000.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		52,693,553.	15	53,626,758.	
	16	Total assets. Add lines 1 through 15 (must ed			112,557,125.	16	116,794,947.
	17	Accounts payable and accrued expenses	181,356.	17	239,398.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ŷ	22	Loans and other payables to any current or for	rmer office	r, director,			
litie		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese persoi	าร		22	
Ë	23	Secured mortgages and notes payable to unre	elated thirc			23	
	24	Unsecured notes and loans payable to unrelat	ed third pa	arties	26,960.	24	
	25	Other liabilities (including federal income tax, p	bayables to	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			1,369,057.	25	1,301,620.
	26	Total liabilities. Add lines 17 through 25			1,577,373.	26	1,541,018.
		Organizations that follow FASB ASC 958, cl	neck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			58,788,597.	27	62,239,057.
Ba	28	Net assets with donor restrictions		·····	52,191,155.	28	53,014,872.
pur		Organizations that do not follow FASB ASC	958, chec	k here			
Ę		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current fund		29			
set	30	Paid-in or capital surplus, or land, building, or	equipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, oi	other funds		31	
Net	32	Total net assets or fund balances			110,979,752.	32	115,253,929.
_	33	Total liabilities and net assets/fund balances			112,557,125.	33	116,794,947.

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Form	1990 (2022) LIFESCAPE FOUNDATION	46-	-0353254	- Pa	.ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,19	9,0	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,40	4,1	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	110,97	9,7	52.
5	Net unrealized gains (losses) on investments	5	5,00)5,4	27.
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	67	2,8	57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	115,25	53,9	29.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of	the organization							identification n	
	LIFE	SCAPE FOUN	DATION				4	<u>6-035325</u>	4
Part I	Reason for Public	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The organ	nization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3	A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's na	ame,
	city, and state:								
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 📖	An organization that norma	Illy receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	public described	in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts	from
	activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support fi	rom gross invest	ment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 19	75.
	See section 509(a)(2). (Co	mplete Part III.)							
11	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one	or
	more publicly supported or	-						Check the box or	า
	lines 12a through 12d that	••			-		-		
a 🗵	Type I. A supporting orga								
	the supported organization			majority c	of the direc	tors or truste	es of the su	pporting	
	organization. You must o	-							
b 🗌	Type II. A supporting org	-				-		-	
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted	
_	organization(s). You mus								
c 🗋	Type III functionally inte						ly integrate	d with,	
	its supported organizatio		-						
d 🗌	Type III non-functionally						°.	.,	
	that is not functionally inf			•		-	an attentiv	reness	
T	requirement (see instruct								
e Z	Check this box if the orga					Туре I, Туре	II, Type III		
	functionally integrated, o		nally integrated supporti	ng organiz	ation.			[2
	er the number of supported of	-							4
	vide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of	other
	organization	((described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instr	
CHILL	REN'S CARE		above (see instructions))	103					
	TAL AND SCHOOL	16-0233030	3	x			962.		775.
	I DAKOTA	40 0233030	5			,	, , , , 2.		115.
	VE DBA LIFESCA	23-7072116	2	x		1 498	3,130.	8	760.
ACHIL	NE DDA HIFEDCA	25 /0/2110	2			1,490	,130.	0,	700.
Total						5,942	2,092.	9,	535.

	A /I			0000
Schedule /	A (I	Form	99U)	2022

46-0353254 _{Pag}	
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

1 2	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organ- ization's benefit and either paid to	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
2	membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organ-						
2	include any "unusual grants.") Tax revenues levied for the organ-						
2	Tax revenues levied for the organ-						
	° °						
	ization's benefit and either paid to						
2	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support, Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(6) 2010	(0) 2020	(4) 2021		
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						_
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
	First 5 years. If the Form 990 is for th			-			
	organization, check this box and stop tion C. Computation of Publi						
				(f)			0/
	Public support percentage for 2022 (li					14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies		-		line 15 is 00 1/00/		
	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual				40.40		
	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	-	VI how the organ	zation
	meets the facts-and-circumstances te	-		• • • •			
	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ind see instruction	IS

Schedule A	(Form	900	2022
Schedule A		990	2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sei	Stion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	,	•	L				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) o	rganizatic	n,
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15		%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16		%
See	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
18						18		%
19 a	33 1/3% support tests - 2022. If the					3 1/3%, a	nd line 17	
	more than 33 1/3%, check this box ar							
k	33 1/3% support tests - 2021. If the						3 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organization							
-								

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Х 1 Х 2 Х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c Х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

LIFESCAPE FOUNDATION

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2

х

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		X
b A family member of a person described on line 11a above?	11b		X
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		X
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental ent	ty (see instruction <u>s).</u>
-----	--	-------------------------	----------------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

No

Yes

232026	12-09-22

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

LIFESCAPE FOUNDATION

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

_	dule A (Form 990) 2022 LIFESCAPE FOU			4	<u>6-0353254 ра</u>
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D,				
4					
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Page 7

Schedule A (Form 990) 2022

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

SCHEDULE A, PART IV, SECTION A, LINE 6

IN ADDITION TO PROVIDING DIRECT SUPPORT TO THE SUPPORTED ORGANIZATIONS,

THE FOUNDATION PROVIDES SUPPORT TO INDIVIDUALS WHO ARE PART OF THE

CHARITABLE CLASS BENEFITED BY ITS SUPPORTED ORGANIZATIONS AND PROVIDED

LIMITED FINANCIAL ASSISTANCE TO STAFF WHO EXPERIENCED FINANCIAL

HARDSHIP. BASIC NEEDS ASSISTANCE IS ALSO PROVIDED TO INDIVIDUALS SERVED

BY SUPPORTED ORGANIZATIONS ONLY. SCHEDULE I PART III REPORTS THE

NUMBER OF PERSONS AND THE TOTAL AMOUNT OF ASSISTANCE PROVIDED.

