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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

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

Open to Public

Inter		ue Service	▶ Information about Form 990 and its instructions is at www.irs.	gov/form99	0	Inspection
A	For the	2016 cale	ndar year, or tax year beginning July 1, 2016, and ending	g Jur	ne 30	, 20 17
В	Check if	applicable.	C Name of organization South Dakota Parks & Wildlife Foundation		D Employ	er identification number
\Box	Address		Doing business as			46-0387968
$\overline{\Box}$	Name ch	•	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telepho	ne number
\exists		, ,				605-773-4503
금	Initial ret		523 E Capitol Avenue City or town, state or province, country, and ZIP or foreign postal code			003-113-4303
H		m/terminated				
닏	Amende		Pierre, SD 57501		G Gross re	
ш	Applicati	on pending	F Name and address of principal officer Wayne Winter			subordinates? Yes Vo
		l	523 E Capitol Avenue, Pierre SD 57501			s included? Yes No
<u></u>	Tax-exer	mpt status.	√ 501(c)(3) √ (insert no.) √ 4947(a)(1) or √ 527	16 "N	io," attach a	a list. (see instructions)
J	Website	: ► http	://www.parkswildlifefoundation.org	H(c) Group	exemption	number >
K	Form of c	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of format	ion 1985	M State	of legal domicile: SD
P	art I	Summ	ary			
	1		scribe the organization's mission or most significant activities: The Or	ganization's	mission i	is to solicit and
ø	١ ٠	-	e private and public support for conservation and management of our state			
Governance	1		t of residents and visitors. To sponsor special events to help promote visit			
Ĕ						
ove.	2		is box > if the organization discontinued its operations or disposed of	n more mai	I -	ì
	3		of voting members of the governing body (Part VI, line 1a)		3	14
Activities &	4		of independent voting members of the governing body (Part VI, line 1b)			14
Ę.	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a) .		5	0
₹	6	Total nun	nber of volunteers (estimate if necessary)		6	1
AC	7a		elated business revenue from Part VIII, column (C), line 12		. 7a	955
	ь		ated business taxable income from Form 990-T, line 34		. 7b	0
		. 101 011101		Prior Y		Current Year
	8	Contribut	nons and grants (Part VIII, line 1h) RECEIVED		1 461 044	2,155,602
9	I				1,461,844	2,133,002
Je Je	9		service revenue (Part VIII, line 2g)		0	
Revenue	10				(63,692)	439,576
_	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, هُمَّةَ, 9c, 10c, and 11e) .' . إِنْ الْمِنَا		144,011	140,283
	12	Total reve	nue-add lines 8 through 11 (must equal Part-VIII, column-(A), line-12)		1,542,163	2,735,461
	13	Grants ar	nd similar amounts paid (Part IX, column (A), In Silan (A)		2,140,966	1,650,656
	14	Benefits i	paid to or for members (Part IX, column (A), line 4)		0	
Ø	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
Expenses	F .		nal fundraising fees (Part IX, column (A), line 11e)		95,025	122,300
ě	1				30,023	122,300
찞	1				404 740	447.445
	•		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		101,740	
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,337,731	1,890,071
		Revenue	less expenses. Subtract line 18 from line 12		(795,568)	845,390
58			<u>L</u>	Beginning of C	urrent Year	End of Year
Net Assets o Fund Balance	20	Total ass	ets (Part X, line 16)	1	2,127,916	12,909,966
₹.	21	Total liab	ilities (Part X, line 26)		1,654,002	1,605,662
훒	22	Net asset	s or fund balances. Subtract line 21 from line 20	1	0,473,914	11,304,304
Pa	art II		ure Block			
_			y, I declare that I have examined this return, including accompanying schedules and state	ments, and to	the best of	my knowledge, and helief it is
			ete. Declaration of preparer (other than officer) is based on all information of which preparer			iny knowledge and belief, it is
			V. 1 1 1 0/ : 4	 -	7/	11/ - 22.0
e:-		2	ayne or nonth	<u>_</u>	11-7	14-2017
Sig		y Signa	ature of officer		ate	
He	re	Δ	layne D. Winter Executive !	DIREC	TOY	
		Туре	or print name and title			
Pa	id	Print/Typ	pe preparer's name Preparer's signature Da	ite	Check	[] if PTIN
	o epare	_			self-em	
	-	1	ame D	Fire	m's EIN ▶	·
US	e Oni	y	idress >		one no.	
May	the IP		s this return with the preparer shown above? (see instructions)		OHE HO.	Yes No
For	Paperw	vork Reduc	ction Act Notice, see the separate instructions. Cat N	lo. 11282Y		Form 990 (2016)

		Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	
	The purpose of the Organization is to solicit and encourage private and public support for conservation and management of	
	our state's natural resources for the benefit and enjoyment of South Dakotans and their quests.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ì No
	If "Yes," describe these new services on Schedule O.	, 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?] No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: 110000) (Expenses \$ 1,613,305 including grants of \$ 1,613,305) (Revenue \$) Parks Division Grants:	
	Construction of new visitor center at Custer State Park (409,499); construction and exhibits for new education center at Custer	
	State Park (190,709); construction of new visitor center at Good Earth State Park (926,581); construct new playgrounds at two	
	state parks (67,046); repairs to buildings and historical artillery at Ft. Sisseton State Park (6,523); new entrance sign to Sprit Mou	nd
	State Park (9,178); install bicycle repair stations on Mickelson Bike Trail (1534); improve boat ramps at state parks (1915); other miscellaneous expenses for the benfit of state parks (320).	
4b	(Code: 110000) (Expenses \$ 37,351 including grants of \$ 37,351) (Revenue \$)	
	Wildlife Division Grants:	
	Construction and improvements to state owned fishing piers (31,699); provide maintenance on the aquarium at the Outdoor Campus West (5157); provide scholarships for the Becoming an Outdoor Woman program (495).	
	Campus west (3137), provide scribial ships for the Becoming an Outdoor Woman program (493).	
4-	(Ooder) (E	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	

•		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶ 1.650.656	

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
~		4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	_	İ	1
6		5		
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- -		
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or]]]
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	-10000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	() ()		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	1	ĺ
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		•	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	}		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
h	Schedule D, Parts XI and XII	128		/
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate]]
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- <u>`</u>	<u> </u>	' -
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	1
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1]
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		1
		For	n 99 0	(2016)

	0 (2016)			Page 4
Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 🗸
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\ <u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	1	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	_

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a did the argentization file all required federal employment tay returns?	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		·*-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ſ
	account)?	4a		1
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).			<u></u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]	,	}
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		ĺ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	{		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 -	
а	Is the organization licensed to issue qualified health plans in more than one state?	134	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	{
_	the organization is licensed to issue qualified health plans	,	ļ	
С	Enter the amount of reserves on hand	t		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		Γ

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	for a	ions.
Sact	Check if Schedule O contains a response or note to any line in this Part VI			<u> 7</u>
Sect	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O.			-
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	ļ
14	Did the organization have a written document retention and destruction policy?	14	✓	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1
b	Other officers or key employees of the organization	15b	<u> </u>	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a toyoble optity during the year?			
b	with a taxable entity during the year?	16a		1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Conti	organization's exempt status with respect to such arrangements?	16b	L	Ц
17	on C. Disclosure ⊔st 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 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oront	nolic	ال عمد
	financial statements available to the public during the tax year.	G1 G21	POIIC	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: >	
	Wayne Winter 523 E Capitol Ave, Pierre SD 57501 605-773-4503			

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rage	•

Form **990** (2016)

Form 990 (2016)			
	 $\alpha \alpha \alpha$	/004 d	

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	n nor any relate	d orga	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe d a d	rson	e than o is both or/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Karen Gunderson Olson President	4	1	1					0	0	
(2) Sarah Larson Vice President	2	1						0	0	
(3) Tom Krafka Secretary/Treasurer	2	1	ļ .					0	0	
(4) Larry Ness Past President	1	1						0	0	
(5) Kathryn Anderson	1	1			_			0	О.	
(6) Dick D Behl	11	1		_	_			0	0]
(7) Spencer Hawley	11	1						0	0	
(8) Dale Jahr	11	1						0	0	
(9) Jack Lynass	11	1		-				0	0	
(10) William May (11) Kevin Nyberg		1			L			0	О	
(11) Kevin Nyberg (12) Jeff Scherschligt	1	1		<u> </u>	_			0	0	
(13) Jim Spies	1	1	_		 			0	0	
(14) Jeff Stingley	1	1	-	_	_			0	0	
	<u>t</u> -	1			<u> </u>			0	0	

