

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

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**Prepared For:**

Children's Care Hospital and School  
2501 West 26th Street  
Sioux Falls, SD 57105-2498

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**Prepared By:**

Eide Bailly LLP  
345 N. Reid Pl., Ste. 400  
Sioux Falls, SD 57103-7034

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>CHILDREN'S CARE HOSPITAL AND SCHOOL</b>	Taxpayer identification number (TIN) <b>46-0233030</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2501 WEST 26TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SIOUX FALLS, SD 57105-2498</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **STEVE WILSON**  
**3803 N. LOUISE AVE. - SIOUX FALLS, SD 57107**

Telephone No. **605-444-9820** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2024)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">CHILDREN'S CARE HOSPITAL AND SCHOOL</div> <div style="border: 1px solid black; padding: 2px;">Doing business as <b>LIFESCAPE</b></div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <div style="display: flex; justify-content: space-between;"> <span>2501 WEST 26TH STREET</span> <span></span> </div> </div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code  <b>SIOUX FALLS, SD 57105-2498</b> </div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">46-0233030</div>
	<b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">605-444-9500</div>	
	<b>G</b> Gross receipts \$ <b>46,649,467.</b>	
	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.LIFESCAPESD.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1952</b>
<b>M</b> State of legal domicile: <b>SD</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>EMPOWERING PEOPLE TO LIVE THEIR BEST LIFE.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>14</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>14</b>
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) .....	<b>5</b>	<b>715</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>1089</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>4,480,887.</b>	<b>7,265,000.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>36,233,693.</b>	<b>38,030,959.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>258,878.</b>	<b>1,278,653.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>40,699.</b>	<b>40,240.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>41,014,157.</b>	<b>46,614,852.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>25,000.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>27,205,697.</b>	<b>28,527,038.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) .....	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>10,386,785.</b>	<b>11,621,287.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>37,592,482.</b>	<b>40,173,325.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>3,421,675.</b>	<b>6,441,527.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>35,292,129.</b>	<b>43,078,734.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>7,465,120.</b>	<b>8,511,628.</b>
		<b>27,827,009.</b>	<b>34,567,106.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>STEVE WILSON, CFO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LAURIE HANSON, CPA</b>	Preparer's signature <b>LAURIE HANSON, CPA</b>	Date <b>05/02/25</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00851848</b>
	Firm's name <b>EIDE BAILLY LLP</b>	Firm's EIN <b>45-0250958</b>		
	Firm's address <b>345 N. REID PL., STE. 400 SIOUX FALLS, SD 57103-7034</b>	Phone no. <b>605-339-1999</b>		

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**EMPOWERING PEOPLE TO LIVE THEIR BEST LIFE.****VISION STATEMENT:****LIFESCAPE WILL BE AN INNOVATIVE ORGANIZATION, PROVIDING EXCEPTIONAL****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **32,717,764.** including grants of \$ **25,000.** ) (Revenue \$ **38,030,959.** )**CHILDREN'S CARE HOSPITAL & SCHOOL (CCHS) IS ADDITIVE TO THE FABRIC OF CARE IN SOUTH DAKOTA BY BEING THE SOLE PROVIDER OF SPECIFIC MEDICAID BASED SERVICES AND SUPPORTS FOR THE CHILDREN OF SOUTH DAKOTA.****IN FISCAL YEAR 2024, CCHS PROVIDED SERVICES FOR OVER 2,900 INDIVIDUALS FROM 6 STATES, FROM BIRTH THROUGH AGE 21 WITH DISABILITIES OR REHABILITATION NEEDS IN ALL OF ITS PROGRAMS. IN SOUTH DAKOTA ALONE, MORE THAN 2,580 CHILDREN SERVED WERE FROM 223 OF SOUTH DAKOTA'S TOWNS AND CITIES AND 65 OF 66 OF SOUTH DAKOTA'S COUNTIES. OUTPATIENT AND OUTREACH SERVICES, WHICH ARE COMMUNITY BASED, SERVED MORE THAN 2,600 OF THOSE CHILDREN IN SIOUX FALLS AND RAPID CITY, SD. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, THERAPIES RANGING FROM PHYSICAL AND OCCUPATIONAL TO****4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **32,717,764.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	40
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 715		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>		



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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	14			
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**STEVE WILSON - 605-444-9820**  
**3803 N. LOUISE AVE., SIOUX FALLS, SD 57107**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN WATKINS CEO	23.00 27.00			X				0.	345,926.	80,906.
(2) STEVE WILSON CFO	22.00 28.00			X				0.	198,415.	32,603.
(3) CHARLENE CONNELLY RN	68.00 0.00				X			215,469.	0.	5,382.
(4) KRISTIN TUTTLE VP OF MED. & THERAPY SERVICE	40.00 5.00				X			150,166.	0.	12,256.
(5) REBECCA WEELDREYER DIRECTOR OF NURSING	45.00 0.00				X			120,331.	0.	20,951.
(6) VICKI ISLER DIRECTOR OF EDUCATION	40.00 0.00				X			114,741.	0.	15,070.
(7) KIMBERLY WINCKLER RN	46.00 0.00				X			113,579.	0.	11,144.
(8) MARLI SCHIPPERS CHAIR/PAST CHAIR FROM 01/2024	1.00 3.00	X		X				0.	0.	0.
(9) LARRY FENTON VICE CHAIR	1.00 3.00	X		X				0.	0.	0.
(10) BOB MCNANEY SECRETARY/CHAIR FROM 01/2024	1.50 3.00	X		X				0.	0.	0.
(11) JAY SOUKUP TREASURER	1.00 3.00	X		X				0.	0.	0.
(12) JASON HARRIS PAST CHAIR UNTIL 01/2024	1.00 3.00	X		X				0.	0.	0.
(13) DR. JOSH PAULI DIRECTOR/SECRETARY FROM 01/2024	1.00 3.00	X		X				0.	0.	0.
(14) TERESA WARD DIRECTOR FROM 01/2024	1.00 3.00	X						0.	0.	0.
(15) DOUG BERKLAND DIRECTOR/MEMBER-AT-LARGE	1.00 3.00	X						0.	0.	0.
(16) TAMERA LARSEN-ENGELKES DIRECTOR FROM 01/2024	1.00 3.00	X						0.	0.	0.
(17) KIMBERLY NOONEY DIRECTOR	1.00 3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TYLER HAAHR FOUNDATION IMMEDIATE PAST CHAIR	0.50 3.00	X						0.	0.	0.
(19) ERICA DEBOER DIRECTOR	1.00 3.00	X						0.	0.	0.
(20) JASON HUBERS DIRECTOR	1.00 3.00	X						0.	0.	0.
(21) RICK KILEY DIRECTOR	1.00 3.00	X						0.	0.	0.
(22) ERIK NYBERG DIRECTOR	0.50 3.50	X						0.	0.	0.
<b>1b Subtotal</b>								714,286.	544,341.	178,312.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								714,286.	544,341.	178,312.

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

14

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIFESCAPE 2501 W 26TH STREET, SIOUX FALLS, SD 57105	IT, MATERIALS MANAGEMENT, AND OTHE	2,372,401.
KOCH HAZARD ARCHITECTS 431 N. PHILLIPS 200, SIOUX FALLS, SD 57104	ARCHITECT SERVICES	1,643,798.
INTERIM HEALTHCARE, 3608 S SOUTHEASTERN AVE, SIOUX FALLS, SD 57103	CONTRACTED LABOR - NURSING	551,838.
SANFORD USD MEDICAL CENTER PO BOX 5064, SIOUX FALLS, SD 57117-5064	RESP. THERAPY; IT SVCS	519,499.
SANFORD CHILDREN'S SPECIALTY CLINIC 1600 W 22ND ST, SIOUX FALLS, SD 57117	PHYSICIAN SERVICES	267,516.

**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

8

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>	683,733.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	6,540,966.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	40,301.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 679.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		7,265,000.			
<b>Program Service Revenue</b>	<b>2 a</b>	PATIENT/RESIDENT FEES	Business Code	623000	37,634,273.	37634273.	
	<b>b</b>	OTHER SERVICE REVENUE		900099	396,686.	396,686.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		38,030,959.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			572,977.	
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	20,894.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	0.			
<b>c</b>		Rental income or (loss) .....		20,894.			
<b>d</b>		Net rental income or (loss) .....		20,894.			20,894.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	740,291.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	0.	34,615.		
<b>c</b>		Gain or (loss) .....		740,291.	-34,615.		
<b>d</b>		Net gain or (loss) .....		705,676.			705,676.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	INSURANCE PROCEEDS	Business Code	900099	19,346.		19,346.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		19,346.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		46,614,852.	38030959.	0.	1318893.

**Part IX Statement of Functional Expenses**

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,000.	25,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	23,183,180.	21,669,301.	1,513,879.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	474,325.	442,138.	32,187.	
<b>9</b> Other employee benefits	3,166,479.	2,599,247.	567,232.	
<b>10</b> Payroll taxes	1,703,054.	1,591,964.	111,090.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	17,081.		17,081.	
<b>c</b> Accounting	70,200.		70,200.	
<b>d</b> Lobbying	20,735.	20,735.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	77,995.		77,995.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,172,890.	1,437,663.	2,735,227.	
<b>12</b> Advertising and promotion	199,320.	179.	199,141.	
<b>13</b> Office expenses	431,461.	336,774.	94,687.	
<b>14</b> Information technology	3,220.		3,220.	
<b>15</b> Royalties				
<b>16</b> Occupancy	1,339,408.	842,244.	497,164.	
<b>17</b> Travel	57,367.	41,031.	16,336.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	44,934.	28,845.	16,089.	
<b>20</b> Interest	94,938.		94,938.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	882,614.	845,070.	37,544.	
<b>23</b> Insurance	655,505.	548,015.	107,490.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER SUPPLIES	1,834,257.	1,632,070.	202,187.	
<b>b</b> MAINTENANCE AND REPAIR	457,277.	196,691.	260,586.	
<b>c</b> DUES AND SUBSCRIPTIONS	270,719.	69,724.	200,995.	
<b>d</b>				
<b>e</b> All other expenses	991,366.	391,073.	600,293.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,173,325.	32,717,764.	7,455,561.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

☒ X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,068,536.	<b>2</b>	1,282,666.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	6,347,031.	<b>4</b>	9,484,164.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	38,379.	<b>8</b>	32,771.
	<b>9</b> Prepaid expenses and deferred charges .....	48,228.	<b>9</b>	45,914.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 37,852,733.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,438,238.		
		9,140,578.	<b>10c</b>	12,414,495.
	<b>11</b> Investments - publicly traded securities .....	14,829,911.	<b>11</b>	16,901,435.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	1,819,466.	<b>15</b>	2,917,289.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	35,292,129.	<b>16</b>	43,078,734.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,810,110.	<b>17</b>	3,557,010.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	3,281,906.	<b>20</b>	2,794,673.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,373,104.	<b>25</b>	2,159,945.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,465,120.	<b>26</b>	8,511,628.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> X <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	27,504,237.	<b>27</b>	34,212,358.
	<b>28</b> Net assets with donor restrictions .....	322,772.	<b>28</b>	354,748.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	27,827,009.	<b>32</b>	34,567,106.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	35,292,129.	<b>33</b>	43,078,734.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,614,852.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	40,173,325.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,441,527.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	27,827,009.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	364,153.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-1,831.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-63,752.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	34,567,106.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2023)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public Inspection**

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

**2** ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

**3** ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

**4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

**5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

**6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

**7** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

**8** ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

**9** ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

**10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

**11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

**12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

**c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

**d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

**e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations \_\_\_\_\_

**g** Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

## Supplemental Information.

**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 B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

CHILDREN'S CARE HOSPITAL AND SCHOOL

46-0233030

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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).

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

Schedule B (Form 990) (2023)



Name of organization	Employer identification number
CHILDREN'S CARE HOSPITAL AND SCHOOL	46-0233030

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 683,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHILDREN'S CARE HOSPITAL AND SCHOOL

46-0233030

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	<div> <div>HOMECOMING SUPPLIES</div> <div></div> <div></div> <div></div> </div>	\$ 679.	06/30/20
	<div> <div></div> <div></div> <div></div> <div></div> </div>	\$	
	<div> <div></div> <div></div> <div></div> <div></div> </div>	\$	
	<div> <div></div> <div></div> <div></div> <div></div> </div>	\$	
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	<div> <div></div> <div></div> <div></div> <div></div> </div>	\$	
	<div> <div></div> <div></div> <div></div> <div></div> </div>	\$	

Name of organization	Employer identification number
CHILDREN'S CARE HOSPITAL AND SCHOOL	46-0233030

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ .....

3 Volunteer hours for political campaign activities ..... ..

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$ .....

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

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

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

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		8,215.
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		12,520.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			20,735.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

CHILDREN'S CARE HOSPITAL &amp; SCHOOL (CCHS) CONTRACTS FOR LOBBYING

SERVICES. THE LOBBYIST IS IN DIRECT CONTACT WITH LEGISLATORS, THEIR

STAFFS AND GOVERNMENT OFFICIALS DURING THE STATE'S 30-40 DAY

LEGISLATIVE SESSION.

THE LOBBYIST HELPS CCHS DEFINE ISSUES AND MAKE CONTACT WITH APPROPRIATE

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

LEGISLATIVE AND EXECUTIVE BRANCH PERSONNEL TO MAKE SURE THEY TRULY  
UNDERSTAND HOW ISSUES THAT MAY BE IN FRONT OF THEM WILL AFFECT CCHS.

LOBBYING REVOLVES AROUND PROPOSED BUDGETARY ISSUES AS WELL AS  
ADVOCATING FOR THE WELFARE OF PEOPLE SERVED BY CCHS.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
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	(d) Book value
1a Land		3,294,793.		3,294,793.
b Buildings		20,834,123.	17,763,995.	3,070,128.
c Leasehold improvements				
d Equipment		7,232,061.	6,322,278.	909,783.
e Other		6,491,756.	1,351,965.	5,139,791.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,414,495.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) INVESTMENT IN DAKOTA TRUCK UNDERWRITERS	485,773.
(2) OPERATING LEASE RIGHT OF USE ASSET	2,431,516.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,917,289.

**Part X Other Liabilities**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD IN TRUST	54,156.
(3) OPERATING LEASE LIABILITY	2,464,641.
(4) DUE TO AFFILIATES	-358,852.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,159,945.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	46,837,258.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	364,153.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	364,153.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	46,473,105.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	77,995.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	63,752.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	141,747.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	46,614,852.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	40,095,330.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,095,330.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	77,995.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	77,995.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	40,173,325.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION 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 4B - OTHER ADJUSTMENTS:**

NET ASSET WITH DONOR RESTRICTIONS 63,752.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>175</u> %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? .....		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....						
<b>b</b> Medicaid (from Worksheet 3, column a) .....			25444611.	24219001.	1225610.	3.05%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			25444611.	24219001.	1225610.	3.05%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....						
<b>f</b> Health professions education (from Worksheet 5) .....						
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....						
<b>k Total.</b> Add lines 7d and 7j .....			25444611.	24219001.	1225610.	3.05%





**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: CHILDREN'S CARE HOSPITAL & SCHOOLLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE 7D</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE 7D</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: CHILDREN'S CARE HOSPITAL & SCHOOL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>175</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.LIFESCAPESD.ORG/FINANCIAL-ASSISTANCE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: CHILDREN'S CARE HOSPITAL & SCHOOL

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>		<b>X</b>
If "No," indicate why:			
<b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2023

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: CHILDREN'S CARE HOSPITAL & SCHOOL**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDREN'S CARE HOSPITAL & SCHOOL:

PART V, SECTION B, LINE 5: KEY INFORMATIONAL INTERVIEWS/SURVEYS WERE CONDUCTED. THE LIFESCAPE ADVISORY COMMITTEE SELECTED INDIVIDUALS WITH A WIDE RANGE OF BACKGROUNDS IN HEALTH-RELATED AGENCIES AND WITH HEALTH-RELATED QUALIFICATIONS TO PARTICIPATE IN THE INTERVIEWS. THESE INDIVIDUALS REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY LIFESCAPE. INTERVIEWS AND SURVEYS WERE PROVIDED FEBRUARY 23RD-MARCH 15TH, 2022. UNDERSERVED POPULATIONS THAT WE REACHED OUT TO TO PROVIDE FEEDBACK INCLUDE: PEOPLE WITH AUTISM, NON-AUTISM RELATED MENTAL HEALTH DIAGNOSES AND CONCERNS, MEDICALLY COMPLEX NEEDS AND PARENTS OR CAREGIVERS OF THOSE WITH COMPLEX NEEDS.