SCHEDULE A, SECTION B, TYPE I, LINE 1

MEMBERS OF THE BOARD OF DIRECTORS SHALL BE NOMINATED BY LIFESCAPE

FOUNDATION. THE BOARD OF DIRECTORS OF LIFESCAPE, A SUPPORTED

ORGANIZATION AND PARENT TO SOUTH DAKOTA ACHIEVE AND CHILDREN'S CARE

HOSPITAL AND SCHOOL, SHALL DECIDE TO ACCEPT OR REJECT EACH PROPOSED

NOMINEE.

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

46-0353254

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)



LIFESCAPE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	S
(a)	(b)	-
No.	Name, address, and ZIP + 4	
1		
(a)	(b)	-
No.	Name, address, and ZIP + 4	
2		
(a)	(b)	-
No.	(b) Name, address, and ZIP + 4	
		-
3		

Concadio	
Name of c	organization
LIFES	CAPE FOUNDATION
Part I	Contributors (see instructions). Use duplicate copies of Par
(a)	(b)

		<u> </u>
		Employer identification number
		46-0353254
		40-0353254
nal	space is needed.	
	(c)	(d)
	Total contribution	s Type of contribution
		Person

		\$ <u>15,000.</u>	Person Image: A Payroll Image: A Noncash Image: A (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u> -		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$5,090.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u> -		\$ <u>19,366.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	2	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule I	B (Form	990)	(2022)
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Name of organization

Employer identification number

46-0353254

LIFESCAPE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$7,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,263.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$27,789.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule B (Form 990) (2022	2)
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LIFESCAPE FOUNDATION

Name of organization

Employer identification number

46-0353254

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll <u>5,10</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Person X Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Payroll 15,353. Noncash X \$ (Complete Part II for noncash contributions.)

Page 2

<u> 19</u>		\$ <u>15,166.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u> </u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, auuress, anu ∠ir + 4	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for

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

(b)

Name, address, and ZIP + 4

Employer identification number

46 - 0353254

(c)

Total contributions

Name of organization

Part I

(a)

No.

(d)

Type of contribution

noncash contributions.)

Schedule B (Form 990) (2022)

Page 2

<u>25</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u>		\$20,721.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$44,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

LIFESCAPE FOUNDATION

Part I

(a)

No.

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022) Name of organization

Employer identification number

(d)

Type of contribution

46-0353254

(c)

Total contributions

Schedule B (Form 990) (2022)

36

LIFES	CAPE FOUNDATION		46-0353254
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
31		\$51,1	80. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
32		\$48,3	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
33		\$25,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
34_		\$8,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
35		\$10,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution

Employer identification number

(d) Type of contribution X Person Payroll 35,000. Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

\$

LI

TLES	CAPE FOUNDATION						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr					
37		\$4					
(a) No. 38	(b) Name, address, and ZIP + 4	(c) Total contr					

		\$ <u>41,898.</u>	Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>39</u>		\$ <u>30,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>40</u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$10,353.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42		\$29,697.	Person X Payroll		

Name of organization

Employer identification number

46 - 0353254

Person Payroll

(d) Type of contribution

Schedule B (Form 990) (2022)

X

Schedule B (Form 990) (2022)

(c)

Total contributions

.

~ ~ ~

(a)

No.

	CAPE FOUNDATION	
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
43		\$58,550.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
44		\$35,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
45		\$8,070.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
46		\$12,440.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$

(b)

Name, address, and ZIP + 4

Name of organization

Employer identification number

6-0353254

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll Noncash

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for

(Complete Part II for noncash contributions.)

> (d) Type of contribution

X

X

X

X

noncash contributions.) (d) **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

(c)

\$

LIFES	CAPE FOUNDATION	4	6-0353254
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
3	HAMSTER EVENT AUCTION		
		\$5,090.	08/07/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	STOCK -13.5 SHARES		
		\$5,353.	06/02/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	STOCK- 31 SHARES	—	
		\$10,122.	05/08/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45	FURNITURE- MAGNOLIA HOME	_	
		\$8,070.	04/03/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

46-0353254

Employer identification number

Schedule B (Form 990) (2022) Name of organization

Name of or	rganization	Employer identification number		
LIFES	CAPE FOUNDATION			46-0353254
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	trv. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, ar			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi id ZIP + 4		insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held
-		(e) Transfer of gi		
-	Transferee's name, address, ar	INCLUE + 4	Relationship of tra	Insferor to transferee