Part VII `Section A. Officers, Directors,	Trustees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ntınue	d)		
				•	C)								
· (A)	(B)	(do n			ition	than o	nna	(D)	(E)		(F))	
Name and title	Average					is both		Reportable	Reportable		Estima		
	hours per week (list any		and		irect	or/trust	<u> </u>	compensation	compensation fr related	om	amour othe		
	hours for	일	Inst	Officer	Key employee	휥	Former	the	organizations		compen	sation	
	related organizations	8 2	럁	ဓို	9	Š iš	T P	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from organiz		
	below dotted	₫ 🚆	ona	Ì	3	8 8		(44-2) (033-141130)	}	1	and rel		
	line)	Individual trustee or director	Institutional trustee	ŀ	8) per			İ	- 1	organiza	ations	
	- [8	stee	l	l	Highest compensated employee			ļ				
(15) Kelly Hepler			\vdash	├	-		├	 					
Ex-Officio Member		1] 、			o	İ	o			0
(16) Barry Jensen	1						_	† · · · ·		1			
Ex-Officio Member		1	1	ļ	1		ŀ	0	{	o			0
(17) Wayne Winter	40												
Executive Director		1		1	ļ	1		0	91,9	35			0
(18)													
				ļ	_	ļ	_		ļ				
(19)		ļ			ļ		ļ	ļ					
(20)		 	├	<u> </u>	├-	ļ	╢	 					
(20)		}		1			Ì		}				
(21)		 	┼╌	\vdash	┼─	-	┤	 					
X=:/						İ	ļ		1	l			
(22)					T		\Box						_
]	<u></u>		<u> </u>			<u> </u>					
(23)													
		L		L	_			<u> </u>					
(24)		ļ	Ι,		1	l			1				
		<u> </u>	_		ļ		<u> </u>	ļ					
(25)		}	1		1		}		Ì				
1b Sub-total		L	<u> </u>	<u></u>	<u> </u>	L	Ļ	 					
c Total from continuation sheets to			•	•	•	•		0	 - · · · · · · · · · · · · · · · · · · 	0			0_0
d Total (add lines 1b and 1c)	•		•	•	•	•		0					<u>`</u>
2 Total number of individuals (includin				_		ahow	- N		<u> </u>		of		
reportable compensation from the o	g but not innite. rganization ►	. (O ()	1030	, 113	teu	above	<i>5)</i> **	0	Ore triain wrot	,,000 0	,		
	<u> </u>											Yes N	ło
3 Did the organization list any forme							emp	oloyee, or high	nest compens	sated			
employee on line 1a? If "Yes," comp	lete Schedule J	for s	uch	ind	ivid	ual				•	3		_
4 For any individual listed on line 1a,											1	- 1	
organization and related organizat	_		150,	,000)? /	f "Ye	s, "	complete Sch	nedule J for	such		_	
individual			•			•	•				4		_
5 Did any person listed on line 1a rece for services rendered to the organiza		•					•		zation or indiv	/loual			
Section B. Independent Contractors	ation: ii res, t	Jonipa	ere	301	160	JIE J I	OI S	such person		:	5		_
1 Complete this table for your five high	nest compensat	ed in	den	end	lent	contr	act	ors that receive	ed more than	\$100	OOO of		
compensation from the organization												า's tax	
year.			•					, ca c c		3-			
(A)							T	(B)			(C)		
Name and busine	ss address						<u> </u>	Description of s	services	C	ompensat	non	
Brown Associates LLP 24866 Rocky Road							pre	ofessional fund	raiser			136,4	
	ll Sioux Falls, S	SD 57	104				+	ild visitor cente				442,9	
Scull Construction PO Box 7636 Rapid City	SD 57709						bu	ild visitor cente	r			210,4	441
							+						
2 Total number of independent cont	ractors (includi	ng bi	ut n	ot	limi	ted to	th	nose listed ab	ove) who				
received more than \$100,000 of com								3					