CHILDREN'S CARE HOSPITAL & SCHOOL:

PART V, SECTION B, LINE 7D: [HTTPS://WWW.LIFESCAPESD.ORG/WP-CONTENT/UPLOADS/2023/09/CHNA-2022-FINAL.PDF](https://www.lifescapesd.org/wp-content/uploads/2023/09/CHNA-2022-FINAL.PDF)

THE IMPLEMENTATION STRATEGY CAN BE FOUND ON PAGE 16 OF THE CHNA REPORT.

CHILDREN'S CARE HOSPITAL & SCHOOL:

PART V, SECTION B, LINE 11: THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REVEALED THE FOLLOWING PRIORITY NEEDS:

1. ACCESSING SPECIALTY HOSPITAL AND OUTPATIENT SERVICES.
2. LACK OF COMMUNITY AND CAREGIVER EDUCATION ON LIFESCAPE SERVICES AND COMMUNITY RESOURCES.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

3. INADEQUATE AVAILABILITY OF APPROPRIATE MEDICAL AND COMMUNITY-BASED SERVICES IN IDENTIFIED AREAS: PEDIATRIC SKILLED NURSING/PEDIATRIC HOME HEALTH/RESPIRE CARE; MENTAL HEALTH; AND AUTISM/AUTISM AND BEHAVIORAL RESOURCES (ABA).

NEEDS IDENTIFIED BUT NOT ADDRESSED: TRANSPORTATION AND INSURANCE COVERAGE WILL NOT BE ADDRESSED AS WE DON'T HAVE THE ABILITY TO DIRECTLY IMPACT THESE AREAS. WE ALSO ARE NOT ABLE TO ADDRESS THE NEED FOR ADDITIONAL LOCATIONS FOR THOSE AGING OUT OF SERVICES WITH HIGH MEDICAL NEEDS DUE TO FINANCIAL CONSTRAINTS OF DEVELOPING A NEW LOCATION.

IN THE CURRENT YEAR THE FACILITY HAS TAKEN THE FOLLOWING ACTIONS TO ADDRESS:

1. LACK OF PARENT TRAINING AND EDUCATION OF SERVICES: INCREASED SOCIAL MEDIA POSTS TIED TO PROGRAMS AND PARENT EDUCATION. SENT A PROVIDER SURVEY OUT GATHERING FEEDBACK ON BEST WAY TO ASSIST IN EDUCATING PATIENTS AND FAMILIES ON SERVICES AND THERAPY RELATED TOPICS.

2. LACK OF COORDINATION OF CONNECTING FAMILIES WITH RESOURCES: OUR ABA SERVICES HAS UPDATED THE ABA FAMILY HANDBOOK PROVIDED AT OUR CLINIC TO THOSE FAMILIES WITHIN OUR ABA PROGRAM. OUR ADMISSIONS DEPARTMENT HIRED A FLOAT POSITION TO HELP WITH COVERAGE OF INTAKE STAFF TO ENSURE TIMELY COMMUNICATION WITH FAMILIES.

3. LACK OF MENTAL HEALTH SERVICES AND PROVIDERS: WE WERE ABLE TO IMPLEMENT A NEW CLINIC AND PROCESS TO ACCESS PSYCHOLOGIST FOR AUTISM

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EVALUATIONS. WHEN OUR STAR CLINIC WAS IMPLEMENTED ALONG WITH HIRING AN ASSESSMENT PSYCHOLOGIST, WE WERE ABLE TO INCREASE AUTISM EVALS FROM 1 EVAL/WEEK TO 4-5 EVALS/WEEK. WE ALSO HAVE BEEN ABLE TO INCREASE THE NUMBER OF SITUATION, TASK, ACTION, RESULT (STAR) CLINIC EVALS ACROSS BOTH OUTPATIENT CLINICS TO ALLOW FOR ACCESS TO EARLY INTERVENTION. IMPLEMENTED A NEW ABA PROGRAM MODEL TO INCREASE THE NUMBER OF ABA HOURS PROVIDED AT THE CLINIC.

CHILDREN'S CARE HOSPITAL & SCHOOL:

PART V, SECTION B, LINE 13B: THERE ARE INSTANCES WHEN A PATIENT MAY APPEAR ELIGIBLE FOR CHARITY CARE DISCOUNTS, BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO A LACK OF SUPPORTING DOCUMENTATION. OFTEN THERE IS ADEQUATE INFORMATION PROVIDED BY THE PATIENT THROUGH OTHER SOURCES, WHICH COULD PROVIDE SUFFICIENT EVIDENCE TO PROVIDE THE PATIENT WITH CHARITY CARE ASSISTANCE. IN THE EVENT THERE IS NO EVIDENCE TO SUPPORT A PATIENT'S ELIGIBILITY FOR CHARITY CARE, CHILDREN'S CARE HOSPITAL AND SCHOOL COULD USE OUTSIDE AGENCIES IN DETERMINING ESTIMATED INCOME AMOUNTS FOR THE BASIS OF DETERMINING CHARITY CARE ELIGIBILITY AND POTENTIAL DISCOUNT AMOUNTS. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE:

1. STATE-FUNDED PRESCRIPTION PROGRAMS;
2. HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC;
3. PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC);
4. FOOD STAMP ELIGIBILITY;
5. SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY;

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

6. ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAM THAT ARE

UNFUNDED (E.G., MEDICAID SPEND-DOWN);

7. LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AT A VALID ADDRESS; AND,

8. PATIENT IS DECEASED WITH NO KNOWN ESTATE.

CHILDREN'S CARE HOSPITAL & SCHOOL:

PART V, SECTION B, LINE 13H: PRESUMPTIVE ELIGIBILITY FOR FINANCIAL  
ASSISTANCE MAY BE USED IF NECESSARY.

CHILDREN'S CARE HOSPITAL & SCHOOL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.LIFESCAPESD.ORG/FINANCIAL-ASSISTANCE](https://www.lifescapesd.org/financial-assistance)

CHILDREN'S CARE HOSPITAL & SCHOOL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.LIFESCAPESD.ORG/FINANCIAL-ASSISTANCE](https://www.lifescapesd.org/financial-assistance)

CHILDREN'S CARE HOSPITAL & SCHOOL:

PART V, SECTION B, LINE 24: THE POLICY DOES NOT COVER ELECTIVE PROCEDURES  
AND NO FAP-ELIGIBLE PATIENTS HAD ELECTIVE PROCEDURES.





**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

---

**PART I, LINE 3C:**

IN ADDITION TO FEDERAL POVERTY GUIDELINES TO DETERMINE FAP ELIGIBILITY, CCHS USES AN ASSET TEST, REVIEWS INSURANCE STATUS, CONSIDERS MEDICAL INDIGENCY, AND REVIEWS INFORMATION TO DETERMINE PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE.

---

**PART I, LINE 7:**

LINE 7B UNREIMBURSED MEDICAID IS THE COST OF MEDICAID PROVIDED FOR INPATIENTS, PATIENTS AT THE RAPID CITY REHAB CENTER, RAPID CITY OUTREACH, SIOUX FALLS OUTREACH, AND SIOUX FALLS OUTPATIENT CLINICS. THE COST IS CALCULATED BY MULTIPLYING THE MEDICAID CHARGES TIMES THE COST-TO-CHARGE RATIO, AS DETERMINED THROUGH USE OF THE GENERAL LEDGER.

---

**PART III, LINE 3:**

NO PART OF THE AMOUNT ON LINE 2 WAS DETERMINED TO BE CHARITY CARE ELIGIBLE.

---

**PART III, LINE 4:**

**Part VI** Supplemental Information (Continuation)

THE FINANCIAL STATEMENT FOOTNOTE THAT DESCRIBES IMPLICIT PRICE CONCESSION  
IS AT PAGES 15-16.

## PART III, LINE 8:

NO PART OF THE SHORTFALL ON LINE 7 IS TREATED AS COMMUNITY BENEFIT. THE  
HOSPITAL HAS MEDICARE CERTIFICATION BECAUSE IT IS REQUIRED IN ORDER TO  
OPERATE. THE OVERALL COST-TO-CHARGE RATIO BASED ON AUDITED FINANCIAL  
STATEMENTS WAS USED TO CALCULATE COST.

## PART III, LINE 9B:

PRIOR TO ENGAGING IN ECAS, LIFESCAPE'S REVENUE CYCLE STAFF WILL IDENTIFY  
WHETHER REASONABLE EFFORTS WERE MADE TO DETERMINE WHETHER AN INDIVIDUAL IS  
ELIGIBLE FOR FINANCIAL ASSISTANCE. IF A PATIENT SUBMITS A COMPLETE  
HOSPITAL FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD,  
LIFESCAPE WILL SUSPEND ECAS AND MAKE AN ELIGIBILITY DETERMINATION BEFORE  
RESUMING ECA ACTIVITY.

## PART VI, LINE 2:

CCHS RELIES ON ITS BOARD MEMBERS AND BOARD MEMBERS OF LIFESCAPE FOUNDATION  
WHO REPRESENT ALL REGIONS OF THE STATE, ITS MEDICAL STAFF, AND SCHOOL  
DISTRICTS WHOSE STUDENTS IT SERVES TO HELP ADVISE OF HEALTH CARE NEEDS IN  
THEIR RESPECTIVE COMMUNITIES. CCHS ALSO CONDUCTS REGULAR MEETINGS WITH  
PARENTS AND PATIENTS TO HELP ASSESS THE HEALTH CARE NEEDS OF THE  
COMMUNITIES IT SERVES.

## PART VI, LINE 3:

RESIDENTIAL AND INPATIENT SERVICES ARE ALWAYS PRE-AUTHORIZED BY A THIRD  
PARTY PAYER AND ANY PATIENT RESPONSIBILITY IS DISCUSSED WITH THE

**Part VI** Supplemental Information (Continuation)

RESIDENT'S GUARANTOR UPON ADMISSION. FINANCIAL COUNSELING IS AVAILABLE FOR OUTPATIENT SERVICES. THIS STARTS WITH CCHS VERIFYING THAT THE PATIENT'S INSURANCE IS EFFECTIVE AND CONTACTING INSURANCE WITH DIAGNOSIS AND PROCEDURE CODES TO CHECK COVERAGE. NEXT, THE PARENT/GUARANTOR IS CONTACTED TO INFORM THEM OF THE APPROXIMATE AMOUNT FOR WHICH THEY'LL BE FINANCIALLY RESPONSIBLE. THEY ARE ASKED TO SIGN A PRIVATE PAY AGREEMENT BEFORE SERVICES ARE PROVIDED. BECAUSE CCHS DOES NOT PROVIDE EMERGENCY SERVICES, THERE IS ALWAYS TIME TO GET FORMS SIGNED BEFORE SERVICES ARE RENDERED.

## PART VI, LINE 4:

CCHS SERVES APPROXIMATELY 3,000 CHILDREN AND THEIR FAMILIES IN 65 COUNTIES THROUGHOUT SOUTH DAKOTA EVERY YEAR. ADDITIONAL CHILDREN AND FAMILIES ARE SERVED THROUGHOUT MINNESOTA, IOWA AND NORTH DAKOTA. APPROXIMATELY 65 SOUTH DAKOTA PUBLIC AND TRIBAL SCHOOL DISTRICTS ALSO RELY ON CCHS AND CHILDREN FROM SEVERAL PUBLIC OR PRIVATE AGENCIES AND PROGRAMS ARE ALSO SERVED. NO OTHER HOSPITALS IN THE AREA PROVIDE SIMILAR SERVICES.

## PART VI, LINE 5:

- ALL CCHS GOVERNING BODY MEMBERS RESIDE IN DIFFERENT PARTS OF ITS PRIMARY SERVICE AREA IN SOUTH DAKOTA. ALL BOARD MEMBERS ARE INDEPENDENT OF CCHS AND SERVE IN A VOLUNTEER CAPACITY.

- CCHS EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES.

- CCHS USES SURPLUS FUNDS TO ENHANCE SERVICES TO PATIENTS, FUND BUILDING IMPROVEMENTS OR EXPANSIONS, AND IMPROVE CARE BY PROVIDING ADDITIONAL TRAINING TO STAFF.

- CCHS IS THE ONLY PROVIDER IN SOUTH DAKOTA OFFERING 24-HOUR, INTEGRATED MEDICAL, BEHAVIORAL, AND SPECIAL EDUCATION SERVICES FOR CHILDREN AGES

**Part VI** Supplemental Information (Continuation)

BIRTH TO 21. CCHS SERVES FAMILIES AND SCHOOLS WHO ARE UNABLE TO SUPPORT CHILDREN WITH SEVERE BEHAVIORS WHO MAY HARM THEMSELVES OR OTHERS. MEDICAL PROGRAMMING IS PROVIDED TO FILL THE GAP BETWEEN SERVICES PROVIDED IN THE HOME AND SCHOOL DISTRICT AND SERVICES PROVIDED AT ACUTE CARE HOSPITALS.

- CCHS HAS SEVERAL CLINICAL AFFILIATION AGREEMENTS WITH SURROUNDING AREA SCHOOLS TO PROVIDE TRAINING EXPERIENCE FOR PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, NURSES AND PSYCHOLOGY STUDENTS.

- CCHS PARTICIPATES IN THE MEDICARE PROGRAM, SEVERAL STATE MEDICAID PROGRAMS, AND THE BIRTH TO 3 PROGRAM.

- 1,089 VOLUNTEERS ASSISTED WITH ALL ASPECTS OF CCHS OPERATIONS.

VOLUNTEERS ASSIST CCHS STAFF WITH ADMINISTRATIVE TASKS IN RECEPTION, MEDICAL RECORDS AND FUNDRAISING, AND PROVIDE SUPPORT TO PROFESSIONALS IN RESIDENTIAL AREAS.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number  
46-0233030

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - 1110 N. DAKOTA ST. - VERMILLION, SD 57069	46-6018891	501(C)(3)	25,000.	0.			GIFT TO THE SCHOOL OF HEALTH SCIENCES DEAN'S PROFESSORSHIP OF EXCELLENCE.

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

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:**

CHILDREN'S CARE HOSPITAL & SCHOOL D/B/A LIFESCAPE HAS A COLLABERATIVE  
RELATIONSHIP WITH THE UNIVERSITY OF SOUTH DAKOTA FOR THE BOARD CERTIFIED  
BEHAVIORAL ANALYST (BCBA) PROGRAM. CHILDREN'S CARE SERVES INDIVIDUALS WHO  
NEED BEHAVIORAL SUPPORT AND, AS A RESULT, REQUIRES CERTIFIED PROFESSIONALS  
WHO SPECIALIZE IN THIS FIELD. PROFESSIONALS FROM CHILDREN'S CARE FREQUENTLY  
SERVE AS INSTRUCTORS AND MENTORS FOR THIS PROGRAM. CHILDREN'S CARE IS AWARE  
OF HOW GRANT FUNDS ARE USED DUE TO THE CLOSE RELATIONSHIP TO THIS PROGRAM.

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2023

**Open to Public Inspection**

Employer identification number  
46-0233030

## LHA 332111 11-06-23

**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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN WATKINS CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	344,533.	0.	1,393.	50,651.	30,718.	427,295.	0.
(2) STEVE WILSON CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	197,225.	0.	1,190.	5,192.	27,875.	231,482.	0.
(3) CHARLENE CONNELLY RN	(i)	215,269.	0.	200.	5,382.	183.	221,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTIN TUTTLE VP OF MED. & THERAPY SERVICE	(i)	149,997.	0.	169.	3,052.	9,617.	162,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(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 ORGANIZATION RELIED ON A RELATED PARTY, LIFESCAPE, TO DETERMINE  
COMPENSATION FOR THE CEO AND CFO. LIFESCAPE USES THE METHODS LISTED IN PART  
I, LINE 3 TO DETERMINE COMPENSATION.