		Supplemente	L Financial State			OMB No. 154	5-0047
	HEDULE D n 990)	Complete if the organ	nization answered "Yes" on F	Financial Statements zation answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2
	Department of the Treasury Attach to Form S					Open to F	
-	Revenue Service) for instructions and the late	est information.	F		
Nam	Ime of the organization LIFESCAPE FOUNDATION					ployer identification $46-035325$	
Par	t I Organiza	ations Maintaining Donor Advised		ar Funds or Ac	cour		
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.			·	
			(a) Donor advised fund	ds (b) Fun	ids and other accoun	ts
1	Total number at e	nd of year					
2		f contributions to (during year)					
3	Aggregate value of grants from (during year)						
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in v	vriting that the assets held in c	donor advised fund	ls		
		on's property, subject to the organization's e				Yes	No No
6	0	on inform all grantees, donors, and donor ad	0 0		,		
		poses and not for the benefit of the donor or	· •	•	•		
Par	impermissible priv		· · · · · · · · · · · · · · · · · · ·			Yes	No
		ation Easements. Complete if the org		Form 990, Part IV,	line 7.		
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			Second and the state of the	
		n of land for public use (for example, recreat	· _			important land area	
		of natural habitat n of open space		servation of a certi	nea m	stone structure	
2		through 2d if the organization held a qualifi	ed conservation contribution i	n the form of a cor	nserva	tion easement on the	last
2	day of the tax year				Held at the End of the Tax Year		
а		onservation easements			2a		
					2b		
c	•	vation easements on a certified historic stru			2c		
		vation easements included in (c) acquired a					
		isted in the National Register			2d		
3		vation easements modified, transferred, rele			zation	during the tax	
	year						
4	Number of states	where property subject to conservation eas	ement is located				
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, inspection, h	andling of			
	violations, and enf	forcement of the conservation easements it	holds?			Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, I	nandling of violations, and enfo	orcing conservatio	n ease	ements during the yea	ar
7	Amount of expens	ses incurred in monitoring, inspecting, hand	ing of violations, and enforcing	g conservation eas	semen [.]	ts during the year	
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of se	ection 170(h)(4)(B)((i)		
	and section 170(h)(4)(B)(ii)?				Yes	🗌 No
9	In Part XIII, descril	be how the organization reports conservation	n easements in its revenue an	d expense statem	ent an	d	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
		ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasure	es, or Other S	imila	r Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its revenue s	statement and bala	ince sł	neet works	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or res	search in furtheran	ice of p	public	
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes	these items.			
b	If the organization	elected, as permitted under FASB ASC 958	3, to report in its revenue state	ement and balance	sheet	works of	
		sures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of pul	blic service,	
	provide the following amounts relating to these items:						

μл	For Panarwork Paduation Act Nation, say the Instructions for Form 990	Schodulo D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) a Using the organization's accussion, and other records, check any of the following that make significant use of its a a — Pable orbitation d Lean or exchange program b — Breastration's accussion, and other records, check any of the following that make significant use of its Scholary research e c — Provide a description of the organization solections and explain how they further the organization's accussion? Yes No Part III Escrow and Custodial Arrangements. Complete if the organization accusses to included on form 900, Part X, Ine 21. Its If the organization accussion of the intermediary for contributions or other assets not included on form 900, Part X, Ine 21. Its If the organization accusses to included on form 900, Part X, Ine 21. 2 Definition during the year Its If the organization accussion on the intermediary for contributions or custodial account liability? Yes No 2 Definition during the year Its If the organization accussion on the sit the arrangement in Part XIII. Check here if the argenization accussion inability? Yes No 2 Definition during the year Its If the organization accussion on the arrangement in Part XIII. Check here if the argenization accussion on the All of Its If there years back (e) four years back (e) four years back (-							<u>46-03</u>			age 2
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g End of year balance 8,862,276. 8,791,300. 8,726,232. 8,704,411. 8,692,870. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment .0000 % b Permanent endowment 97.2000 % % % % c Term endowment 2.8000 % % % % a Ke there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(i) X (i) Unrelated organizations 3a(ii) X 3a(ii) X (ii) Related organizations 3a(ii) X 3a(ii) X d Describe in Part XIII the intended uses of the organization's endowment funds. 90.00 Part IV, line 11a. See Form 990, Part X, line 10. 3b 40 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land 71,250. 71,250. 71,250. 71,250. b Buildings 308,190. 42,403. 265,787. c 265,787. c Leasehold improvements 18,026. 18,026. 0. 0. 0. 0. <th>f</th> <th>Administrative expenses</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	f	Administrative expenses									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment <u>97.2000</u> % b Permanent endowment <u>2.8000</u> % 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) 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 answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value			8,862,276.	8,791,300.	8,726,23	2.	8,7	04,411.	8	,692,	870.
a Board designated or quasi-endowment .0000 % b Permanent endowment 97.2000 % c Term endowment 2.8000 % 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 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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. (d) Book value 1a Land 71, 250. 71, 250. b Buildings 308, 190. 42, 403. 265, 787. c Leasehold improvements 18, 026. 18, 026. 0. c Leasehold improvements 64, 705. 40, 700. 24, 005. e Other 444, 143. 5, 229. 38, 914.	2	-	ent year end balance	(line 1g, column (a)) held as:						
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land 71,250. 71,250. b Buildings 308,190. 42,403. 265,787. c Leasehold improvements 18,026. 18,026. 0. d Equipment 64,705. 40,700. 24,005. e Other 44,143. 5,229. 38,914. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 399,956.											x
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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 1a Land 71,250. 71,250. b Buildings 308,190. 42,403. 265,787. c Leasehold improvements 18,026. 18,026. 0. d Equipment 64,705. 40,700. 24,005. e Other 44,143. 5,229. 38,914. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 399,956.	1								50		L
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Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land71,250.71,250.b Buildings308,190.42,403.265,787.c Leasehold improvements18,026.18,026.0.d Equipment64,705.40,700.24,005.e Other44,143.5,229.38,914.Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)399,956.				Part IV line 11a S	ee Form 990 Par	t X line	e 10				
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e Other 44,143. 5,229. 38,914. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 399,956.										1 0	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)						4					
	Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	<u>, column (B), line 1</u>	0c.)					-	

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securities.	
Schedule D	(Form 990) 2022	LIFESCAPE	FOUNDATION

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	, ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	<u> </u>
	Description		(b) Book value
(1) ASSETS LIMITED TO USE			48,931,665.
(2) LIFE INSURANCE-CASH VALUE		~	488,697.
	RPETUAL TRUST		465,260.
	MAINDER TRUST	<u>5</u>	3,617,943.
(5) OPERATING LEASE RIGHT OF	JSE ASSETS		123,193.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>ə 15.)</u>		53,626,758.
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
I. (a) Description of liability	,,		(b) Book value
(1) Federal income taxes			(2) 2001 1000
(1) Federal Income taxes (2) DISTRIBUTION PAYABLE TO L	TFESCAPE		1,124,911.
(3) ANNUITY PAYABLE			50,215.
(4) SECURITY DEPOSITS			3,300.
			123,194
(6)			
(7)			
(8)			
(8) (9) Total. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u>			1,301,620.