Par	VIII	Statement of Reve			ones er nete te	and line in this	Dort VIII		
,	,	Check if Schedule C	Contains a	riesp		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	3	1a					
Grants	b	Membership dues .		1b					
	С	Fundraising events .	[1c	20,333		}		
ar Jar	d	Related organizations	s [1d					į
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (cor All other contributions, g		1e	50,000				
둋	-	and similar amounts not inc		11	2,085,269	ŧ	į		
Ž õ	9	Noncash contributions include	L		29,128		ļ		
Contributic and Other		Total. Add lines 1a-1		_	29,128	2 455 602			
	''	Total. Add lines 1a-1	!		Business Code	2,155,602			
e e	2a			ŀ					
ě	b						- -		_
8	c			1					
ĒΞ	d								
T.	ء ا			· }					
Program Service Revenue	f	All other program ser	vice revenu						
<u>~</u> _	g	Total. Add lines 2a-2	<u>f</u>	:_	>				
:	3	Investment income and other similar amo				202,894			202,894
	4	Income from investmen	•		,	202,094			202,034
	5	Royalties							
		riojuido ,	(i) Real	_ -	(ii) Personal				
	6a	Gross rents	127	7,325		ļ	1		1
	b	Less: rental expenses		5,249					
	c	Rental income or (loss)		,076					
	ď	Net rental income or		,0701	•	91,076			
	7a	Gross amount from sales of	(i) Securities	es l	(ii) Other	31,070			
		assets other than inventory	 		482,448				
	ь	Less. cost or other basis			102,110	i	1	·	
	_	and sales expenses .	ļ	ļ	245,766			-	
	С	Gain or (loss)	·		236,682				
	d					236,682	236,682		
ne	_				· · · · · · · · ·	230,002	230,002		
	8a	Gross income from fu events (not including \$	•	_ }					
Other Rever		of contributions reporte	20,33				ĺ		
٣		See Part IV, line 18 .				1			
te l	_				93,370				
δ		Less: direct expenses			93,370				
Į		Net income or (loss) f Gross income from ga			events . >	<u></u>			
	Ja	See Part IV, line 19 .			•				,
	L			- 1			(į
		Less: direct expenses Net income or (loss) f			/ities ▶				
		Gross sales of in			/ILIES				
	ıva	returns and allowance	-	1		Ì			
				- 1	3,887	1			
		Less: cost of goods s							
)	C	Net income or (loss) f		inve		955		955	
	44-				Business Code				
					110000	44,069			· · · · · · · · · · · · · · · · · · ·
		Sponsorship Revenue			110000	1,730			
1	C	Miscellaneous Revenu	<u>e</u>		110000	2,453			
- 1		All other revenue .							
		Total. Add lines 11a-			🏲	48,252			
í	12	Total revenue. See in	nstructions.		• }	2 735 461	236 682	955	202.894

	IX Statement of Functional Expenses				rage 10
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,650,656	1,650,656		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			Ì	
a b	Management	F 744		5.744	
C	Accounting	5,744 2,169		5,744 2,169	
d	Lobbying	2,109		2,103	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17	122,300			122,300
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,414		2,414	
13	Office expenses	9,105		9,105	
14	Information technology				
15	Royalties				
16 17	Occupancy				40.400
18	Travel	13,163			13,163
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,149		2,149	
20	Interest	9,371		9,371	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	666		666	
23	Insurance	995		995	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		1	j	
	line 24e amount exceeds 10% of line 25, column		j		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Exhibit and Renovation Expenses	58,650		58,650	
b	Grant Program Expenses	9,201		9,201	
C	Trail Development and Repairs	577		577	
d	Fundraising Expenses	133			133
9	All other expenses	2,778		2,778	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,890,071	1,650,656	103,819	135,596
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Inf following SOP 98-2 (ASC 958-720)				