**PART I, LINE 4B:**

STEVE WATKINS HAS A NONQUALIFIED DEFERRED COMPENSATION AGREEMENT UNDER IRC  
457(F). THE BALANCE IN THE FUND AS OF DECEMBER 31, 2023 IS \$41,762, WHICH  
INCLUDES 2023 CONTRIBUTIONS OF \$40,000 AND EARNINGS OF \$1,762.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization  
**CHILDREN'S CARE HOSPITAL AND SCHOOL**

Employer identification number  
**46-0233030**

Part I	SEE PART VI FOR COLUMN (A) CONTINUATIONS											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
	SOUTH DAKOTA HEALTH AND A EDUCATIONAL FACILITIES A	48-0315509	83755VJ47	11/01/17	5,736,456.	REFINANCING OF 2007 BONDS		X		X		X
	B											
	C											
	D											

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired .....	3,081,456.									
2	Amount of bonds legally defeased .....										
3	Total proceeds of issue .....	5,736,456.									
4	Gross proceeds in reserve funds .....										
5	Capitalized interest from proceeds .....										
6	Proceeds in refunding escrows .....										
7	Issuance costs from proceeds .....	106,780.									
8	Credit enhancement from proceeds .....										
9	Working capital expenditures from proceeds .....										
10	Capital expenditures from proceeds .....	597,971.									
11	Other spent proceeds .....	5,031,805.									
12	Other unspent proceeds .....										
13	Year of substantial completion .....										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X									
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
16	Has the final allocation of proceeds been made? .....	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

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

Schedule K (Form 990) 2023

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %							
<b>6</b> Total of lines 4 and 5 .....	.00 %							
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

**Part IV** Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

**Part V** Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: SOUTH DAKOTA HEALTH AND EDUCATIONAL FACILITIES AUTHORITY

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**

(A) ISSUER NAME: SOUTH DAKOTA HEALTH AND EDUCATIONAL FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/28/2022

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

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

SERVICES AND CREATIVE SOLUTIONS FOR PEOPLE WITH VARIED NEEDS AND  
COMPLEX CARE ACROSS THEIR LIFE SPAN. KEY FACTORS IN ACCOMPLISHING THIS  
ARE COLLABORATIVE PARTNERSHIPS, STRIVING TO BECOME A DESTINATION FOR  
RESEARCH, AS WELL AS DEVELOPING, IMPLEMENTING, AND TRAINING OF  
TECHNOLOGY-BASED SOLUTIONS TO IMPROVE THE LIVES OF PEOPLE WE SUPPORT.

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

SPEECH-LANGUAGE PATHOLOGY, BEHAVIORAL THERAPY, ASSISTIVE TECHNOLOGY,  
SEATING AND POSITIONING, AND POWERED MOBILITY SERVICES.

IN SIOUX FALLS AND RAPID CITY OUTPATIENT CLINICS, 208 CHILDREN RECEIVED  
FREE AUTISM SCREENINGS AND 229 CHILDREN WERE EVALUATED FOR AUTISM.  
LIFESCAPE SAW A RESURGENCE IN NEED IN FY24 CAUSING THE WAITLIST TO  
INCREASE FROM 386 TO 583, LEADING TO A REEVALUATION IN HOW TO ADDRESS  
THE GROWING NEED FOR AUTISM SERVICES IN THE COMMUNITY. THE AUTISM  
SPECTRUM DISORDER STAR (SCREENING WITH THERAPUETIC ASSESSMENT AND  
RECOMMENDATIONS) CLINIC WAS CREATED IN LATE FY24 TO HELP REDUCE THE  
NUMBER OF CHILDREN ON THE WAITLIST.

LIFESCAPE'S CHILDREN'S SPECIALTY HOSPITAL CONTINUES TO BE THE ONLY  
PEDIATRIC REHABILITATION HOSPITAL IN SOUTH DAKOTA. IN FY24, 41 CHILDREN  
WERE SERVED IN THE HOSPITAL. IN THE RESIDENTIAL PROGRAM AND  
INTERMEDIATE CARE FACILITY, 75 CHILDREN FROM THREE STATES WERE SERVED,  
MOST OF WHOM ALSO ATTENDED LIFESCAPE'S SPECIALTY SCHOOLS. IN ADDITION,  
THERE WERE 67 DAY STUDENTS AT THE 26TH STREET CAMPUS AND PATHWAYS TO

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

Schedule O (Form 990) 2023

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

LIFE SCHOOL.

IN SOUTH DAKOTA, LIFESCAPE EMPLOYS 4 OUT OF 5 SEATING & MOBILITY SPECIALISTS, AND HAS THE 1ST AND ONLY SPEECH-LANGUAGE PATHOLOGIST IN SWALLOWING DISORDERS, WHICH HAS LED TO REFERRALS FROM OUT OF STATE.

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

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, IMMEDIATE PAST CHAIR, CHIEF EXECUTIVE OFFICER, AND ONE DIRECTOR. THE COMMITTEE CAN ACT ON BEHALF OF THE BOARD BETWEEN BOARD MEETINGS. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE MUST BE RATIFIED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

STEVE WATKINS HAS A BUSINESS RELATIONSHIP WITH JAY SOUKUP, JASON HARRIS, LARRY FENTON, KIMBERLY NOONEY, MARLI SCHIPPERS, JOSH PAULI, BOB MCNANEY, TYLER HAAHR, DOUG BERKLAND, ERICA DEBOER, JASON HUBERS, RICK KILEY, TERESA WARD, TAMERA LARSEN-ENGELKES, AND ERIK NYBERG. THE BUSINESS RELATIONSHIP EXISTS BECAUSE STEVE WATKINS WAS PAID BY LIFESCAPE. PERSONS LISTED AS HAVING A BUSINESS RELATIONSHIP WITH HIM SERVE ON THE BOARD OF LIFESCAPE. ADDITIONALLY, STEVE WATKINS AND STEVE WILSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE ORGANIZATION IS LIFESCAPE, A SOUTH DAKOTA NON-PROFIT, EXEMPT UNDER INTERNAL REVENUE CODE 501(C)(3).

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

THE DIRECTORS SHALL BE ELECTED BY THE MEMBER AND SHALL BE THE SAME PERSONS

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number

46-0233030

WHO SERVE AS THE DIRECTORS OF THE MEMBER.

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

THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND A FINAL COPY OF THE 990 IS SHARED WITH THE BOARD OF DIRECTORS.

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

LIFESCAPE HAS A CONFLICT OF INTEREST POLICY THAT IS SIGNED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. IN ADDITION, A CONFLICT LETTER IS SENT TO ALL BOARD MEMBERS AND SENIOR LEADERS OF LIFESCAPE TO COMPLETE AND TO DISCLOSE ANY POTENTIAL CONFLICTS.

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

THE CEO AND CFO OF CCHS ARE COMPENSATED BY LIFESCAPE, A RELATED ORGANIZATION.

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

DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 1,422,778.

MANAGEMENT AND GENERAL EXPENSES 182,032.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,604,810.

COLLECTION AGENCY:

PROGRAM SERVICE EXPENSES 14,885.

Name of the organization	CHILDREN'S CARE HOSPITAL AND SCHOOL	Employer identification number	46-0233030
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,885.

## OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,490,059.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,490,059.

## OUTSIDE SPEAKER FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,738.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,738.

## OUTSIDE TRAINING SESSION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	54,398.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,398.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,172,890.
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## FORM 990, PART X, LINE 20:

THE ISSUE PRICE OF THE BONDS INCLUDES THE FILING ORGANIZATION'S SHARE OF THE ENTIRE BOND ISSUE, WHICH WAS ISSUED TO LIFESCAPE ON BEHALF OF THE LIFESCAPE OBLIGATED GROUP. THE LIFESCAPE OBLIGATED GROUP CONSISTS OF LIFESCAPE, CHILDREN'S CARE HOSPITAL AND SCHOOL D/B/A LIFESCAPE,



Name of the organization	CHILDREN'S CARE HOSPITAL AND SCHOOL	Employer identification number	46-0233030
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SOUTH DAKOTA ACHIEVE D/B/A LIFESCAPE, AND LIFESCAPE FOUNDATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS RELEASED FROM RESTRICTION	-63,752.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHILDREN'S CARE HOSPITAL AND SCHOOL

Employer identification number  
46-0233030

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LIFESCAPE - 46-5151247 4100 S WESTERN AVE SIOUX FALLS, SD 57105	ASSIST CHILDREN'S CARE HOSPITAL & SCHOOL AND SD ACHIEVE	SOUTH DAKOTA	501(C)(3)	LINE 12A, I	N/A		X
SOUTH DAKOTA ACHIEVE DBA LIFESCAPE - 23-7072116, 4100 S WESTERN AVE, SIOUX FALLS, SD 57105	PROVIDE SUPPORT SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES	SOUTH DAKOTA	501(C)(3)	LINE 2	LIFESCAPE		X
LIFESCAPE FOUNDATION - 46-0353254 2501 WEST 26TH STREET SIOUX FALLS, SD 57105	SUPPORT PROGRAMS & SERVICES OF LIFESCAPE ENTITIES	SOUTH DAKOTA	501(C)(3)	LINE 12A, I	LIFESCAPE		X
SIOUX RESIDENTIAL SERVICES INC - AKA HARVEST APARTMENTS - 46-0378935, 4100 S WESTERN AVE, SIOUX FALLS, SD 57105	HUD PROPERTY FOR INDIVIDUALS SUPPORTED BY SDA	SOUTH DAKOTA	501(C)(3)	LINE 10	SOUTH DAKOTA ACHIEVE DBA LIFESCAPE		X

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

Schedule R (Form 990) 2023

[illegible]

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
REHABILITATION MEDICAL SUPPLY - 41-1936988 1020 W 18TH ST SIOUX FALLS, SD 57104	SALES & SERVICE OF DURABLE MEDICAL EQUIPMENT, ORTHOTICS,	SD	CHILDREN'S CARE HOSPITAL AND SCHOOL	C CORP	2630861.	1905498.	100%	X	

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) REHABILITATION MEDICAL SUPPLY	Q	1,909,957.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

**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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>CHILDREN'S CARE HOSPITAL AND SCHOOL</b>	Taxpayer identification number (TIN) <b>46-0233030</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2501 WEST 26TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SIOUX FALLS, SD 57105-2498</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **STEVE WILSON**  
**3803 N. LOUISE AVE. - SIOUX FALLS, SD 57107**

Telephone No. **605-444-9820** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2024)



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))**2023**For calendar year 2023 or other tax year beginning **JUL 1, 2023**, and ending **JUN 30, 2024**Department of the Treasury  
Internal Revenue ServiceGo to **www.irs.gov/Form990T** for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		<b>CHILDREN'S CARE HOSPITAL AND SCHOOL</b>	<b>46-0233030</b>
Number, street, and room or suite no. If a P.O. box, see instructions.		<b>E</b> Group exemption number (see instructions)	
City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> <input type="checkbox"/> Check box if an amended return.	
<b>C</b> Book value of all assets at end of year		<b>43,078,734.</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation
<b>L</b> The books are in care of <b>STEVE WILSON</b> Telephone number <b>605-444-9820</b>

**Part I Total Unrelated Business Taxable Income**

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

**Part II Tax Computation**

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

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b> Total credits. Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	<b>0.</b>
<b>3a</b> Amount due from Form 4255	<b>3a</b>	
<b>b</b> Amount due from Form 8611	<b>3b</b>	
<b>c</b> Amount due from Form 8697	<b>3c</b>	
<b>d</b> Amount due from Form 8866	<b>3d</b>	
<b>e</b> Other amounts due (see instructions)	<b>3e</b>	
<b>f</b> Total amounts due. Add lines 3a through 3e	<b>3f</b>	<b>0.</b>
<b>4</b> Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>0.</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	<b>0.</b>

**Part III Tax and Payments** (continued)

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	1,338.	
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		1,338.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		1,338.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		1,338.

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

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
	If "Yes," see instructions for other forms the organization may have to file.		
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ 0.		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
	\$		
	\$		
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

**STATEMENT 1**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	LAURIE HANSON, CPA	LAURIE HANSON, CPA	05/02/25	PTIN P00851848
	Firm's name	Firm's EIN		
	EIDE BAILLY LLP	45-0250958		
	Firm's address	Phone no.		
	345 N. REID PL., STE. 400	605-339-1999		
	SIOUX FALLS, SD 57103-7034			

Form **990-T** (2023)

FORM 990-T

PART V - SUPPLEMENTAL INFORMATION

STATEMENT 1

PART I, LN 1 - SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION:  
THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC.  
1.263(A)-1(F) FOR ALL TRADES OR BUSINESSES.

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

Department of the Treasury  
Internal Revenue Service

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

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

1  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>CHILDREN'S CARE HOSPITAL AND SCHOOL</b>	<b>B</b> Employer identification number <b>46-0233030</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **TO CLAIM REFUNDABLE FUEL CREDIT**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> 0.		

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

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

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	0.			
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

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

  

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

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

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

Schedule A (Form 990-T) 2023

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>

a				
3 Direct advertising costs by periodical				

<p><b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....</p>						
--	--	--	--	--	--	--

<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....				
--	--	--	--	--

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 ..... **0.**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 0.

[illegible]

**Credit for Federal Tax Paid on Fuels**Go to [www.irs.gov/Form4136](http://www.irs.gov/Form4136) for instructions and the latest information.

OMB No. 1545-0162

**2023**  
Attachment  
Sequence No. **79**

Name (as shown on your income tax return)

Taxpayer identification number

CHILDREN'S CARE HOSPITAL AND SCHOOL

46-0233030

**Caution:** Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

**1 Nontaxable Use of Gasoline**

Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Off-highway business use		\$ .183		\$ 1,331.	362
b Use on a farm for farming purposes		.183			
c Other nontaxable use (see <b>Caution</b> above line 1)	13	.183	7,275		
d Exported		.184			411

**2 Nontaxable Use of Aviation Gasoline**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in commercial aviation (other than foreign trade)		\$ .15		\$	354
b Other nontaxable use (see <b>Caution</b> above line 1)		.193			324
c Exported		.194			412
d LUST tax on aviation fuels used in foreign trade		.001			433

**3 Nontaxable Use of Undyed Diesel Fuel**

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

**Exception.** If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use	13	\$ .243	27	\$ 7.	360
b Use on a farm for farming purposes		.243			
c Use in trains		.243			353
d Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17			350
e Exported		.244			413

**4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)**

Claimant certifies that the kerosene did not contain visible evidence of dye.

**Exception.** If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use taxed at \$.244		\$ .243		\$	346
b Use on a farm for farming purposes		.243			
c Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17			347
d Exported		.244			414
e Nontaxable use taxed at \$.044		.043			377
f Nontaxable use taxed at \$.219		.218			369

For Paperwork Reduction Act Notice, see the separate instructions.

Form **4136** (2023)



**5 Kerosene Used in Aviation**

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	\$ .200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
c	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
e	LUST tax on aviation fuels used in foreign trade	.001			433

**6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel****Registration No.**

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

**Exception.** If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ☐

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	\$ .243		\$	360
b Use in certain intercity and local buses	.17			350

**7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)****Registration No.**

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

**Exception.** If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ☐

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	\$ .243		\$	
b Sales from a blocked pump	.243			346
c Use in certain intercity and local buses	.17			347

**8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation.****Registration No.**

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$ .175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

Form **4136** (2023)

**9 Reserved for future use**

		Registration No.		
		(b) Rate	(c) Gallons of alcohol	(d) Amount of credit
a	Reserved for future use			\$
b	Reserved for future use			

**10 Biodiesel, Renewable Diesel, or Sustainable Aviation Fuel Mixture Credit**

## Registration No.

**Biodiesel or renewable diesel mixtures.** Claimant produced a mixture by mixing biodiesel with diesel fuel (or renewable diesel with liquid fuel (other than renewable diesel). The biodiesel used to produce the biodiesel mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS.

**Sustainable aviation fuel (SAF) mixtures.** Claimant produced a qualified mixture by mixing SAF with kerosene. The qualified mixture was produced by the claimant in the United States, such mixture was used by the claimant (or sold by the claimant for use) in an aircraft, such sale or use was in the ordinary course of a trade or business of the claimant, and the transfer of such mixture to the fuel tank of such aircraft occurred in the United States. The SAF used to produce the qualified mixture is the portion of liquid fuel that is not kerosene that (i) either (A) meets the specifications of one of the ASTM D7566 Annexes, or (B) meets the specifications of ASTM D1655 Annex A1, (ii) is not derived from coprocessing an applicable material (or materials derived from an applicable material) with a feedstock that is not biomass, (iii) is not derived from palm fatty acid distillates or petroleum, and (iv) has been certified in accordance with section 40B(e) as having a lifecycle greenhouse gas emissions reduction percentage of at least 50 percent. **For all claims.** Claimant has attached the appropriate certificates and, if applicable, appropriate reseller statements. Claimant has no reason to believe that the information in the certificate or statement is false. See the instructions for additional information and requirements.