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 ... X

Sche	dule D (Form 990) 2022 LIFESCAPE FOUNDATION			46-	0353254 _{Ра}	age 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per Re			0
	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	11,482,50	61.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	5,005,427.			
b	Donated services and use of facilities	2b	142,272.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	490,711.			
е	Add lines 2a through 2d			2e	5,638,43	10.
3	Subtract line 2e from line 1			3	5,844,1	<u>51.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	-49,234.			
с	Add lines 4a and 4b			4c	-49,23	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,794,93	17.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	7,208,38	84.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	142,272.	_		
b	Prior year adjustments	. 2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	. 2d	49,234.			
е	Add lines 2a through 2d			2e	191,50	
3	Subtract line 2e from line 1			3	7,016,8	78.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		_		
b	Other (Describe in Part XIII.)	. 4b	182,146.			
С	Add lines 4a and 4b			4c	182,14	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,199,0	24.
Pa	t XIII Supplemental Information.					

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

PART V, LINE 4:

THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE USED AS REQUESTED BY THE ORIGINAL						
DONOR. THE LARGEST OF THESE FUNDS ARE ALLOCATED FOR STAFF EDUCATION, THE						
ARTS PROGRAM, AND MAINTAINING THE CHILDREN'S PLAYGROUND. SINCE INCEPTION,						
THE BOARD OF DIRECTORS' POLICY IS THAT ALL GIFTS UNRESTRICTED BY THE DONOR						
ARE ADDED TO THE CORPUS OF "FUNDS FUNCTIONING AS ENDOWMENT" ALSO KNOWN AS						
THE QUASI-ENDOWMENT. THE QUASI-ENDOWMENT PRINCIPAL IS PRUDENTLY INVESTED,						
AND 4.0% OF A ROLLING 16 QUARTER AVERAGE IS MADE AVAILABLE FOR THE USE OF						
THE LIFESCAPE ORGANIZATION WITHIN CHILDREN'S SERVICES, ADULT SERVICES AND						
WHERE MOST NEEDED.						

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN SPLIT INTEREST AGREEMENTS 672,857 INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS: PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -12,637 RENTAL EXPENSES 12,637 TOTAL TO SCHEDULE D, PART XI, LI	Schedule D (Form 990) 2022 LIFESCAPE FOUNDATION Part XIII Supplemental Information (continued)	46-0353254 Page
HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN SPLIT INTEREST AGREEMENTS 672,857 INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711 PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: PART XII, LINE 4B -		OR ANY TAX
HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:		
STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN SPLIT INTEREST AGREEMENTS 672,857 INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711 PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:		
TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN SPLIT INTEREST AGREEMENTS 672,857 INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711 PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -10,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -12,637 RENTAL EXPENSES -12,637 RENTAL EXPENSES 10,000 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 12,637 RENTAL EXPENSES 12,637 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: PART XII, LINE 4B - OTHER ADJUSTMENTS:		
PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN SPLIT INTEREST AGREEMENTS 672,857 INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711	PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILI	ITIES IN INCOME
CHANGE IN SPLIT INTEREST AGREEMENTS 672,857 INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711 PART XI, LINE 4B - OTHER ADJUSTMENTS: -12,637 FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: 12,637 FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 12,637 PART XII, LINE 2D - OTHER ADJUSTMENTS: 12,637 FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234	TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.	
INVESTMENT MANAGEMENT FEE -182,146 TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711 PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XI, LINE 2D - OTHER ADJUSTMENTS:	
TOTAL TO SCHEDULE D, PART XI, LINE 2D 490,711 PART XI, LINE 4B - OTHER ADJUSTMENTS: -12,637 FUNDRAISING EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: 12,637 FUNDRAISING EXPENSES 12,637 PART XII, LINE 2D - OTHER ADJUSTMENTS: 12,637 FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 12,637 PART XII, LINE 2D - OTHER ADJUSTMENTS: 12,637 PART XII, LINE 4B - OTHER ADJUSTMENTS: 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: 49,234	CHANGE IN SPLIT INTEREST AGREEMENTS	672,857.
PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 12,637 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT MANAGEMENT FEE	-182,146.
FUNDRAISING EXPENSES -12,637 RENTAL EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: -49,234 FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 12,637 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS: PART XII, LINE 4B - OTHER ADJUSTMENTS:	TOTAL TO SCHEDULE D, PART XI, LINE 2D	490,711.
RENTAL EXPENSES -36,597 TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: -49,234 FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XI, LINE 4B - OTHER ADJUSTMENTS:	
TOTAL TO SCHEDULE D, PART XI, LINE 4B -49,234 PART XII, LINE 2D - OTHER ADJUSTMENTS: 12,637 FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES	-12,637.
PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES	-36,597.
FUNDRAISING EXPENSES 12,637 RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	TOTAL TO SCHEDULE D, PART XI, LINE 4B	-49,234.
RENTAL EXPENSES 36,597 TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234 PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
TOTAL TO SCHEDULE D, PART XII, LINE 2D 49,234	FUNDRAISING EXPENSES	12,637.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES	36,597.
	TOTAL TO SCHEDULE D, PART XII, LINE 2D	49,234.
INVESTMENT MANAGEMENT FEE 182,146	PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	INVESTMENT MANAGEMENT FEE	182,146.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 1545-0047
(Form 990)	Complete if the	2022						
Department of the Treasury Internal Revenue Service		Open to Public Inspection						
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and the	ne latest information	ו. ו	Employer	identification number
Nume of the organization		PE FOUNDATION					46-03	
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 17		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations Yes 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser form activity for activity (v) Amount paid to (or retained by) for activity form activity (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity form activity form activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)								d (vi) Amount paid to (or retained by) organization
			Yes	No				
<u>Total</u>			<u></u>					
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	n registration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro		EZ, III es Tallu ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				MALLWALK		
			HAMSTER 2022	2023	4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Pl						
Revenue	1	Gross receipts	503,125.	78,477.	92,113.	673,715
œ						
	2	Less: Contributions	487,114.	78,477.	90,454.	656,045.
	3	Gross income (line 1 minus line 2)	16,011.		1,659.	17,670.
		· · ·				
	4	Cash prizes				
	5	Noncash prizes		3,221.		3,221
enses	6	Rent/facility costs		2,500.		2,500
Direct Expenses	7	Food and beverages			6,035.	6,035
Dire						
	8	Entertainment			420.	420.
	9	Other direct expenses		261.	200.	461
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			12,637
		Net income summary. Subtract line 10 from li	ne 3, column (d)			5,033
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)