	art X				·
		Check if Schedule O contains a response or note to any line in this Part	X		
		,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,789	1	11,028
	2	Savings and temporary cash investments	2,054,438	2	1,919,416
	3	Pledges and grants receivable, net	3,069,641	3	3,762,443
	4	Accounts receivable, net	25,318	4	22,935
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
"	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 4.619,569			
	ь	Less: accumulated depreciation 10b 30,428	4,714,524	10c	4,589,141
	11	Investments—publicly traded securities	2,254,206		2,605,003
	12	Investments—other securities. See Part IV, line 11	2,234,200	12	2,000,000
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,127,916		12,909,966
	17	Accounts payable and accrued expenses	12,520		82,086
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	······································
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
≣		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	4 644 400		4 522 576
	24	Unsecured notes and loans payable to unrelated third parties	1,641,482	24	1,523,576
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	i	25	
	26	Total liabilities. Add lines 17 through 25	1,654,002	26	1,605,662
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and	1,034,002		1,003,002
ces		complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	221,505	27	255,541
ä	28	Temporarily restricted net assets	10,037,559		10,809,012
밀	29	Permanently restricted net assets	214,850	29	239,751
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
3 86	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·····
Ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	·
Ž	33	Total net assets or fund balances	10,473,914	33	11,304,304
-	34	Total liabilities and net assets/fund balances	12 127 916	34	12 909 966

Form 9	90 (2016)			Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,73	<u> 5,461</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,89	0,071
3	Revenue less expenses. Subtract line 2 from line 1	3		84	15,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,47	3,914
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(19	5,000)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	- [
	33, column (B))	10		11,30	<u> 14,304</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u> :	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	if "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			i 	
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		-		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdıts.	3b		
			Fort	n 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number**

Open to Public Inspection

OMB No. 1545-0047

		ta Parks and Wildlife Foundati		···········			46-038	
Pai	_	Reason for Public Cha				<u>_</u>		ns.
		zation is not a private founda		•		-	•	
1 2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		hospital or a cooperative hos		•			• •	
4		medical research organization						iii). Enter the
-		ospital's name, city, and state						•
5	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		federal, state, or local govern	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7		n organization that normally escribed in section 170(b)(1)			port from	a gover	nmental unit or from	the general public
8	□A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	O	n agricultural research organi r university or a non-land-gra niversity:						
10	re St	n organization that normally receipts from activities related apport from gross investment by the organization a	to its exempt fuil t income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11		n organization organized and	-	•	-		•	
12	of	n organization organized and one or more publicly suppo heck the box in lines 12a thro	orted organizatio	ns described in secti	on 509(a)(1) or s e	ection 509(a)(2). See	e section 509(a)(3).
а		Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to	regularly appoint or e	lect a ma	jority of t	• • • • • • • • • • • • • • • • • • • •	
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same		• •	
C	V	Type III functionally integ its supported organization(rated. A support	ting organization oper	ated in c			ally integrated with,
đ			ntegrated. A su grated. The orga	pporting organization nization generally mus	operated st satisfy	l in conne a distribu	ection with its suppo ition requirement an	
e		Check this box if the organ functionally integrated, or 1	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
f	Ente	er the number of supported of	• •					[]
g		vide the following information	•	orted organization(s).				<u></u>
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	outh Da	akota Game Fish & Parks	46-6000364	6	,		1,650,656	
B)								
C)								
D)		· · · · · · · · · · · · · · · · · · ·		!				
E)								
Total	 -		A CONTRACTOR				1,650,656	

Part							
	(Complete only if you checked the				_	-	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	,			····	r	T -2
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				İ		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			 			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					·····	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		ļ	ļ	<u> </u>	ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	22 501(0)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop he	ie organizatioi re	n s iirst, secon	a, mira, fourth	, or min tax y	ear as a secu	on 50 n(c)(5) ► □
Secti	on C. Computation of Public Suppor	t Percentag		· · · · ·			[_]
14	Public support percentage for 2016 (line (11 column (fi)		14	%
15	Public support percentage from 2015 Sch					15	%
16a	331/3% support test-2016. If the organi						
	box and stop here. The organization qua	lifies as a pub	licly supported	organization			> 🗀
b	331/3% support test—2015. If the organithis box and stop here. The organization						nore, check ▶ 🏻
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts facts-and-circ	-and-circumst	ances" test, chest. The organi	neck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—2t 15 is 10% or more, and if the organization in Part VI how the organization in supported expensation.	ition meets the	ne "facts-and- ets-and-circum	circumstances stances" test.	" test, check	this box and	stop here.
18	supported organization	d not check a		, 16a, 16b, 17a			