	(b) Rate	(c) Number of gallons sold or used	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$ 1.00		\$	388
b Agri-biodiesel mixtures	1.00			390
c Renewable diesel mixtures	1.00			307
d Sustainable aviation fuel mixtures (see instructions)				440

**11 Nontaxable Use of Alternative Fuel**

**Caution:** There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a	Liquefied petroleum gas (LPG)	\$ .183		\$	419
b	"P Series" fuels	.183			420
c	Compressed natural gas (CNG)	.183			421
d	Liquefied hydrogen	.183			422
e	Fischer-Tropsch process liquid fuel from coal (including peat)	.243			423
f	Liquid fuel derived from biomass	.243			424
g	Liquefied natural gas (LNG)	.243			425
h	Liquefied gas derived from biomass	.183			435

LHA

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**12 Alternative Fuel Credit**

Registration No.				
	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG) (see instructions)	\$ .50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (see instructions)	.50			428
d Reserved for future use				
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG) (see instructions)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437

**13 Registered Credit Card Issuers**

Registration No.				
	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$ .243		\$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218			369

**14 Nontaxable Use of a Diesel-Water Fuel Emulsion**

**Caution:** There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$ .197		\$	309
b Exported		.198			306

**15 Diesel-Water Fuel Emulsion Blending**

Registration No.				
	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$ .046		\$	310

**16 Exported Dyed Fuels and Exported Gasoline Blendstocks**

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$ .001	\$ .001		\$	415
b Exported dyed kerosene	.001			416

**17 Total income tax credit claimed.** Add lines 1 through 16, column (d). Enter here and on Schedule 3 (Form 1040), line 12; Form 1120, Schedule J, line 20b; Form 1120-S, line 24c; Form 1041, Schedule G, line 17; or the proper line of other returns

17

\$

1,338.

Form **4136** (2023)

Electronic Filing PDF Attachment



Consolidated Financial Statements  
June 30, 2024 and 2023

**LifeScape**

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## Independent Auditor's Report

The Board of Directors  
LifeScape  
Sioux Falls, South Dakota

### Report on the Audit of the Consolidated Financial Statements

#### ***Opinion***

We have audited the consolidated financial statements of LifeScape (the Organization), which comprise the consolidated balance sheets as of June 30, 2024 and 2023 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of LifeScape as of June 30, 2024 and 2023, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our audit. We are required to be independent of LifeScape and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about LifeScape's ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

## **Auditor's Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of LifeScape's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about LifeScape's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP".

Sioux Falls, South Dakota  
November 8, 2024



LifeScape  
Consolidated Balance Sheets  
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 4,053,342	\$ 3,989,698
Receivables		
Patient	7,087,409	7,040,642
Accounts receivable	4,036,746	3,441,899
Promises to give	996,563	321,978
Grant	2,933,398	-
Other	1,102,095	822,872
Supplies	524,326	439,368
Prepaid expenses	214,279	221,917
Total current assets	<u>20,948,158</u>	<u>16,278,374</u>
Assets Limited as to Use		
Under indenture agreements	318,071	284,708
By Board for capital improvements and debt redemption	25,724,900	24,092,211
Donor restricted investments	66,781,841	48,931,665
Beneficial interest in remainder trusts	3,911,392	3,617,943
Beneficial interest in perpetual trusts	502,469	465,260
Total assets limited as to use	<u>97,238,673</u>	<u>77,391,787</u>
Investments	<u>74,166,206</u>	<u>62,015,148</u>
Property and Equipment, Net	<u>26,669,906</u>	<u>21,422,450</u>
Other Assets		
Promises to give, net	1,295,585	565,301
Operating lease right of use assets	3,021,504	2,049,745
Other	553,717	499,678
Total other assets	<u>4,870,806</u>	<u>3,114,724</u>
Total assets	<u><u>\$ 223,893,749</u></u>	<u><u>\$ 180,222,483</u></u>

LifeScape  
Consolidated Balance Sheets  
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 569,596	\$ 667,041
Current portion of operating lease liability	766,170	820,576
Accounts payable		
Trade	2,558,571	1,746,690
Insurance loss liabilities	528,820	462,929
Annuities payable	41,526	50,216
Accrued expenses		
Salaries and wages	2,302,074	1,801,504
Vacation	1,748,204	1,636,994
Interest	22,157	27,945
Refundable advance	4,223,664	6,279,233
Payroll taxes and other	314,577	337,710
Total current liabilities	<u>13,075,359</u>	<u>13,830,838</u>
Long-term Liabilities		
Long-term debt, net of current maturities, unamortized debt issue costs, and bond premiums	6,327,730	6,095,525
Deferred compensation	62,914	40,556
Operating lease liability, net of current portion	<u>2,320,049</u>	<u>1,299,431</u>
Total long-term liabilities	<u>8,710,693</u>	<u>7,435,512</u>
Total liabilities	<u>21,786,052</u>	<u>21,266,350</u>
Net Assets		
Without donor restrictions		
Undesignated	128,089,485	103,136,865
Non-controlling interest	<u>940,011</u>	<u>990,347</u>
Total net assets without donor restrictions	129,029,496	104,127,212
With donor restrictions	<u>73,078,201</u>	<u>54,828,921</u>
Total net assets	<u>202,107,697</u>	<u>158,956,133</u>
Total liabilities and net assets	<u>\$ 223,893,749</u>	<u>\$ 180,222,483</u>

LifeScape  
Consolidated Statements of Operations  
Years Ended June 30, 2024 and 2023

	2024	2023
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient service revenue	\$ 42,310,927	\$ 39,960,603
Program service fees	38,967,260	32,443,859
Contributions and bequests	2,406,720	548,378
Grants	8,568,047	4,224,156
Other revenue	2,213,622	2,030,965
Net assets released from restrictions for operations	779,965	1,248,363
	<u>95,246,541</u>	<u>80,456,324</u>
Total revenues, gains, and other support		
Expenses		
Salaries	53,640,571	51,377,788
Employee benefits and payroll taxes	12,020,254	11,157,701
Contract labor	1,615,936	1,341,551
Professional and contract services	3,024,021	2,806,090
Supplies	4,768,790	4,352,445
Occupancy	2,036,774	2,001,357
Travel and transportation	920,691	950,721
Repairs and maintenance	1,107,157	982,531
Provider and sales tax	846,277	765,661
Insurance	1,196,813	672,982
Contributions	41,807	190,417
Interest	129,196	170,964
Depreciation and amortization	2,311,293	2,147,312
Operating leases	917,592	963,673
Other	437,546	294,436
	<u>85,014,718</u>	<u>80,175,629</u>
Total expenses		
Operating Income	<u>10,231,823</u>	<u>280,695</u>
Other Income		
Investment returns	14,607,394	10,077,973
Gain on disposal of property and equipment	41,168	170,983
	<u>14,648,562</u>	<u>10,248,956</u>
Other income, net		
Revenues In Excess of Expenses	24,880,385	10,529,651
Contributions Restricted for Capital Purposes	<u>21,899</u>	<u>201,665</u>
Change in Net Assets Without Donor Restrictions	<u>\$ 24,902,284</u>	<u>\$ 10,731,316</u>

LifeScape  
Consolidated Statements of Changes in Net Assets  
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net Assets Without Donor Restrictions		
Revenues in excess of expenses	\$ 24,880,385	\$ 10,529,651
Contributions restricted for capital purposes	<u>21,899</u>	<u>201,665</u>
Change in net assets without donor restrictions	<u>24,902,284</u>	<u>10,731,316</u>
Net Assets With Donor Restrictions		
Contributions and grants for specific purposes	897,557	1,238,188
Contributions restricted for capital purposes	17,709,392	179,666
Contributions for endowment funds	91,638	95,522
Change in split interest agreements	330,658	645,964
Net assets released from restrictions	<u>(779,965)</u>	<u>(1,248,363)</u>
Change in net assets with donor restrictions	<u>18,249,280</u>	<u>910,977</u>
Change in Net Assets	43,151,564	11,642,293
Net Assets, Beginning of Year	<u>158,956,133</u>	<u>147,313,840</u>
Net Assets, End of Year	<u><u>\$ 202,107,697</u></u>	<u><u>\$ 158,956,133</u></u>

LifeScape  
Consolidated Statements of Cash Flows  
Years Ended June 30, 2024 and 2023

	2024	2023
Operating Activities		
Change in net assets	\$ 43,151,564	\$ 11,642,293
Adjustments to reconcile change in net assets to cash from operating activities		
Depreciation and amortization	2,311,293	2,147,312
Net realized and unrealized gain on investments	(9,438,571)	(6,654,263)
Gain on disposal of property and equipment	(41,168)	(170,983)
Change in beneficial interest in remainder trusts	(293,449)	(568,452)
Change in beneficial interest in perpetual trusts	(37,209)	(77,512)
Contributions restricted by donors	(18,720,486)	(1,715,041)
Interest expense attributable to amortization of debt issuance costs	16,991	17,600
Changes in assets and liabilities		
Receivables	(4,811,767)	77,490
Supplies	(84,958)	(40,053)
Prepaid expenses and other assets	(46,401)	3,914
Operating lease assets and liabilities	(5,547)	(7,637)
Accounts payable	434,915	(203,052)
Annuities payable	(8,690)	(51,012)
Refundable advance	(2,055,569)	(4,224,155)
Accrued expenses	582,859	(77,614)
Deferred compensation	22,358	40,556
Net Cash from Operating Activities	<u>10,976,165</u>	<u>139,391</u>
Investing Activities		
Purchase of property and equipment	(7,237,546)	(6,325,174)
Proceeds from disposal of property and equipment	162,822	193,591
Purchase of investments and assets limited as to use	(22,340,161)	(15,191,869)
Sales and maturities of investments and assets limited as to use	22,797,117	14,897,054
Net Cash used for Investing Activities	<u>(6,617,768)</u>	<u>(6,426,398)</u>
Financing Activities		
Collection of contributions restricted by donors	18,273,149	1,029,005
Principal payments on long-term debt	(717,601)	(714,340)
Proceeds from issuance of long-term debt	835,370	934,050
Net Cash from Financing Activities	<u>18,390,918</u>	<u>1,248,715</u>
Net Change in Cash and Cash Equivalents	22,749,315	(5,038,292)
Cash and Cash Equivalents, Beginning of Year	48,704,390	53,742,682
Cash and Cash Equivalents, End of Year	<u>\$ 71,453,705</u>	<u>\$ 48,704,390</u>

LifeScape  
Consolidated Statements of Cash Flows  
Years Ended June 30, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 4,053,342	\$ 3,989,698
Under indenture agreements	318,071	284,708
Cash and cash equivalents included in investments	59,372,143	36,389,359
Cash and cash equivalents included in assets limited as to use	<u>7,710,149</u>	<u>8,040,625</u>
Total cash and cash equivalents	<u>\$ 71,453,705</u>	<u>\$ 48,704,390</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	\$ 117,993	\$ 157,067
Supplemental Disclosure of Non-Cash Investing and Financing Activity		
Lease liabilities arising from obtaining right of use assets	\$ 1,804,848	\$ 597,215
Accounts payable for property and equipment	960,664	517,807

## Note 1 - Summary of Significant Accounting Policies

### Organization

LifeScape (the Organization) is a non-profit corporation that was established through the affiliation of South Dakota Achieve and Children's Care Hospital and School (both non-profit corporations). LifeScape offers support for all individuals with disabilities by offering a large range of programs and services to empower people to live their best life.

### Principles of Consolidation

The consolidated financial statements include the accounts of LifeScape, South Dakota Achieve, Children's Care Hospital and School, LifeScape Foundation, LifeScape Foundation Legacy Land Holding I, LLC, Rehabilitation Medical Supply d/b/a RISE Custom Solutions, Sioux Residential Services, Inc., Horizon Apartments, and Beacon Apartments Limited Partnership. All significant intercompany accounts and transactions have been eliminated. Unless otherwise noted, these consolidated entities are hereinafter referred to as "LifeScape" or "Organization."

Beacon Apartments Limited Partnership was formed as a limited partnership between South Dakota Achieve and Midwest Housing Equity Group, Inc. to acquire an interest in property located in Sioux Falls, South Dakota, and to construct and operate housing complexes for persons of low or moderate income. The Partnership consists of South Dakota Achieve as the .01% general partner and Midwest Housing Equity Group, Inc. as the 99.99% limited partner. South Dakota Achieve is the managing member and makes all management decisions. A reconciliation of the non-controlling interest is as follows:

	2024	2023
Non-controlling interest - beginning of year	\$ 990,347	\$ 1,034,115
Expenses in excess of revenues	<u>(50,336)</u>	<u>(43,768)</u>
Non-controlling interest - end of year	<u><u>\$ 940,011</u></u>	<u><u>\$ 990,347</u></u>

### Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates, and those differences could be material.

### Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

### **Patient and Accounts Receivables**

Patient and accounts receivables are uncollateralized patient and third-party payor obligations. Payments of patient and accounts receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim. Patient and accounts receivable are stated net of any explicit and implicit price concessions and then further reduced by an allowance for credit losses accounts. In evaluating the allowance of accounts receivable, the Organization analyzes historical losses and current patient's, resident's, or third-party payor's ability to pay. Management has determined that the current, reasonable, and supportable forecasted economic conditions are consistent with the historical economic conditions. As a result, the historical loss rates have not been adjusted for differences in current conditions or forecasted changes. If accounts become uncollectible, they are charged to operations when that determination is made. As of June 30, 2024 and 2023, there was no credit loss or allowance considered necessary.

The Organization has elected to not adjust the promised amount of consideration from patients, residents and third-party payors for the effects of a significant financial component due to the Organization's expectation that the period between the time the service is provided to a patient or resident and the time that the patient, resident or third-party payor pays for that service will be one year or less.

As of July 1, 2022, patient receivable balance was \$6,872,489 and accounts receivable balance was \$2,718,311.

### **Promises to Give and Grant Receivables**

The Organization records unconditional promises to give and grant receivables that are expected to be collected within one year at net realizable value. Unconditional promises to give and grant receivables expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the consolidated statements of operations. Allowance for credit losses promises to give and grant receivables are determined based on historical experience, an assessment of economic conditions, and review of subsequent collections. Promises to give and grant receivables are written off when deemed uncollectible. At June 30, 2024 and 2023, the allowance for credit losses was \$131,746 and \$53,271, respectively. There was no allowance on grant receivables at June 30, 2024 and 2023.

### **Supplies**

Supplies are stated at the lower of cost or net realizable value determined by the first-in first-out method.

### **Investments**

Investment purchases are recorded at cost or if donated at fair value on the date of donation. Thereafter, investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Investments in certificates of deposit that are not publicly traded are recorded at cost plus accrued interest. Cash values of life insurance policies are recorded at cost. Thereafter the cash values are updated based on policies' stated values. Investment returns (including realized and unrealized gains and losses on investments, interest, and dividends) is included in revenues (less than) in excess of expenses unless the income or loss is restricted by donor or law.



Endowment earnings appropriated for spending and spent in the same year as they are earned are recorded in net assets without restrictions on the accompanying consolidated statements of operations.

### **Fair Value Measurements**

The Organization has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which defines a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

A fair value hierarchy has been established which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to the entire measurement requires judgement, taking into account factors specific to the asset or liability. The categorization of an asset within the hierarchy is based upon the pricing transparency of the asset and does not necessarily correspond to an assessment of the quality, risk or liquidity profile of the asset or liability.

### **Assets Limited as to Use**

Assets limited as to use include assets set aside by the Organization's Board of Directors for future capital improvements and debt redemption, over which the Board retains control and may at its discretion subsequently use for other purposes. Assets limited as to use also includes assets restricted under indenture agreements; investments restricted by donors; and the Organization's interest in perpetual and remainder trusts maintained by independent trustees.

### **Beneficial Interests in Perpetual Trusts**

The Organization has been named as an irrevocable beneficiary of several perpetual trusts held and administered by independent trustees. Perpetual trusts provide for the distribution of the net income of the trusts to the Organization; however, the Organization will never receive the assets of the trusts. At the date that a notice of a beneficial interest is received, a contribution with donor restrictions of a perpetual nature is recorded in the consolidated statements of changes in net assets, and a beneficial interest in perpetual trust is recorded in the consolidated balance sheets at the fair value of the underlying trust assets. Thereafter, beneficial interests in the trusts are reported at the fair value of the trusts' assets in the consolidated balance sheets, with trust distributions and changes in fair value recognized in the consolidated statements of changes in net assets.