enue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
9	Enter the state(s) in which the organization conduc	ts gaming activities:			
	Is the organization licensed to conduct gaming act				Yes No
b	If "No," explain:				
10a	Were any of the organization's gaming licenses rev	oked, suspended, or te	rminated during the tax	/ear?	Yes No
b	If "Yes," explain:				

232082 10-27-22

Sch	edule G (Form 990) 2022	LIFESCAPE	FOUNDATION	46-0353	3254	Page 3
11	Does the organization conduct ga	ming activities with n	nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a	a trust, or a member of a partnership or other entity formed			
					Yes	No No
	Indicate the percentage of gaming			1		
						%
						%
14	Enter the name and address of the	e person who prepare	es the organization's gaming/special events books and records	3:		
	Name					
	Address					
15a	Does the organization have a cont	tract with a third part	y from whom the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gami	ing revenue received	by the organization \$ and the amo	ount		
	of gaming revenue retained by the	e third party \$				
c	If "Yes," enter name and address of	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	state law to make ch	naritable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No No
k	Enter the amount of distributions r	required under state	law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activiti					
Ра			e explanations required by Part I, line 2b, columns (iii) and (v); a vide any additional information. See instructions.	and Part III, li	nes 9, 9	∌b, 10b,
	150, 150, 16, and 170, as		vide any additional information. See instructions.			
_						

Siemental Informatio	n (continued)		

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection		
Name of the organization	CAPE FOUNDATI	ЭN					Employer identification number $46-0353254$		
Part I General Information on G							10 0000101		
 Does the organization maintain r criteria used to award the grants Describe in Part IV the organizat 	or assistance?	oring the use of grant	funds in the United	States.		· · · · · · · · · · · · · · · · · · ·	X Yes No		
Part II Grants and Other Assista recipient that received mo	•				anization answered "Y	es" on Form 990, Part?	IV, line 21, for any		
1 (a) Name and address of organiz or government		(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		
CHILDREN'S CARE HOSPITAL AND SCHOOL, DBA LIFESCAPE - 2501 26TH STREET - SIOUX FALLS, SD 57105		501(C)(3)	4,443,962.	775.	воок	GIFT CARD, LAPTOP, PRINTED MATERIALS	HELP ORGANIZATION TO PROVIDE NEEDS BASED ASSISTANCE.		
SOUTH DAKOTA ACHIEVE, DBA LIFESCAPE - 4100 S WESTERN AV - SIOUX FALLS, SD 57105	ENUE 23-7072116	501(C)(3)	1,498,130.	8,760.	воок	FURNITURE, GIFT CARDS, SUPPLIES	HELP ORGANIZATION TO PROVIDE NEEDS BASED ASSISTANCE.		
2 Enter total number of section 50	1(c)(3) and government org	anizations listed in the	e line 1 table				2.		

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

LIFESCAPE FOUNDATION

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.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
49	50,371.	٥.	CASH	
	(b) Number of recipients 49	recipients cash grant	recipients cash grant cash assistance	

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:

FUNDS ARE PROVIDED ONLY TO ORGANIZATIONS THAT ARE IDENTIFIED IN THE

ORGANIZATION'S ARTICLES OF INCORPORATION.

SCHEDULE I PART III

BASIC NEEDS ASSISTANCE IS PROVIDED TO INDIVIDUALS SERVED BY SUPPORTED

ORGANIZATIONS ONLY. ADDITIONALLY, DURING FY23, SOME STAFF RECEIVED

ASSISTANCE TO HELP WITH MEDICAL BILLS AND OTHER FINANCIAL HARDSHIPS.

SCHEDULE J		Compe	nsation Information	OME	3 No. 1545-00)47
(Form	n 990)	•	ctors, Trustees, Key Employees, and Highest	9	002)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		2022	
Departme	ent of the Treasury	• •	Attach to Form 990.		en to Pub	
Internal R	levenue Service		90 for instructions and the latest information.		nspection	
Name	of the organizatior			Employer identifi		mber
Deut		LIFESCAPE FOUNDAT	I'I'ON	46-0353	254	
Part	Question	s Regarding Compensation				
4- 0			and the fallencia state of face and the state of the stat		Yes	No
			ny of the following to or for a person listed on Form	990,		
Pa T			relevant information regarding these items.			
	First-class or c		Housing allowance or residence for perso			
	Travel for com	ation and gross-up payments	Payments for business use of personal re- Health or social club dues or initiation fee			
	_	• • • •	Personal services (such as maid, chauffel			
L		spending account		Ir, criei)		
h lf	any of the boxes	on line 12 are checked, did the organizati	on follow a written policy regarding payment or			
	•	·	above? If "No," complete Part III to explain		1b	
			ng or allowing expenses incurred by all directors,			
			regarding the items checked on line 1a?		2	
ci ci					-	
3 In	dicate which. if ar	v. of the following the organization used	to establish the compensation of the organization's	;		
			any boxes for methods used by a related organization			
		ation of the CEO/Executive Director, but e				
Г	Compensation		Written employment contract			
Σ	_ `	ompensation consultant	X Compensation survey or study			
Σ		ther organizations	X Approval by the board or compensation c	ommittee		
		0				
4 Di	uring the year, did	any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing			
		ated organization:				
a Re	eceive a severanc	e payment or change-of-control payment	?		4a	X
b Pa	articipate in or rec	eive payment from a supplemental nonqu	ualified retirement plan?		4b	X
c Pa	articipate in or rec	eive payment from an equity-based comp	pensation arrangement?		4c	X
lf	"Yes" to any of lin	es 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
0	nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions must complete lines 5-9.			
5 Fo	or persons listed o	n Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any compensatio	n		
	ontingent on the re					
					5a	X
					5b	X
		r 5b, describe in Part III.				
			did the organization pay or accrue any compensatio	n		
	ontingent on the n					
				····· -	6a	X
	ny related organiza				6b	X
		r 6b, describe in Part III.				
			did the organization provide any nonfixed payments			
					7	X
	-		ccrued pursuant to a contract that was subject to th	1e		37
					8	X
			able presumption procedure described in			
					9	
LHA F	For Paperwork Re	eduction Act Notice, see the Instruction	ns for Form 990.	Schedule J (Form 990) 2022

46-0353254

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) STEVE WATKINS	(i)	0.	0.	0.	0.	0.	0.	0.	
LIFESCAPE CEO & PRESIDENT	(ii)	308,359.	0.	1,264.	7,668.	28,776.	346,067.	0.	
(2) STEVE WILSON	(i)	0.	0.	0.	0.	0.	0.	0.	
LIFESCAPE CFO	(ii)	183,987.	0.	1,209.	4,851.	26,195.	216,242.	0.	
(3) JESSICA WELLS	(i)	153,557.	0.	3,679.	2,945.	441.	160,622.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT OF THE ORGANIZATION IS THE TOP MANAGEMENT OFFICIAL OF THE

FOUNDATION. PART I HAS BEEN COMPLETED IN REGARD TO THE PRESIDENT'S

COMPENSATION.

COMPENSATION FOR THE CEO IS DETERMINED BY THE PARENT ORGANIZATION,

LIFESCAPE. LIFESCAPE USES THE METHODS DESCRIBED IN PART I LINE 3 TO

DETERMINE COMPENSATION FOR THE CEO.