### **Beneficial Interests in Remainder Trusts**

The Organization has been named as an irrevocable beneficiary of several charitable trusts held and administered by independent trustees. These trusts were created independently by donors and are administered by outside agents designated by the donors. Therefore, the Organization has neither possession nor control over the assets of the trusts. At the date the Organization receives notice of a beneficial interest, a contribution with donor restrictions is recorded in the consolidated statements of changes in net assets, and a beneficial interest in remainder trusts is recorded in the consolidated balance sheets at fair value. Thereafter, beneficial interests in the trust are reported at fair value in the consolidated balance sheets, with trust distributions and changes in fair value recognized in the consolidated statements of operations and the consolidated statements of changes in net assets. Upon receipt of trust distributions or expenditures, or both, in satisfaction of the donor-restricted purpose, if any, net assets with donor-imposed time or purpose restrictions are released to net assets without donor restrictions.

### **Beneficial Interests in Assets Held by Community Foundations**

The Organization has a beneficial interest in several trust funds established directly by donors with the South Dakota Community Foundation and the Sioux Falls Area Community Foundation (Foundations). In donating these funds to the Foundations, donors have granted the Governing Boards of the Foundations variance power. Variance power gives the Foundations the right to modify the terms of the agreement if, in the judgment of the Foundations' Boards of Trustees, the restrictions and conditions of the agreement become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community. All contributions are irrevocable gifts to the Foundations. Earnings are to be distributed annually. The Organization recognized contribution revenue of \$61,900 and \$75,061 in the 2024 and 2023 consolidated statements of operations as distributions from the Foundations were received. As of June 30, 2024 and 2023, the Organization had a beneficial interest of \$1,561,479 and \$1,477,523, respectively, made up of gifts made directly to the Foundations and related accumulated investment earnings. This beneficial interest, in accordance with generally accepted accounting principles, is not reported as an asset in the accompanying consolidated balance sheets.

### **Property and Equipment**

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of property and equipment are as follows:

Land improvements	5 - 20 years
Buildings and fixed equipment	5 - 69 years
Major movable equipment	3 - 25 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to net assets without donor restrictions and are excluded from revenues in excess of (less than) expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

The Organization considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended June 30, 2024 and 2023.

### **Operating Lease Right of Use Assets and Liabilities**

Right of use (ROU) assets represents the right to use an underlying asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at the lease commencement date and are based on the present value of lease payments over the lease term. Lease expense is recognized on a straight-line basis over the lease term.

### **Annuities Payable**

The Organization has entered into gift annuity agreements, which provide that the Organization shall pay periodic amounts to designated beneficiaries until their death. The payments continue even if the assets gifted or acquired as a result of the gift have been exhausted. The Organization recorded these gifts at market value with a corresponding liability recorded for the present value of payments to be made to the designated beneficiaries. Upon the death of the beneficiaries, the remaining assets are held or disposed of in accordance with the annuity agreements.

### **Income Taxes**

LifeScape and most of its affiliated organizations are organized as South Dakota nonprofit corporations and have been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). These Organizations are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. Together these Organizations have determined that they are not subject to unrelated business income tax and have not filed an exempt organization business income tax return (Form 990T) with the IRS. RISE Custom Solutions is a taxable organization and is subject to Federal income taxes.

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Organization 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.

### **Debt Issuance Costs**

Debt issuance costs are amortized over the period the related obligation is outstanding using the straight-line method which is a reasonable estimate of the effective interest method. Debt issuance costs are included within long-term debt on the consolidated balance sheet. Amortization of debt issuance costs is included in interest expense in the accompanying consolidated financial statements.

### **Net Assets**

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets Without Donor Restrictions* – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

*Net Assets With Restrictions* – Net assets subject to donor or (certain grantor) restrictions. Some donor (or grantor) restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends, or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions.

### **Contributions**

The Organization recognizes contributions when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give, that is, those with measurable performance or other barrier and a right of return, are not recognized until the conditions on which they depend have been met.

### **Donated Services and In-Kind Contributions**

Volunteers contribute significant amounts of time to the Organization's program services, administration, and fundraising and development activities; however, the consolidated financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. The Organization records donated professional services at respective fair values of the services received.

### **Performance Indicator**

Revenues in excess of expenses excludes changes in net assets attributable to noncontrolling interests and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

### **Patient and Program Service Revenue**

Patient and program service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Organization bills the patients and third-party payors after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Organization believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligations based on the inputs needed to satisfy the obligation. Generally, performance obligations related to patient and program services are satisfied over time, as the patients receive inpatient, outpatient or clinic care services. The Organization measures the performance obligation associated with inpatient services from admission to the point when it is no longer required to provide services which is generally at the time of discharge.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Organization has elected to not disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed within days or weeks of the end of the reporting period.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's policy, and/or implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as credit loss expense. Credit loss expense for the years ended June 30, 2024 and 2023 was not significant.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Organization's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations.

Consistent with the Organization's mission, care is provided to individuals regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured individuals and individuals with other uninsured balances (for example, co-pays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Organization expects to collect based on its collection history with those patients.

A large portion of the Organization's patient and program services are provided to Medicaid program beneficiaries. Concentrations of patient service revenue and program service fees by major payors for the years ended June 30, 2024 and 2023, is as follows:

	2024	2023
Medicaid	\$ 61,487,036	\$ 52,854,490
Other	19,791,151	19,549,972
	<u>\$ 81,278,187</u>	<u>\$ 72,404,462</u>

### Contract Costs

The Organization expenses all incremental customer contract acquisition costs as they are incurred as the amortization period of the asset that the Organization otherwise would have recognized is one year or less in duration.

### Financial Instruments and Credit Risk

The Organization manages deposit concentration risk by placing cash and cash equivalents with financial institutions believed by management to be creditworthy. At times, amounts on deposit may exceed insured limits. To date, the Organization has not experienced losses in any of these accounts.

The Organization maintains cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each ownership category. At June 30, 2024 and 2023, the Organization had approximately \$3,790,000 and \$3,930,000, respectively, in excess of FDIC-insured limits.

Credit risk associated with accounts receivable and promises to give is considered to be limited due to high historical collection rates. Investments are made by an investment manager whose performance is monitored by management and the Board of Directors. Although the fair value of the investments is subject to fluctuation on a year-to-year basis, management and the Board of Directors believe that the investment policies and guidelines are prudent for the long-term welfare of the Organization.

### **Functional Allocation of Expenses**

The cost of program and supporting services activities have been summarized on a functional basis in Note 17 which presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among programs and supporting services benefited. The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated such as rent and other occupancy costs, are allocated on a square footage basis. Other expenses such as employee benefits and supplies are allocated on the basis of salaries.

### **Advertising Costs**

The Organization expenses advertising costs as incurred.

### **Subsequent Events**

The Organization has evaluated subsequent events through November 8, 2024, the date the consolidated financial statements were available to be issued.

## **Note 2 - Grants**

### **Home and Community Based Services Grant**

During 2022, the Organization received \$10,646,805 in Home and Community Based Services American Rescue Plan Act of 2021 (HCBS ARPA) funding from the South Dakota Department of Social Services. For the years ended June 30, 2024 and 2023, \$2,055,569 and \$4,224,156, respectively, was recognized as revenue. As of June 30, 2024 and 2023, \$4,223,664 and \$6,279,233, respectively, is recorded as a refundable advance on the consolidated balance sheets as the terms and conditions have not been met to be recognized as revenue. The HCBS ARPA funding will be recorded as revenue when the performance requirements are met.

### **Construction Grant**

During 2024, the Organization received a grant totaling \$8,000,000 from the State of South Dakota Department of Social Services for the construction of a specialty rehabilitation pediatric hospital. During the year ended June 30, 2024, the Organization expended \$6,512,478 in qualifying expenses under the grant and these amounts are recognized as revenue. The Organization has grant receivables of \$2,933,398 on the consolidated balance sheets as of June 30, 2024.

**Note 3 - Liquidity and Availability**

Financial assets available for general expenditure, that is, without donor-restrictions limiting their use, within one year of the balance sheet date, comprise of the following:

	2024	2023
Cash and cash equivalents	\$ 4,053,342	\$ 3,989,698
Patient receivables	7,087,409	7,040,642
Accounts receivable	4,036,746	3,441,899
Grant receivables	2,933,398	-
Other receivables	1,102,095	822,872
	<u>\$ 19,212,990</u>	<u>\$ 15,295,111</u>

Endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is restricted for specific purposes. Donor-restricted endowment funds are not available for general expenditures. In addition, the Foundation does not consider investments held for long term purposes to be available for general expenditures, however these funds could be made available if necessary.

**Note 4 - Assets Limited as to Use and Investments**

The composition of assets limited as to use - under indenture agreements and by the Board for capital improvements and debt redemption at June 30, 2024 and 2023, is shown in the following table:

	2024	2023
Under bond indenture agreements - held by trustee		
Cash and cash equivalents	<u>\$ 318,071</u>	<u>\$ 284,708</u>
By Board for capital improvements and debt redemption		
Cash and cash equivalents	\$ 7,710,149	\$ 8,040,625
Certificates of deposit	52,750	52,750
US Government obligations	2,146,431	18,426
Municipal bonds	189,546	184,244
Mutual funds - fixed income	7,399,528	7,249,262
Mutual funds - equity	8,226,496	8,546,904
	<u>\$ 25,724,900</u>	<u>\$ 24,092,211</u>



The composition of assets limited as to use - donor restricted investments and investments at June 30, 2024 and 2023, is shown in the following table.

	<u>2024</u>	<u>2023</u>
Donor restricted investments and investments		
Cash and cash equivalents	\$ 59,372,143	\$ 36,389,359
Certificates of deposit	593,948	1,040,826
Corporate bonds	781,770	771,704
US Government obligations	3,374,609	1,644,332
US Treasury notes and bonds	832,831	943,847
Municipal bonds	2,740,844	2,974,100
Mutual funds - fixed income	13,221,988	13,001,485
Mutual funds - equity	59,520,794	53,692,464
Cash value of life insurance policies	509,120	488,696
	<u>\$ 140,948,047</u>	<u>\$ 110,946,813</u>

Investment returns on assets limited as to use, cash equivalents, and other investments consists of the following for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Interest and dividend income	\$ 5,168,823	\$ 3,423,710
Realized gains on investments	3,950,972	705,849
Unrealized gains on investments	5,487,599	5,948,414
	<u>\$ 14,607,394</u>	<u>\$ 10,077,973</u>

## Note 5 - Fair Value Measurements

Assets measured on a recurring basis at June 30, 2024 and 2023 are as follows:

	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<u>June 30, 2024</u>				
Cash and cash equivalents	\$ 67,082,955	\$ 67,082,955	\$ -	\$ -
Certificates of deposit	646,698	-	646,698	-
Corporate bonds	781,770	-	781,770	-
Municipal bonds	2,930,390	-	2,930,390	-
US Government obligations	5,521,040	-	5,521,040	-
US Treasury notes and bonds	832,831	832,831	-	-
Mutual funds - fixed income	20,621,516	20,621,516	-	-
Mutual funds - equity	67,747,290	67,747,290	-	-
Beneficial interest in remainder and perpetual trusts	4,413,861	-	-	4,413,861
Total assets	<u>\$ 170,578,351</u>	<u>\$ 156,284,592</u>	<u>\$ 9,879,898</u>	<u>\$ 4,413,861</u>
	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<u>June 30, 2023</u>				
Cash and cash equivalents	\$ 44,430,027	\$ 44,430,027	\$ -	\$ -
Certificates of deposit	1,093,576	-	1,093,576	-
Corporate bonds	771,704	-	771,704	-
Municipal bonds	3,158,344	-	3,158,344	-
US Government obligations	1,662,758	-	1,662,758	-
US Treasury notes and bonds	943,847	943,847	-	-
Mutual funds - fixed income	20,250,747	20,250,747	-	-
Mutual funds - equity	62,239,368	62,239,368	-	-
Beneficial interest in remainder and perpetual trusts	4,083,203	-	-	4,083,203
Total assets	<u>\$ 138,633,574</u>	<u>\$ 127,863,989</u>	<u>\$ 6,686,382</u>	<u>\$ 4,083,203</u>

The fair value of cash and cash equivalents, US Treasury notes and bonds, equity and fixed income mutual funds, and preferred stock is determined by reference to quoted market prices. The fair value of certificates of deposit, corporate bonds, municipal and government bonds are based on level 2 inputs for similar securities with comparable terms. The beneficial interest in trusts is based on the underlying assets in the trust as reported by the trustee using the terms of the trust agreement.

Following is a reconciliation of activity for the years ended June 30, 2024 and 2023 for assets and liabilities measured at fair value based upon significant unobservable (non-market) information.

	2024	2023
<u>Beneficial interests in trusts</u>		
Balance, beginning of year	\$ 4,083,203	\$ 3,437,239
Total gains and losses included in changes in net assets, net	330,658	645,964
Balance, end of year	<u>\$ 4,413,861</u>	<u>\$ 4,083,203</u>

The Organization considers the carrying amount of significant classes of financial instruments on the balance sheets, including cash and cash equivalents, receivables, other assets, accounts payable, and accrued expenses to be reasonable estimates of fair value due to the short-term nature of the items at June 30, 2024 and 2023.

The Organization's fixed rate Series 2017 bonds have a carrying amount that differs from its estimated fair value. The fair value of the Organization's Series 2017 bonds is determined by references to trading activity of the underlying bonds. The fair value of the Series 2017 bonds was \$2,657,313 and \$3,163,154 and the carrying value was \$2,655,000 and \$3,110,000 as of June 30, 2024 and 2023.

The remaining fixed rate long term debt has a carrying amount that also differs from its estimated fair value. The fair value of the Organization's remaining fixed rate long term debt is estimated using a discounted cash flow analysis based on the Organization's effective borrowing rate at respective reporting dates. The fair value of the Organization's remaining fixed rate debt is approximately \$3,900,000 and \$3,300,000 with a carrying value of \$4,102,653 and \$3,480,660 as of June 30, 2024 and 2023.

## Note 6 - Promises to Give

Unconditional promises to give are estimated to be collected as follows at June 30, 2024 and 2023:

	2024	2023
Within one year	\$ 996,563	\$ 321,978
In one to five years	1,779,915	684,342
	2,776,478	1,006,320
Less discount to net present value at rate ranging from 3.00% - 8.25%	(352,584)	(65,770)
Less uncollectible promises to give	(131,746)	(53,271)
	<u>\$ 2,292,148</u>	<u>\$ 887,279</u>

At June 30, 2024 and 2023, three donors accounted for 69% and two donors accounted for 50% of total promises to give, respectively. As of June 30, 2024 and 2023, \$8,000 and \$114,000 of the total promises to give are from board members and key employees of the Organization, respectively. One donor accounted for 79% of total contribution revenue for the year ended June 30, 2024, and there were no major contributors for the year ended June 30, 2023. Total contributions from board members and key employees for the years ending June 30, 2024 and 2023 were \$200,000 and \$124,000, respectively.

## Note 7 - Property and Equipment

A summary of property and equipment at June 30, 2024 and 2023 is as follows:

	2024	2023
Land and land improvements	\$ 6,983,168	\$ 6,830,480
Buildings and leasehold improvements	41,694,558	39,849,930
Equipment	14,908,803	14,917,717
Construction in progress	5,860,070	1,550,510
	<u>69,446,599</u>	<u>63,148,637</u>
Less accumulated depreciation	<u>(42,776,693)</u>	<u>(41,726,187)</u>
Net property and equipment	<u>\$ 26,669,906</u>	<u>\$ 21,422,450</u>

Construction in progress as of June 30, 2024 and 2023, represents costs for construction of new buildings. Future commitments related to this project as of June 30, 2024 are disclosed as part of Note 18.