SCHEDULE M

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Name of the organization

LIFESCAPE FOUNDATION

Employer	identification	numbe

 •
10 0050054
46-0353254

Pa	tl	Ту	pes of Property									
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII, I	on	Metho noncash c	(d) d of def ontribut		•	s
	۰	\ \ / -		X	43			SELLING	DDT	٦D		
1			of art		43	42,1	14.	SETTING	FKI	-6		
2			ical treasures									
3			onal interests									
4			publications	x		20.0	07			יתר		
5			nd household goods			20,5	0/.	SELLING	PRIC	L.E.		
6			ther vehicles									
7			planes									
8			property	— —		1 - 1						
9			Publicly traded	X	2	15,4	.75.	F.WA				
10			Closely held stock									
11	Secu	irities ·	Partnership, LLC, or									
		intere										
12	Secu	irities ·	Miscellaneous									
13	Qual	ified c	onservation contribution -									
	Histo	oric str	uctures									
14	Qual	ified c	onservation contribution - Other \ldots									
15	Real	estate	e - Residential									
16	Real	estate	e - Commercial									
17	Real	estate	e - Other									
18			s	X	69	46,7	/50.	SELLING	PRIC	CE		
19			itory	X	26	3,1	43.	SELLING	PRIC	CE		
20			medical supplies			-						
21		dermy										
22			artifacts									
23			pecimens									
24			a al autifa ata									
25	Othe		MOTORCYCLE PART)	X	57	37 6	54.	SELLING	PRT	ЭE		
25 26	Othe	•	FURNITURE	X	1			SELLING				
20 27	Othe	```	ENTERTAINMENT	X	3			SELLING				
		```			3	<b>_</b> _,_	. 2 / •		<u> </u>			
<u>28</u> 29	Othe		Forms 8283 received by the organi	I zation during	l a tha tax year for a							
29			, ,				<u> </u>				0	
	IOF W	mich u	he organization completed Form 82	os, Part V, L	onee Acknowledg		9					
<u> </u>	Dunin					autodia Daut I liana 4	<b>4 Ia a a</b>	h 00 th at it	ſ		Yes	No
30a			year, did the organization receive b									
			for at least 3 years from the date of	•	-	·						v
		• •	rposes for the entire holding period	?						30a		X
			escribe the arrangement in Part II.		and the state of t							v
31			rganization have a gift acceptance					ions?		31		X
32a			rganization hire or use third parties	or related or	ganizations to soli	cit, process, or sell no	ncash					
		ributio								32a		X
b		,	escribe in Part II.									
33			nization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a)	is cheo	cked,				
	desc	ribe in	Part II.									

LHA Fo	r Paperwork	Reduction	Act Notice.	see the	Instructions	for Form 9	990.
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Schedule M (Form 990) 2022

#### Schedule M (Form 990) 2022 LIFESCAPE FOUNDATION

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

#### SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF ITEMS RECEIVED, EXCEPT THAT COLUMN B

REPRESENTS THE NUMBER OF CONTRIBUTORS FOR LINE 9 AND LINE 26.

## Part II

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LIFESCAPE FOUNDATION

46-0353254

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDS AND SUPPORT OF GOALS OF PEOPLE WITH DISABILITIES SO THEY MAY LIVE

THEIR BEST LIVES. WE ARE DEDICATED TO THE VALUES OF FINANCIAL

RESPONSIBILITY, STEWARDSHIP, INTEGRITY, COLLABORATION, BEING

DONOR-CENTERED, AND PROVIDING VISIONARY LEADERSHIP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

YEAR. IN ADDITION, \$2.2 MILLION WAS PROVIDED TO LIFESCAPE FOR THE

PURCHASE OF 10 ACRES OF LAND FOR A NEW CHILDREN'S FACILITY. 85% OF

CONTRIBUTIONS RAISED IN THE YEAR DIRECTLY SUPPORTED LIFESCAPE PROGRAMS

THIS YEAR.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD OF

DIRECTORS (WHO SHALL ACT AS CHAIR), THE VICE CHAIR, THE IMMEDIATE PAST

CHAIR, THE CHIEF EXECUTIVE OFFICER OF LIFESCAPE, THE SECRETARY, THE

TREASURER, AND ONE (1) OTHER DIRECTOR APPOINTED BY THE CHAIR. THE

EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS

OF THE CORPORATION DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF

DIRECTORS SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD OF

DIRECTORS. THE EXECUTIVE COMMITTEE WILL IN CONJUNCTION WITH THE LIFESCAPE

BOARD OF DIRECTORS RECOMMEND TO THE BOARD OF DIRECTORS THE ENGAGEMENT OF

THE SERVICES OF A QUALIFIED PUBLIC ACCOUNTING FIRM TO AUDIT THE FINANCIAL

AFFAIRS OF THE CORPORATION, PREPARE THE 990 REPORT, AND MAKE A REPORT

CONCERNING THE FINANCIAL POSITION OF THE CORPORATION TO THE BOARD OF

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization LIFESCAPE FOUNDATION	Employer identification number $46-0353254$
LIFESCAPE'S CHIEF EXECUTIVE OFFICER'S ANNUAL PERFORMANCE E	VALUATION.
FORM 990, PART VI, SECTION A, LINE 2:	
STEVE WATKINS, THE CEO OF LIFESCAPE, HAS A BUSINESS RELATI	ONSHIP WITH ERIK
NYBERG, MARLI SCHIPPERS, J. TYLER HAAHR AND JASON HARRIS	. THE BUSINESS
RELATIONSHIP EXISTS BECAUSE STEVE WATKINS WAS PAID BY LIFE	SCAPE. PERSONS
LISTED AS HAVING A BUSINESS RELATIONSHIP WITH HIM SERVE ON	THE BOARD OF
LIFESCAPE. ADDITIONALLY, STEVE WATKINS, JESSICA WELLS AND	STEVE WILSON
HAVE A BUSINESS RELATIONSHIP.	

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS SHALL BE NOMINATED BY THE FOUNDATION, BUT THE BOARD OF

DIRECTORS OF LIFESCAPE HAS RESPONSIBILITY FOR ACCEPTING OR REJECTING THE NOMINATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION PRESIDENT AND THE CFO WILL REVIEW THE RETURN. A FINAL COPY

WILL BE SHARED WITH THE BOARD.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES ON W-3: LIFESCAPE FOUNDATION HAS ITS OWN EMPLOYEES,

HOWEVER, COMPENSATION IS PAID BY LIFESCAPE, THE COMMON PAYMASTER.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED BY THE DIRECTOR WHO

IS INVOLVED; PROVIDED, HOWEVER, THAT ANY DIRECTOR MAY PROVIDE NOTICE OF A

POTENTIAL CONFLICT OF INTEREST TO THE CHAIR WHEN SUCH DIRECTOR BECOMES

AWARE OF A POTENTIAL CONFLICT OF INTEREST, WHETHER SUCH POTENTIAL CONFLICT
232212 10-28-22
Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
LIFESCAPE FOUNDATION	46-0353254
OF INTEREST INVOLVES THAT DIRECTOR OR NOT. THE BOARD OF DI	RECTORS WILL
DETERMINE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS AND	THE DIRECTOR
WITH THE POTENTIAL CONFLICT OF INTEREST SHALL NOT PARTICIP	ATE IN THIS
DETERMINATION. IF THE BOARD OF DIRECTORS DETERMINES THAT A	CONFLICT OF
INTEREST EXISTS, THE DIRECTOR WITH THE CONFLICT SHALL ABST	AIN FROM VOTING
ON ANY RESOLUTION OF THE BOARD OF DIRECTORS INVOLVING THE	ISSUE OR SUBJECT
MATTER FROM WHICH THE CONFLICT HAS ARISEN AND, IF APPROPRI	ATE, SUCH
DIRECTOR WILL RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSIO	N OF THAT ISSUE
OR SUBJECT MATTER.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE FOUNDATION BOARD IS MADE UP OF COMMUNITY MEMBERS AND HAS A DESIGNATED COMMITTEE TO REVIEW AND APPROVE THE COMPENSATION OF THE PRESIDENT OF THE FOUNDATION. THIS COMMITTEE CONSISTS OF THE PAST CHAIR, CURRENT CHAIR, AND INCOMING CHAIR OF THE VOLUNTEER BOARD OF DIRECTORS AS WELL AS THE PRESIDENT/CEO OF LIFESCAPE. THE COMMITTEE MEETS AT LEAST ONCE A YEAR TO REVIEW AND EVALUATE THE PERFORMANCE OF THE PRESIDENT AND TO SET THE SALARY AND PERFORMANCE STANDARDS FOR THE UPCOMING YEAR USING COMPARABILITY DATA FROM SEVERAL SOURCES AS WELL AS EMPIRICAL MEASURES OF RESULTS OF THE PREVIOUS YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL

STATEMENTS ARE NOT AVAILABLE FOR PUBLIC ACCESS.

FORM 990, PART X, LINE 20:

LIFESCAPE FOUNDATION IS PART OF THE LIFESCAPE OBLIGATED GROUP WHICH

CONSISTS OF LIFESCAPE, CHILDREN'S CARE HOSPITAL AND SCHOOL D/B/A

Schedule O (Form 990) 2022	Page <b>2</b>
Schedule O (Form 990) 2022 Name of the organization	Employer identification number
LIFESCAPE FOUNDATION	46-0353254
LIFESCAPE, SOUTH DAKOTA ACHIEVE D/B/A LIFESCAPE, AND LIFES	CAPE
FOUNDATION. THE FOUNDATION WAS NOT ALLOCATED ANY SHARE OF	THE BOND
ISSUE, AND THUS DOES NOT HAVE AN AMOUNT ON LINE 20.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST AGREEMENTS	672,857.
	<b>,</b> , , , , , , , , , , , , , , , , , ,

(Form 990)

## 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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 46-0353254

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### LIFESCAPE FOUNDATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
LIFESCAPE FOUNDATION LEGACY LAND HOLDINGS I, LLC - 85-4393109, 2011 W. 26TH STREET,	-				
SIOUX FALLS, SD 57105	HOLDING COMPANY	SOUTH DAKOTA	64,581.	375,951.	LIFESCAPE FOUNDATION
	-				
	-				

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CHILDREN'S CARE HOSPITAL AND SCHOOL DBA	HOSPITAL & SCHOOL FOR						
LIFESCAPE - 46-0233030, 2501 WEST 26TH	CHILDREN WITH SPECIAL						
STREEET, SIOUX FALLS, SD 57105-2498	NEEDS AND THEIR FAMILIES	SOUTH DAKOTA	501(C)(3)	LINE 3	LIFESCAPE		Х
SOUTH DAKOTA ACHIEVE DBA LIFESCAPE -	PROVIDE SUPPORT SERVICES						
23-7072116, 4100 S WESTERN AVE, SIOUX FALLS,	TO PEOPLE WITH						
SD 57105-2498	DEVELOPMENTAL DISABILITIES	SOUTH DAKOTA	501(C)(3)	LINE 2	LIFESCAPE		Х
LIFESCAPE - 46-5151247	ASSIST CHILDREN'S CARE						
4100 S WESTERN AVE	HOSPITAL AND SCHOOL AND						
SIOUX FALLS, SD 57105-2498	SOUTH DAKOTA ACHIEVE	SOUTH DAKOTA	501(C)(3)	LINE 12A, I	LIFESCAPE		Х
SIOUX RESIDENTIAL SERVICES INC. DBA HARVEST	PROVIDE HOUSING UNITS FOR				SOUTH DAKOTA		
APARTMENTS - 46-0378935, 4100 S WESTERN AVE,	MENTALLY/PHYSICALLY				ACHIEVE DBA		
SIOUX FALLS, SD 57105-2498	HANDICAPPED	SOUTH DAKOTA	501(C)(3)	LINE 10	LIFESCAPE		х

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

Schedule R (Form 990) 2022

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	managin partner	^g Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
BEACON APARTMENTS LIMITED											
PARTNERSHIP - 47-1232136,											
4100 S WESTERN AVE, SIOUX	LOW INCOME										
FALLS, SD 57105	HOUSING	SD	N/A	N/A	N/A	N/A		x	N/A	x	N/A
	1										
	-										
	-										

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	<b>i)</b> ction b)(13) rolled tity?
		country)				835013		Yes	No
REHABILITATION MEDICAL SUPPLY - 41-1936988	SALES & SERVICE OF								
2501 W 26TH STREET	DURABLE MEDICAL								
SIOUX FALLS, SD 57105	EQUIPMENT, ORTHOTICS,	SD	N/A	C CORP	N/A	N/A	N/A		Х
	-								
	-								

## Schedule R (Form 990) 2022 LIFESCAPE FOUNDATION

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?			X					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
с	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		X					
g	Sale of assets to related organization(s)	1g		X					
h	Purchase of assets from related organization(s)	1h		X					
i	i Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
I Performance of services or membership or fundraising solicitations for related organization(s)									
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X						
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p	X						
	Reimbursement paid by related organization(s) for expenses	1q		X					
r	r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)									
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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

### Schedule R (Form 990) 2022 LIFESCAPE FOUNDATION

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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501( org	<b>e)</b> all rs sec. c)(3) s.?	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year		n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes NC	
	-											
	-											

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 LIFESCAPE FOUNDATION

Part VII Supplemental Information

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

### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

REHABILITATION MEDICAL SUPPLY

PRIMARY ACTIVITY: SALES & SERVICE OF DURABLE MEDICAL EQUIPMENT, ORTHOTICS,

#### & PROSTHETICS

DIRECT CONTROLLING ENTITY: CHILDREN'S CARE HOSPITAL AND SCHOOL, D/B/A

#### LIFESCAPE