## Note 8 - Endowments

The Organization's endowment consists of funds established for the benefit of LifeScape. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

### Interpretation of Relevant Law

The Organization's Board of Directors has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original donor-restricted endowment fund gift as of the date received absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation retains in perpetuity (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) changes in the fair value of the beneficial interest in perpetual trusts. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purpose of the Organization and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Organization
7. The investment policies of the Organization

As of June 30, 2024, endowment net asset composition by type of fund is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donors	\$ -	\$ 8,684,864	\$ 8,684,864
Accumulated investment gains	-	245,272	245,272
	<u>\$ -</u>	<u>\$ 8,930,136</u>	<u>\$ 8,930,136</u>

As of June 30, 2023, endowment net asset composition by type of fund is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donors	\$ -	\$ 8,617,004	\$ 8,617,004
Accumulated investment gains	-	245,272	245,272
	<u>\$ -</u>	<u>\$ 8,862,276</u>	<u>\$ 8,862,276</u>

Changes in Endowment net assets for the year ended June 30, 2024 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ -	\$ 8,862,276	\$ 8,862,276
Contributions	-	67,860	67,860
Net investment income	781,246	-	781,246
Appropriated for distributions	(781,246)	-	(781,246)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 8,930,136</u>	<u>\$ 8,930,136</u>

Changes in Endowment net assets for the year ended June 30, 2023 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ -	\$ 8,791,300	\$ 8,791,300
Contributions	-	70,976	70,976
Net investment income	700,188	-	700,188
Appropriated for distributions	(700,188)	-	(700,188)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 8,862,276</u>	<u>\$ 8,862,276</u>

## Investment and Spending Policies

The Organization has adopted investment and spending policies that attempt to provide a predictable stream of income for the funding of programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that seeks both preservation of capital and growth of capital on a real return basis. Asset allocation guidelines have been established for the endowment based on liquidity needs and time horizons. The Organization targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The Organization has a policy for an annual distribution of an amount up to 4% of the average market value of the Foundation's total investment account, including non-endowment investments for the trailing 16 quarters. Under special circumstances, the Organization will accept special requests for funding beyond the annual disbursement amount. This policy is consistent with the Organization's objective to maintain the purchasing power of the endowment assets held in perpetuity as well as to provide additional real growth through new gifts and investment return.

## Note 9 - Leases

The Organization leases office space, storage space, and equipment under various terms under long-term non-cancelable operating lease agreements. The leases expire at various dates through fiscal year 2030 and provide for renewal options ranging from one to three years. The Organization includes in the determination of the right-of-use assets and lease liabilities any renewal option when the options are reasonably certain to be exercised. The Organization's operating leases provides for increases in future and minimum annual rental payments. In addition, the Organization elected the practical expedient to not separate lease and non-lease components for real estate and equipment leases.

The weighted-average discount rate is based on the discount rate implicit in the lease. If the implicit rate is not readily determinable from the lease, the Organization estimates an applicable incremental borrowing rate. The incremental borrowing rate is estimated using the Organization's applicable borrowing rates and the contractual lease term.

The Organization defines a short-term lease as any lease arrangement with a lease term of 12 months or less that does not include an option to purchase the underlying asset. The Organization has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and obligation for these leases. Lease payments for short-term leases are recognized on straight-line basis.

Total lease costs for the year ended June 30, 2024 and 2023 is as follows:

	2024	2023
Operating lease cost	\$ 838,636	\$ 963,673

The following table summarizes the supplemental cash flow information for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	\$ 1,069,294	\$ 971,311
Right-of-use assets obtained in exchange for lease liabilities		
Operating leases	\$ 1,804,848	\$ 597,215

The following summarizes the weighted-average remaining lease term and weighted-average discount rate:

	<u>2024</u>	<u>2023</u>
Weighted-average remaining lease term in years	4.12	3.28
Discount rate used for operating lease liabilities	6.67%	5.14%

The future minimum lease payments under noncancelable operating leases with terms greater than one year are listed below as of June 30, 2024.

<u>Years Ending June 30,</u>	<u>Operating</u>
2025	\$ 952,627
2026	946,676
2027	684,088
2028	502,206
2029	385,878
Thereafter	182,482
Total lease payments	<u>3,653,957</u>
Less interest	<u>(567,738)</u>
Present value of lease liabilities	<u><u>\$ 3,086,219</u></u>

## Note 10 - Lines of Credit

The Organization has two revolving lines of credit as of June 30, 2024, which are secured by an interest in the assets of the Organization that is secondary to the security interest the Organization's bondholders have in these assets. One of the lines of credit, in the amount of \$2,500,000 matures on February 1, 2025 with an interest rate of 8.75% as of June 30, 2024. The other line of credit, in the amount of \$2,500,000, maturing on May 1, 2025 with an interest rate of 9.00% The Organization did not have any outstanding balances due on these lines of credit as of June 30, 2024 and 2023.

**Note 11 - Long-Term Debt**

Long-term debt consists of:

	2024	2023
9.25% note payable, due in monthly installments of \$12,471 including interest, through August 2024	\$ 12,370	\$ 153,698
9.25% note payable, due in monthly installments of \$5,764 including interest, through November 2026	149,298	201,978
Series 2017, revenue bonds, 2.75% - 5.00% due in varying installments through November 2028	2,655,000	3,110,000
Unamortized bond premium	213,301	262,525
Unamortized debt issuance costs based on effective interest rate of 5.75%	(73,628)	(90,619)
6.25% note payable, due in monthly installments of \$2,345 including interest, through August 2030	173,250	190,219
0.00% note payable, due in varying monthly installments through January 2044	319,501	321,901
South Dakota Housing Development Authority forgivable loans - Note 12	3,448,234	2,612,864
Total long-term debt	6,897,326	6,762,566
Less current maturities	(569,596)	(667,041)
Long-term debt, less current maturities	<u>\$ 6,327,730</u>	<u>\$ 6,095,525</u>

Long-term debt maturities are as follows:

Years Ending June 30,	Amount
2025	\$ 569,596
2026	589,530
2027	580,007
2028	577,503
2029	608,911
Thereafter	3,832,106
	<u>6,757,653</u>
Unamortized bond premium	213,301
Unamortized debt issuance costs	(73,628)
	<u>\$ 6,897,326</u>

Substantially all of the Organization's assets are pledged as collateral for the debt obligations.



Under the terms of the Organization's loan agreements, the Organization is required to maintain certain deposits. Such deposits are included with assets limited as to use in the consolidated financial statements. Assets that are required for obligations classified as current liabilities are reported in current assets. The loan agreement also places limits on the incurrence of additional borrowings and requires that the Organization satisfy certain measures of financial performance.

#### **Note 12 - South Dakota Housing Development Authority**

The Organization has four interest free mortgage notes payable to the South Dakota Housing Development Authority (the Authority) funded with proceeds from the United States Department of Housing and Urban Development's (HUD) Housing Trust Fund Program (HTF). Payments will not be required throughout the term of the loans as long as the property is operated and maintained as an affordable special needs housing facility and then will be forgiven on the maturity dates ranging from December 31, 2062 to December 31, 2065. As of June 30, 2024 and 2023, the balance of the mortgage note payables were \$2,705,200 and \$2,255,280, respectively.

The Organization has four additional interest free mortgage note payables to the South Dakota Housing Development Authority (the Authority) funded with proceeds from the United State Department of Housing and Urban Development's (HUD) Housing Opportunity Fund (HOF). The mortgage note payables will be forgiven 20 years from the placed in-service, which were February 21, 2021, March 21, 2022, March 13, 2023, and March 25, 2024 as long as the Organization is compliant with the HOF Program during this period. Maturity dates would be February 21, 2041, March 21, 2042, and March 13, 2043, and March 25, 2044. As of June 30, 2024 and 2023, the balance of the mortgage notes payable was \$743,034 and \$357,584, respectively.

These loans subject the Organization to various provisions and requirements set forth by HUD and the Authority regarding operations of entities receiving these funds. Compliance with these provisions and requirements is monitored and enforced by the Authority. Failure to correct identified compliance violations can result in the Authority's request for immediate repayment of the mortgage, subject to the terms of the mortgage.

**Note 13 - Net Assets with Donor Restrictions**

Net assets with donor restrictions are restricted for the following purposes or periods:

	2024	2023
Subject to Expenditure for Specified Purpose		
Building project	\$ 56,614,810	\$ 39,004,229
Programs and services for the benefit of children and adults with disabilities	1,728,303	1,463,416
Transportation services	107,372	132,078
	<u>58,450,485</u>	<u>40,599,723</u>
Subject to the Passage of Time		
Beneficial interest in remainder trusts	<u>3,911,392</u>	<u>3,617,943</u>
Endowments		
Subject to appropriation and expenditures when a specified event occurs and restricted by donors:		
Unreleased endowment fund investment return	<u>245,272</u>	<u>245,272</u>
Subject to endowment spending policy and appropriation		
Endowment fund	<u>8,684,864</u>	<u>8,617,004</u>
Total endowments	<u>8,930,136</u>	<u>8,862,276</u>
Not subject to spending policy or appropriation		
Community development block grants	1,266,948	1,266,948
Beneficial interest in perpetual trusts	502,469	465,260
Investments to be held in perpetuity, the income for which is expendable for the purchase of artwork	<u>16,771</u>	<u>16,771</u>
	<u>1,786,188</u>	<u>1,748,979</u>
	<u>\$ 73,078,201</u>	<u>\$ 54,828,921</u>

Net assets released from restrictions were as follows during the years ended June 30, 2024 and 2023:

	2024	2023
Satisfaction of purpose restrictions		
Adult and children's projects and programs	\$ 755,259	\$ 1,207,147
Transportation services	24,706	41,216
	<u>\$ 779,965</u>	<u>\$ 1,248,363</u>

Community Development Block Grants are in the form of zero percent loans with mortgages on the property. The grants were used for various construction projects. The total amount of the grants accumulated through June 30, 2024 and 2023, was \$1,266,948. The grants are refundable upon noncompliance with the intended purpose of the funds, as defined in the agreement, or upon sale of the property. Since the probability of repaying the grants is considered remote, the grants have been recognized as net assets with restrictions.

#### **Note 14 - Retirement Plans**

The Organization has a defined contribution plan under which employees become participants upon reaching age 18 and completion of one year of service. Employer matching contributions up to 3.00% of annual compensation are deposited with the plan trustee who invests the plan assets. Total expenses under the plan were \$891,054 and \$836,050 for the years ended June 30, 2024 and 2023, respectively.

Children's Care Hospital and School employees who hold a teaching certificate and meet plan enrollment qualifications participate in the South Dakota Retirement System, a multiple employer defined benefit pension plan administrated by the State of South Dakota. The tax ID number for the South Dakota Retirement System plan is 46-6000364 and their plan number is 001. Children's Care Hospital and School contributes less than 5% of the total contributions made to the plan from all employees. As of June 30, 2023, the South Dakota Retirement System had a net position restricted for pension benefits of \$14,500,453,104 and a total actuarial accrued liability of \$14,490,723,479. Total expenses under the plan were \$75,606 and \$80,495 for the years ended June 30, 2024 and 2023, respectively.

#### **Note 15 - Restricted Assets**

Pursuant to the regulatory and mortgage agreements with the South Dakota Housing and Development Authority and the U.S. Department of Housing and Urban Development, the Organization is required to establish escrow accounts to fund repairs and maintenance expenses, insurance expenses, development costs, and residual receipts. Total restricted assets under these agreements as of June 30, 2024 and 2023, was \$317,408 and \$284,665, respectively.

These regulatory and mortgage agreements also provide for restrictive operating procedures and various loan covenants. As of June 30, 2024 management believes the Organization was in compliance with these agreements.

#### **Note 16 - Concentrations of Credit Risk**

LifeScape grants credit without collateral to its patients, residents and other customers, most of who are insured under third-party payor agreements. The mix of receivables from third-party payors, patients, residents and other customers at June 30, 2024 and 2023 is as follows:

	2024	2023
Medicaid	74%	70%
Private pay	13%	14%
Commercial insurance and other	9%	11%
Blue Cross	4%	5%
	<u>100%</u>	<u>100%</u>

**Note 17 - Functional Expenses**

The Organization provides health care, educational, and housing services to children and adults within its geographic location. The following schedule presents the natural classification of expenses by function for the year ended June 30, 2024:

	Health Care Services					General and Administrative	Total
	Adult	Children	Housing Services	RISE Custom Solutions	Total Program		
Salaries	\$ 22,415,215	\$ 21,669,301	\$ 29,155	\$ 1,282,064	\$ 45,395,735	\$ 8,244,836	\$ 53,640,571
Employee benefits and payroll taxes	4,771,813	4,665,536	6,125	349,320	9,792,794	2,227,460	12,020,254
Contract labor	-	1,422,778	-	24,415	1,447,193	168,743	1,615,936
Professional and contract services	1,054,756	106,272	24,802	45,904	1,231,734	1,792,287	3,024,021
Supplies	604,530	1,224,723	35,778	2,083,362	3,948,393	820,397	4,768,790
Occupancy	464,689	420,039	164,836	63,016	1,112,580	924,194	2,036,774
Travel and transportation	673,581	84,585	-	3,626	761,792	158,899	920,691
Repairs and maintenance	242,178	220,049	57,820	25,777	545,824	561,333	1,107,157
Provider and sales tax	3,858	840,268	-	1,735	845,861	416	846,277
Insurance	418,697	548,015	33,937	-	1,000,649	196,164	1,196,813
Contributions	-	-	-	-	-	41,807	41,807
Interest	-	-	33,990	-	33,990	95,206	129,196
Depreciation and amortization	1,045,021	845,070	127,204	35,854	2,053,149	258,144	2,311,293
Operating leases	95,016	611,006	-	115,381	821,403	96,189	917,592
Other	107,713	60,122	10,501	-	178,336	259,210	437,546
	\$ 31,897,067	\$ 32,717,764	\$ 524,148	\$ 4,030,454	\$ 69,169,433	\$ 15,845,285	\$ 85,014,718

Expenses related to providing these services by functional class for the year ended June 30, 2023 are as follows:

	Health Care Services						
	Adult	Children	Housing Services	RISE Custom Solutions	Total Program	General and Administrative	Total
Salaries	\$ 21,814,197	\$ 20,807,918	\$ 31,777	\$ 1,378,219	\$ 44,032,111	\$ 7,345,677	\$ 51,377,788
Employee benefits and payroll taxes	4,381,987	4,447,061	7,714	278,891	9,115,653	2,042,048	11,157,701
Contract labor	-	1,163,823	-	22,394	1,186,217	155,334	1,341,551
Professional and contract services	838,931	104,632	18,784	64,068	1,026,415	1,779,675	2,806,090
Supplies	594,399	998,394	33,502	1,949,557	3,575,852	776,593	4,352,445
Occupancy	398,803	408,343	160,324	68,984	1,036,454	964,903	2,001,357
Travel and transportation	776,477	94,292	-	7,168	877,937	72,784	950,721
Repairs and maintenance	183,612	167,582	54,946	43,800	449,940	532,591	982,531
Provider and sales tax	828	760,323	-	3,863	765,014	647	765,661
Insurance	239,140	267,658	30,157	-	536,955	136,027	672,982
Contributions	-	-	-	-	-	190,417	190,417
Interest	-	-	54,112	-	54,112	116,852	170,964
Depreciation and amortization	824,510	908,881	132,035	43,058	1,908,484	238,828	2,147,312
Operating leases	96,451	667,028	-	106,567	870,046	93,627	963,673
Other	58,868	38,094	4,295	-	101,257	193,179	294,436
	\$ 30,208,203	\$ 30,834,029	\$ 527,646	\$ 3,966,569	\$ 65,536,447	\$ 14,639,182	\$ 80,175,629

## **Note 18 - Commitments and Contingencies**

### **Malpractice Insurance**

The Organization has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured unless tail insurance was purchased for the estimated liability.

### **Litigation, Claims and Disputes**

The Organization is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. Management assesses the ultimate settlement of any litigations, claims, and disputes in process in determining whether a liability should be recorded or a disclosure should be presented.

The Organization is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient (and resident) services.

### **Construction Contracts**

The Organization has entered into construction contracts of approximately \$81,900,000 related to the costs for construction of new buildings. The Organization has incurred expenses of approximately \$4,800,000 related to these contracts and has future commitments of approximately \$77,100,000 as of June 30, 2024. Subsequent to year-end, the Organization entered into an additional contract of approximately \$1,400,000. The construction is expected to be completed by December 31, 2026.



Supplementary Information  
June 30, 2024

**LifeScape**



## Independent Auditor's Report on Supplementary Information

The Board of Directors  
LifeScape  
Sioux Falls, South Dakota

We have audited the consolidated financial statements of LifeScape as of and for the years ended June 30, 2024 and 2023, and our report thereon dated November 8, 2024, which contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole.

The supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplementary information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

A handwritten signature in black ink that reads "Eide Bailly LLP".

Sioux Falls, South Dakota  
November 8, 2024

**LifeScape**  
Consolidating Balance Sheets  
June 30, 2024

	LifeScape	Children's Care Hospital and School	South Dakota Achieve	LifeScape Foundation	Elimination Entries	LifeScape Obligated Group	RISE Custom Solutions	HUD Projects	Beacon Apartments Limited Partnership	Elimination Entries	Consolidated Totals
<b>Assets</b>											
<b>Current Assets</b>											
Cash and cash equivalents	\$ 37,111	\$ 1,282,666	\$ 2,096,258	\$ 112,076	\$ -	\$ 3,528,111	\$ 488,601	\$ 31,074	\$ 5,556	\$ -	\$ 4,053,342
Receivables											
Patient	-	6,055,108	-	-	-	6,055,108	1,032,301	-	-	-	7,087,409
Accounts receivable	-	-	4,033,658	-	-	4,033,658	-	3,088	-	-	4,036,746
Promises to give, net	-	-	-	996,563	-	996,563	-	-	-	-	996,563
Grant	-	2,933,398	-	-	-	2,933,398	-	-	-	-	2,933,398
Other	-	495,658	259,515	388,643	-	1,143,816	-	-	-	(41,721)	1,102,095
Supplies	65,392	32,771	56,669	-	-	154,832	369,494	-	-	-	524,326
Prepaid expenses	71,013	45,914	74,052	1,468	-	192,447	-	15,020	6,812	-	214,279
<b>Total current assets</b>	<b>173,516</b>	<b>10,845,515</b>	<b>6,520,152</b>	<b>1,498,750</b>	<b>-</b>	<b>19,037,933</b>	<b>1,890,396</b>	<b>49,182</b>	<b>12,368</b>	<b>(41,721)</b>	<b>20,948,158</b>
<b>Assets Limited as to Use</b>											
Under indenture agreements	-	663	118,697	-	-	119,360	-	160,728	37,983	-	318,071
By Board for capital improvements and debt redemption	-	16,900,772	8,824,128	-	-	25,724,900	-	-	-	-	25,724,900
Donor restricted investments	-	-	-	66,781,841	-	66,781,841	-	-	-	-	66,781,841
Beneficial interest in remainder trusts	-	-	-	3,911,392	-	3,911,392	-	-	-	-	3,911,392
Beneficial interest in perpetual trusts	-	-	-	502,469	-	502,469	-	-	-	-	502,469
<b>Total assets limited as to use</b>	<b>-</b>	<b>16,901,435</b>	<b>8,942,825</b>	<b>71,195,702</b>	<b>-</b>	<b>97,039,962</b>	<b>-</b>	<b>160,728</b>	<b>37,983</b>	<b>-</b>	<b>97,238,673</b>
<b>Investments</b>	<b>62,914</b>	<b>-</b>	<b>-</b>	<b>74,103,292</b>	<b>-</b>	<b>74,166,206</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>74,166,206</b>
<b>Property and Equipment, Net</b>	<b>302,628</b>	<b>12,414,495</b>	<b>11,322,772</b>	<b>186,211</b>	<b>-</b>	<b>24,226,106</b>	<b>15,104</b>	<b>722,619</b>	<b>1,706,077</b>	<b>-</b>	<b>26,669,906</b>
<b>Other Assets</b>											
Interest in low income housing	-	-	218,840	-	-	218,840	-	-	-	(218,840)	-
Promises to give, net	-	-	-	1,295,585	-	1,295,585	-	-	-	-	1,295,585
Operating lease right of use assets	-	2,431,516	495,288	94,700	-	3,021,504	-	-	-	-	3,021,504
Other	-	485,773	-	60,975	-	546,748	-	-	6,969	-	553,717
<b>Total other assets</b>	<b>-</b>	<b>2,917,289</b>	<b>714,128</b>	<b>1,451,260</b>	<b>-</b>	<b>5,082,677</b>	<b>-</b>	<b>-</b>	<b>6,969</b>	<b>(218,840)</b>	<b>4,870,806</b>
<b>Total assets</b>	<b>\$ 539,058</b>	<b>\$ 43,078,734</b>	<b>\$ 27,499,877</b>	<b>\$ 148,435,215</b>	<b>\$ -</b>	<b>\$ 219,552,884</b>	<b>\$ 1,905,500</b>	<b>\$ 932,529</b>	<b>\$ 1,763,397</b>	<b>\$ (260,561)</b>	<b>\$ 223,893,749</b>



**LifeScape**  
Consolidating Balance Sheets  
June 30, 2024

	LifeScape	Children's Care Hospital and School	South Dakota Achieve	LifeScape Foundation	Elimination Entries	LifeScape Obligated Group	RISE Custom Solutions	HUD Projects	Beacon Apartments Limited Partnership	Elimination Entries	Consolidated Totals
<b>Liabilities and Net Assets</b>											
<b>Current Liabilities</b>											
Current maturities of long-term debt	\$ -	\$ 480,000	\$ -	\$ -	\$ -	\$ 480,000	\$ -	\$ 70,135	\$ 19,461	\$ -	\$ 569,596
Current portion of operating lease liability	-	529,207	206,027	30,936	-	766,170	-	-	-	-	766,170
Accounts payable											
Trade	312,955	1,234,408	580,349	85,335	-	2,213,047	250,967	19,320	75,237	-	2,558,571
Insurance loss liabilities	-	412,396	116,424	-	-	528,820	-	-	-	-	528,820
Annuities payable	-	-	-	41,526	-	41,526	-	-	-	-	41,526
Accrued expenses											
Salaries and wages	222,497	1,022,205	997,508	-	-	2,242,210	59,864	-	-	-	2,302,074
Vacation	259,247	740,636	692,649	-	-	1,692,532	55,672	-	-	-	1,748,204
Interest	-	19,931	-	-	-	19,931	-	1,246	980	-	22,157
Refundable advance	-	-	4,223,664	-	-	4,223,664	-	-	-	-	4,223,664
Payroll taxes and other	6,863	181,589	120,189	-	-	308,641	138	11,941	35,578	(41,721)	314,577
Due from (to) affiliates	165,235	(358,852)	(187,216)	1,224,964	-	844,131	(968,608)	124,477	-	-	-
Total current liabilities	966,797	4,261,520	6,749,594	1,382,761	-	13,360,672	(601,967)	227,119	131,256	(41,721)	13,075,359
<b>Long-term Liabilities</b>											
Long-term debt, less current maturities	-	2,314,673	3,448,234	-	-	5,762,907	-	91,533	473,290	-	6,327,730
Deferred compensation	62,914	-	-	-	-	62,914	-	-	-	-	62,914
Operating lease liability, net of current portion	-	1,935,435	320,850	63,764	-	2,320,049	-	-	-	-	2,320,049
Total long-term liabilities	62,914	4,250,108	3,769,084	63,764	-	8,145,870	-	91,533	473,290	-	8,710,693
Total liabilities	1,029,711	8,511,628	10,518,678	1,446,525	-	19,123,579	(601,967)	318,652	604,546	(41,721)	21,786,052
<b>Net (Deficit) Assets</b>											
Without donor restrictions											
Undesignated	(490,653)	34,212,358	15,758,974	75,755,585	-	125,236,264	2,507,467	345,754	218,840	(218,840)	128,089,485
Non-controlling interest	-	-	-	-	-	-	-	-	940,011	-	940,011
Total net (deficit) assets without donor restrictions	(490,653)	34,212,358	15,758,974	75,755,585	-	125,236,264	2,507,467	345,754	1,158,851	(218,840)	129,029,496
With donor restrictions	-	354,748	1,222,225	71,233,105	-	72,810,078	-	268,123	-	-	73,078,201
Total net assets	(490,653)	34,567,106	16,981,199	146,988,690	-	198,046,342	2,507,467	613,877	1,158,851	(218,840)	202,107,697
Total liabilities and net assets	\$ 539,058	\$ 43,078,734	\$ 27,499,877	\$ 148,435,215	\$ -	\$ 219,552,884	\$ 1,905,500	\$ 932,529	\$ 1,763,397	\$ (260,561)	\$ 223,893,749

**LifeScape**  
**Consolidating Statements of Operations**  
**Year Ended June 30, 2024**

	LifeScape	Children's Care Hospital and School	South Dakota Achieve	LifeScape Foundation	Elimination Entries	LifeScape Obligated Group	RISE Custom Solutions	HUD Projects	Beacon Apartments Limited Partnership	Elimination Entries	Consolidated Totals
<b>Revenues, Gains, and Other Support Without Donor Restrictions</b>											
Patient service revenue	\$ -	\$ 37,634,273	\$ -	\$ -	\$ -	\$ 37,634,273	\$ 4,676,654	\$ -	\$ -	\$ -	\$ 42,310,927
Program service fees	-	-	38,967,260	-	-	38,967,260	-	-	-	-	38,967,260
Contributions and bequests	-	-	-	2,406,720	-	2,406,720	-	-	-	-	2,406,720
Grants	-	6,512,478	2,055,569	-	-	8,568,047	-	-	-	-	8,568,047
Other revenue	5,264,456	1,009,078	1,589,924	119,225	(5,989,626)	1,993,057	-	658,878	149,624	(587,937)	2,213,622
Net assets released from restrictions for operations	-	63,752	24,706	691,507	-	779,965	-	-	-	-	779,965
<b>Total revenues, gains, and other support</b>	<b>5,264,456</b>	<b>45,219,581</b>	<b>42,637,459</b>	<b>3,217,452</b>	<b>(5,989,626)</b>	<b>90,349,322</b>	<b>4,676,654</b>	<b>658,878</b>	<b>149,624</b>	<b>(587,937)</b>	<b>95,246,541</b>
<b>Expenses</b>											
Salaries	4,490,615	23,183,180	23,922,908	655,923	-	52,252,626	1,282,064	96,690	9,191	-	53,640,571
Employee benefits and payroll taxes	816,323	5,343,859	5,368,003	117,978	-	11,646,163	349,320	23,514	1,257	-	12,020,254
Contract labor	-	1,591,521	-	-	-	1,591,521	24,415	-	-	-	1,615,936
Professional and contract services	31,757	3,240,542	4,565,558	123,177	(5,043,631)	2,917,403	330,243	35,133	25,580	(284,338)	3,024,021
Supplies	-	1,818,703	822,829	8,118	-	2,649,650	2,083,362	30,747	5,031	-	4,768,790
Occupancy	-	943,352	832,127	23,175	-	1,798,654	63,016	123,707	51,397	-	2,036,774
Travel and transportation	-	171,901	745,164	-	-	917,065	3,626	-	-	-	920,691
Repairs and maintenance	-	583,207	424,947	15,407	-	1,023,561	25,777	46,145	11,674	-	1,107,157
Provider and sales tax	-	840,684	3,858	-	-	844,542	1,735	-	-	-	846,277
Insurance	-	655,505	507,032	-	-	1,162,537	-	21,139	13,137	-	1,196,813
Contributions	-	-	-	1,051,316	(1,009,509)	41,807	-	-	-	-	41,807
Interest	-	94,938	270	-	-	95,208	-	23,317	10,671	-	129,196
Depreciation and amortization	48,475	882,614	1,184,153	32,997	-	2,148,239	35,854	64,850	62,350	-	2,311,293
Intercompany operating leases	-	-	303,599	-	-	303,599	-	-	-	(303,599)	-
Operating leases	-	640,302	124,313	37,596	-	802,211	115,381	-	-	-	917,592
Other	-	105,022	108,654	113,440	-	327,116	96,035	4,723	9,672	-	437,546
<b>Total expenses</b>	<b>5,387,170</b>	<b>40,095,330</b>	<b>38,913,415</b>	<b>2,179,127</b>	<b>(6,053,140)</b>	<b>80,521,902</b>	<b>4,410,828</b>	<b>469,965</b>	<b>199,960</b>	<b>(587,937)</b>	<b>85,014,718</b>
<b>Operating (Loss) Income</b>	<b>(122,714)</b>	<b>5,124,251</b>	<b>3,724,044</b>	<b>1,038,325</b>	<b>63,514</b>	<b>9,827,420</b>	<b>265,826</b>	<b>188,913</b>	<b>(50,336)</b>	<b>-</b>	<b>10,231,823</b>
<b>Other Income (loss)</b>											
Investment return	-	1,599,427	561,521	12,446,446	-	14,607,394	-	-	-	-	14,607,394
Gain on disposal of property and equipment	-	(34,615)	75,783	-	-	41,168	-	-	-	-	41,168
<b>Total other income (expense), net</b>	<b>-</b>	<b>1,564,812</b>	<b>637,304</b>	<b>12,446,446</b>	<b>-</b>	<b>14,648,562</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>14,648,562</b>
<b>Revenues (Less Than) in Excess of Expenses</b>	<b>(122,714)</b>	<b>6,689,063</b>	<b>4,361,348</b>	<b>13,484,771</b>	<b>63,514</b>	<b>24,475,982</b>	<b>265,826</b>	<b>188,913</b>	<b>(50,336)</b>	<b>-</b>	<b>24,880,385</b>
<b>Contributed Services</b>	<b>31,757</b>	<b>-</b>	<b>-</b>	<b>31,757</b>	<b>(63,514)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Contributions Restricted for Capital Purposes</b>	<b>-</b>	<b>20,890</b>	<b>1,009</b>	<b>-</b>	<b>-</b>	<b>21,899</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>21,899</b>
<b>Change in Net Assets Without Donor Restrictions</b>	<b>\$ (90,957)</b>	<b>\$ 6,709,953</b>	<b>\$ 4,362,357</b>	<b>\$13,516,528</b>	<b>\$ -</b>	<b>\$ 24,497,881</b>	<b>\$ 265,826</b>	<b>\$ 188,913</b>	<b>\$ (50,336)</b>	<b>\$ -</b>	<b>\$ 24,902,284</b>

**LifeScape**  
**Consolidating Statements of Changes in Net Assets**  
**Year Ended June 30, 2024**

	LifeScape	Children's Care Hospital and School	South Dakota Achieve	LifeScape Foundation	Elimination Entries	LifeScape Obligated Group	RISE Custom Solutions	HUD Projects	Beacon Apartments Limited Partnership	Elimination Entries	Consolidated Totals
Net Assets Without Donor Restrictions											
Revenues (less than) in excess of expenses	\$ (122,714)	\$ 6,689,063	\$ 4,361,348	\$ 13,484,771	\$ 63,514	\$ 24,475,982	\$ 265,826	\$ 188,913	\$ (50,336)	\$ -	\$ 24,880,385
Contributed services	31,757	-	-	31,757	(63,514)	-	-	-	-	-	-
Net assets released from restrictions for capital acquisition	-	20,890	1,009	-	-	21,899	-	-	-	-	21,899
Change in net assets without donor restrictions	(90,957)	6,709,953	4,362,357	13,516,528	-	24,497,881	265,826	188,913	(50,336)	-	24,902,284
Net Assets With Donor Restrictions											
Contributions and grants for specific purposes	-	-	-	897,557	-	897,557	-	-	-	-	897,557
Contributions restricted for capital purposes	-	95,727	-	17,613,665	-	17,709,392	-	-	-	-	17,709,392
Contributions for endowment funds	-	-	23,778	67,860	-	91,638	-	-	-	-	91,638
Change in split interest agreements	-	-	-	330,658	-	330,658	-	-	-	-	330,658
Net assets released from restrictions	-	(63,752)	(24,706)	(691,507)	-	(779,965)	-	-	-	-	(779,965)
Change in net assets with donor restrictions	-	31,975	(928)	18,218,233	-	18,249,280	-	-	-	-	18,249,280
Change in Net Assets	(90,957)	6,741,928	4,361,429	31,734,761	-	42,747,161	265,826	188,913	(50,336)	-	43,151,564
Net (Deficit) Assets, Beginning of Year	(399,696)	27,825,178	12,619,770	115,253,929	-	155,299,181	2,241,641	424,964	1,209,187	(218,840)	158,956,133
Net (Deficit) Assets, End of Year	\$ (490,653)	\$ 34,567,106	\$ 16,981,199	\$ 146,988,690	\$ -	\$ 198,046,342	\$ 2,507,467	\$ 613,877	\$ 1,158,851	\$ (218,840)	\$ 202,107,697

Schedule A South Dakota Achieve - Expenses  
Year Ended June 30, 2024

Schedule A - Expenses		DHS Services																
		Support Services		Division of Developmental Disabilities (DDD)														
		Total	Adjust-ments	Admin and Support	Agency With Choice	FS360 Service Coordination	CHOICES Case Management	Food Services	CHOICES Facility Day Services	CHOICES Community Day Services	CHOICES Behavioral Support	CHOICES Group Home	CHOICES Supervised Living	CHOICES Shared Living	CHOICES Supported Living	CHOICES Group Supported Employment	CHOICES Individual Supported Employment	CHOICES Small Group Vocational Support
<b>1000 PERSONNEL SERVICES:</b>																		
1010 Administrative		\$0																
1020 Professional/Program Staff		\$23,083,894			\$232,654	\$245,899	\$217,168	\$288,306	\$1,819,213	\$298,628	\$597,261	\$14,486,113	\$2,141,945	\$44,843	\$2,283,976	\$6	\$187,205	\$240,677
1040 Support Staff		\$750,406			\$4,615	\$10,204	\$5,980	\$119,758	\$68,180	\$11,049	\$22,163	\$412,719	\$58,561	\$21,383	\$14,494	\$65	\$325	\$910
1050 Client Wages		\$148,106					\$12,479											\$133,627
<b>TOTAL PERSONNEL SERVICES</b>		<b>\$23,980,406</b>	<b>\$0</b>	<b>\$0</b>	<b>\$237,269</b>	<b>\$256,103</b>	<b>\$223,148</b>	<b>\$420,543</b>	<b>\$1,887,393</b>	<b>\$309,677</b>	<b>\$619,424</b>	<b>\$14,898,832</b>	<b>\$2,200,506</b>	<b>\$66,226</b>	<b>\$2,298,470</b>	<b>\$71</b>	<b>\$187,530</b>	<b>\$375,214</b>
<b>1100 PERSONNEL BENEFITS AND TAXES:</b>																		
1110 Retirement Plans		\$377,641	\$2,456		-\$137	\$5,072	\$3,472	\$6,182	\$32,517	\$5,137	\$5,125	\$266,551	\$29,768	\$1,648	\$15,175	-\$2	\$3,881	\$796
1120 Insurance Benefits		\$2,709,494			\$2,235	\$55,137	\$2,897	\$73,424	\$172,066	\$27,308	\$32,690	\$2,009,567	\$298,827	\$15,046	\$11,708	\$31	\$157	\$8,403
1130 Other Benefits		\$155,644	\$2,347		\$1,974	\$1,290	\$3,570	\$13,492	\$2,180	\$4,128	\$103,221	\$14,862	\$3,877	\$3,386	\$11		\$343	\$160
1140 FICA Taxes		\$1,758,232			\$16,810	\$18,291	\$16,063	\$30,962	\$152,203	\$24,107	\$26,595	\$1,268,499	\$118,491	\$10,920	\$48,735	\$8	\$14,396	\$12,152
1150 Unemployment Insurance		\$13,233			\$94	\$208	\$122	\$393	\$1,388	\$225	\$451	\$8,403	\$1,192	\$435	\$295	\$1	\$7	\$19
1160 Worker's Comp. Insurance		\$381,800			\$279	\$4,132	\$361	\$8,197	\$48,333	\$7,658	\$8,596	\$261,659	\$38,838	\$1,854	\$1,788	\$4	\$34	\$67
1170 Prof. Liability Insurance		\$0																
1190 Other		\$0																
<b>TOTAL PERSONNEL BENEFITS AND TAXES</b>		<b>\$5,396,044</b>	<b>\$4,803</b>	<b>\$0</b>	<b>\$20,082</b>	<b>\$84,814</b>	<b>\$24,205</b>	<b>\$122,728</b>	<b>\$419,999</b>	<b>\$86,613</b>	<b>\$77,585</b>	<b>\$3,917,900</b>	<b>\$501,978</b>	<b>\$33,780</b>	<b>\$81,089</b>	<b>\$53</b>	<b>\$18,818</b>	<b>\$21,597</b>
<b>1200 PROF FEES &amp; CONTRACT SVCS:</b>																		
1210 Administrative/Financial		\$1,944,420			\$6,442	\$14,245	\$8,347	\$31,884	\$100,692	\$16,295	\$31,810	\$728,724	\$93,052	\$889,199	\$21,647	\$91	\$722	\$1,270
1290 Other		\$2,527,984			\$17,808	\$39,754	\$24,127	\$74,493	\$263,521	\$42,705	\$85,620	\$1,600,109	\$227,088	\$82,650	\$55,970	\$251	\$2,130	\$11,758
<b>TOTAL PROF FEES &amp; CONTRACT SVCS</b>		<b>\$4,472,404</b>	<b>\$0</b>	<b>\$0</b>	<b>\$24,250</b>	<b>\$53,999</b>	<b>\$32,474</b>	<b>\$106,377</b>	<b>\$364,213</b>	<b>\$59,000</b>	<b>\$117,430</b>	<b>\$2,328,833</b>	<b>\$320,140</b>	<b>\$971,849</b>	<b>\$77,617</b>	<b>\$342</b>	<b>\$2,852</b>	<b>\$13,028</b>
<b>1300 TRAVEL/TRANSPORTATION:</b>																		
1390 Other		\$193,034	\$381		\$26	\$1,689	\$14,726	\$517	\$17,236	\$2,723	\$2,789	\$100,021	\$21,567	\$5,544	\$22,386	\$0	\$1,882	\$1,547
<b>TOTAL TRAVEL/TRANSPORTATION</b>		<b>\$193,034</b>	<b>\$381</b>	<b>\$0</b>	<b>\$26</b>	<b>\$1,689</b>	<b>\$14,726</b>	<b>\$517</b>	<b>\$17,236</b>	<b>\$2,723</b>	<b>\$2,789</b>	<b>\$100,021</b>	<b>\$21,567</b>	<b>\$5,544</b>	<b>\$22,386</b>	<b>\$0</b>	<b>\$1,882</b>	<b>\$1,547</b>
<b>1400 SUPPLIES:</b>																		
1440 Food		\$517,593			\$164	\$362	\$221	\$493,855	\$2,595	\$420	\$820	\$15,647	\$2,183	\$758	\$521	\$2	\$12	\$33
1490 Other		\$508,814	\$22		\$729	\$221,195	\$1,054	\$20,625	\$30,225	\$4,799	\$5,843	\$206,662	\$13,143	\$3,104	\$3,142	\$6	\$361	-\$1,096
<b>TOTAL SUPPLIES</b>		<b>\$1,027,407</b>	<b>\$22</b>	<b>\$0</b>	<b>\$893</b>	<b>\$221,557</b>	<b>\$1,275</b>	<b>\$514,480</b>	<b>\$32,820</b>	<b>\$5,219</b>	<b>\$6,663</b>	<b>\$222,309</b>	<b>\$15,326</b>	<b>\$3,862</b>	<b>\$3,663</b>	<b>\$8</b>	<b>\$373</b>	<b>-\$1,063</b>
<b>1500 OCCUPANCY:</b>																		
1510 Rent of Space		\$248,499			\$358	\$791	\$464	\$1,495	\$61,456	\$9,728	\$10,587	\$35,532	\$14,599	\$91,158	\$22,231	\$5	\$25	\$71
1520 Utilities & Telephone		\$432,990			\$373	\$4,292	\$2,033	\$50,331	\$77,858	\$12,316	\$13,215	\$202,062	\$50,012	\$2,798	\$7,003	\$5	\$4,138	\$6,554
1590 Other		\$275,763			\$902	\$1,995	\$1,169	\$31,727	\$5,239	\$7,416	\$156,405	\$29,088	\$4,183	\$2,842	\$13		\$1,895	
<b>TOTAL OCCUPANCY:</b>		<b>\$957,252</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,633</b>	<b>\$7,078</b>	<b>\$3,666</b>	<b>\$83,554</b>	<b>\$172,139</b>	<b>\$27,281</b>	<b>\$31,218</b>	<b>\$393,999</b>	<b>\$93,699</b>	<b>\$98,139</b>	<b>\$32,076</b>	<b>\$23</b>	<b>\$4,227</b>	<b>\$8,520</b>
<b>1600 EQUIPMENT:</b>																		
1600 Equipment		\$528,899			\$1,442	\$3,188	\$2,152	\$53,863	\$45,109	\$7,220	\$10,940	\$347,890	\$37,671	\$9,512	\$8,118	\$20	\$1,141	\$633
<b>1700 DEPRECIATION:</b>																		
1710 Building		\$475,592			\$0	\$1,457	\$0	\$54,175	\$84,764	\$13,916	\$27,833	\$249,923	\$38,227	\$556	\$556	\$0	\$4,185	\$0
1720 Equipment		\$708,563			\$1,572	\$3,477	\$2,037	\$10,949	\$105,064	\$16,686	\$20,473	\$468,506	\$62,395	\$7,711	\$6,566	\$22	\$1,111	\$2,994
<b>TOTAL DEPRECIATION</b>		<b>\$1,184,155</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,572</b>	<b>\$4,934</b>	<b>\$2,037</b>	<b>\$65,124</b>	<b>\$189,829</b>	<b>\$30,602</b>	<b>\$48,306</b>	<b>\$718,429</b>	<b>\$100,622</b>	<b>\$8,267</b>	<b>\$7,122</b>	<b>\$22</b>	<b>\$4,296</b>	<b>\$2,994</b>
<b>1800 MISCELLANEOUS:</b>																		
1810 Clothing		\$0																
1860 Bad Debt		\$69,500			\$493		\$639	\$2,064	\$7,291	\$1,181	\$2,370	\$44,133	\$6,262	\$2,287	\$1,550	\$7	\$35	\$97
1890 Other		\$1,123,524	\$8,017		\$773	\$3,845	\$2,825	\$29,059	\$263,860	\$41,817	\$46,490	\$633,098	\$63,498	\$13,187	\$12,063	\$11	\$63	\$4,918
<b>TOTAL MISCELLANEOUS</b>		<b>\$1,193,024</b>	<b>\$8,017</b>	<b>\$0</b>	<b>\$1,266</b>	<b>\$4,934</b>	<b>\$3,464</b>	<b>\$31,123</b>	<b>\$271,151</b>	<b>\$42,998</b>	<b>\$48,860</b>	<b>\$697,231</b>	<b>\$69,750</b>	<b>\$15,474</b>	<b>\$13,613</b>	<b>\$18</b>	<b>\$98</b>	<b>\$5,015</b>
<b>Expenditure Subtotal</b>		<b>\$38,932,625</b>	<b>\$13,223</b>	<b>\$0</b>	<b>\$288,433</b>	<b>\$638,298</b>	<b>\$307,147</b>	<b>\$1,398,309</b>	<b>\$3,399,888</b>	<b>\$551,333</b>	<b>\$963,215</b>	<b>\$23,605,444</b>	<b>\$3,361,269</b>	<b>\$1,212,653</b>	<b>\$2,544,154</b>	<b>\$557</b>	<b>\$221,217</b>	<b>\$427,485</b>
Admin. and Support Allocation		\$0			\$0													
<b>TOTAL EXPENDITURES</b>		<b>\$38,932,625</b>	<b>\$13,223</b>	<b>\$0</b>	<b>\$288,433</b>	<b>\$638,298</b>	<b>\$307,147</b>	<b>\$1,398,309</b>	<b>\$3,399,888</b>	<b>\$551,333</b>	<b>\$963,215</b>	<b>\$23,605,444</b>	<b>\$3,361,269</b>	<b>\$1,212,653</b>	<b>\$2,544,154</b>	<b>\$557</b>	<b>\$221,217</b>	<b>\$427,485</b>

Schedule B South Dakota Achieve - Revenues  
Year Ended June 30, 2024

Schedule B - Revenues

DHS Services

Division of Developmental Disabilities (DDD)

Account Number and Title	Total	Adjustments	Admin and Support	Fund Raising	Agency With Choice	FS360 Service Coordination	CHOICES Case Management	Food Services	Housing services	CHOICES Facility Day Services	CHOICES Community Day Services	CHOICES Behavioral Support	CHOICES Group Home	CHOICES Supervised Living	CHOICES Shared Living	CHOICES Support d Living	CHOICES Group Supported Employment	CHOICES Individual Supported Employment	CHOICES Small Group Vocational Support
					Service Coordination														
2000 FEES:																			
2020 Title XIX (DSS, DHS, DOC)	\$35,121,837				\$269,499	\$601,525	\$350,286			\$3,941,827	\$647,166	\$1,285,798	\$22,706,656	\$2,908,992	\$1,328,097	\$862,891		\$151,866	\$66,234
2025 Title VII, Ch 1 Part B	\$0																		
2030 Title VII, Ch 1 Part C	\$0																		
2045 SD Department of Education	\$1,980									\$1,327	\$218	\$435							
2050 Dept of Corrections (Non Title XIX)	\$0																		
2055 Client Pay (Fee for Service )	\$556,466	\$0								\$29,760	\$4,886	\$9,772	\$380,615	\$60,295	\$4,389	\$59,771		\$82	\$6,896
2060 Insurance	\$0																		
2065 Other States	\$0																		
2070 Room and Board	\$1,102,844							\$265,491					\$732,998	\$12,186	\$92,169				
2075 Bureau of Indian Affairs	\$0																		
2080 Department of Human Services (Non Title XIX)	\$0																		
2085 Department of Social Services (Non Title XIX)	\$0																		
2090 Other-Specify on Notes and Comments: (e.g. Other Federal Funds, County Funds, Unified Judicial System)	\$1,885,314									\$22,507	\$3,695	\$15,923	\$1,753,011	\$13,466	\$3,366	\$73,346			
TOTAL FEES	\$38,668,441	\$0	\$0	\$0	\$269,499	\$601,525	\$350,286	\$265,491	\$0	\$3,995,421	\$655,965	\$1,311,928	\$25,573,280	\$2,995,939	\$1,428,021	\$996,008	\$0	\$151,948	\$73,130
2100 GRANTS (Foundations, corporations or Trusts)																			
2110 Grants (Used for Capital Expenditures)	\$1,385,428		\$1,193,720							\$128,444	\$21,088	\$42,176							
2120 Grants (Used for Non-Capital Expenditures)	\$861,849		\$861,849																
2100 TOTAL GRANTS	\$2,247,277	\$0	\$2,055,569	\$0	\$0	\$0	\$0	\$0	\$0	\$128,444	\$21,088	\$42,176	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2200 CONTRIBUTIONS (Donation, In Kind, Fund Raising )																			
2210 Contributions (Used for Capital Expenditures)	\$239,281		\$0										\$239,281						
2220 Contributions (Used for Non-Capital Expenditures)	\$64,296		\$12,774							\$22,664	\$3,721	\$7,442	\$12,085	\$4,799	\$507	\$204			
2200 TOTAL CONTRIBUTIONS	\$303,577	\$0	\$12,774	\$0	\$0	\$0	\$0	\$0	\$0	\$22,664	\$3,721	\$7,442	\$251,366	\$4,799	\$507	\$204	\$0	\$0	\$0
2300 OTHER INCOME:																			
2310 Commodities, Food Stamps, National School Lunch	\$66,002							\$66,002											
2340 FMHA Rent Subsidy	\$0																		
2341 Section 8 Rental Assistance	\$31,531												\$26,599	\$4,932					
2350 Transportation	\$0																		
2360 Production/Farm Revenue	\$0																		
2370 Investment Income/Interest	\$656,495		\$521,786					\$9,765		\$11,895	\$1,953	\$3,906	\$107,190						
2380 County Per Capita	\$0																		
2390 Other-Specify:	\$1,295,942	\$1	\$55,602	\$0	\$0	\$0	\$0	\$792,501		\$10,413	\$1,710	\$3,419	\$53,781	\$18,192	\$4,564	\$64	\$0	\$0	\$355,695
TOTAL OTHER INCOME	\$2,049,970	\$1	\$577,388	\$0	\$0	\$0	\$0	\$868,268	\$0	\$22,308	\$3,663	\$7,325	\$187,570	\$23,124	\$4,564	\$64	\$0	\$0	\$355,695
TOTAL REVENUES	\$43,269,265	\$1	\$2,645,731	\$0	\$269,499	\$601,525	\$350,286	\$1,133,759	\$0	\$4,168,837	\$684,437	\$1,368,871	\$26,012,216	\$3,023,862	\$1,433,092	\$996,276	\$0	\$151,948	\$428,825