Part III	_		chedule	•	_		_	•••		•		
	SHIDDA		anamilla	tor	/ Iraan	ITOTIOI	ne ilo	COLINA	2/1 1/2	SACTIO	n a ku	91171
	JUDDU	<i>7</i> 1 L 31	JIIGUUIC	ıuı	VIUGII	Zauvi	пэрс			JOCHIU	II JUJI	anzi

(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.)

Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		Ì				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1		
_			 				
с 8	Add lines 7a and 7b		 	 	 		
·	line 6.)		1]	
Secti	on B. Total Support		1	l.,	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	,2					
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	•	•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line to	3, column (f) d	ivided by line 1	3, column (f))	· · · · ·	15	%_
16	Public support percentage from 2015 Sci			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (%
18	Investment income percentage from 2015						%
19a	331/3% support tests—2016. If the organ						
L	17 is not more than 33½%, check this box						
b	331/3% support tests—2015. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						
20	Private foundation if the organization di						===

Part IV Supporting Organizations

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

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

determine whether the organization had excess business holdings.)

Part	V. Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	440		
h	A family member of a person described in (a) above?	11a 11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		7
	ion B. Type I Supporting Organizations		L	L- <u>-</u> -
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}	•	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 -		h
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	[
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			L)
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Secti	on C. Type II Supporting Organizations		<u> </u>	
1	Management of the company of the description of the		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 ,
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ		'
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	{		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	Ť	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}	}	}
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	i	
1				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	มอนน	CHOH	3 <i>)</i> .
a b	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	{		(:
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-	1	•
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ł		1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OL.		
3	-	2b		
о a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1]	
•	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (exp	lain ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			}
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Γ		
factors (explain in detail in Part VI):	<u> </u>		
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8	<u>*************************************</u>	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Sect	ion D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			·
10	Line 8 amount divided by Line 9 amount		400	r-173
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		 	
	Applied to 2016 distributable amount			!
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
a b	Applied to underdistributions of prior years Applied to 2016 distributable amount			
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4.			
3	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result			,
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in		'	
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
<u>C</u>	Excess from 2014			
d	Excess from 2015			
Θ_	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV Sect	ion E: Line 1c
The Founda	tion supported the SD Dept of Game, Fish and Parks by raising funds to construct a new education center at Custer State Park,
finish the co	onstruction of new visitor centers at two state parks, constructing new playgrounds at two state parks and improving the
fishing pier	s at state parks. The Department manages the lands owned by the Foundation for game production, public recreation and other
outdoor rec	reation and natural resource purposes. The Foundation assists in carrying out public events that promote and support parks and
wildlife edu	cation programs.
	······································

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization		Employer identif	ication number
South	Dakota Parks and Wildlife Foundation	İ		16-0387968
Par		vised Funds or Other Similar Fun	ds or Accou	nts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		<u></u>
		(a) Donor advised funds	(b) Fund	is 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		<u> </u>	-
5	Did the organization inform all donors and dono funds are the organization's property, subject to the	r advisors in writing that the assets he organization's exclusive legal control	eld in donor a ol?	dvised Yes No
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?		or any other p	urpose
Par	Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	•		
	Preservation of land for public use (e.g., recreated	•		
	✓ Protection of natural habitat	Preservation o	f a certified his	toric structure
_	✓ Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form (of a conservation
	easement on the last day of the tax year.			eld at the End of the Tax Year
а			. 2a	3
b	Total acreage restricted by conservation easemer			999
c	Number of conservation easements on a certified			0
d			· · 2d	0
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	minated by the	organization during the
	tax year ► 0			
4	Number of states where property subject to cons	ervation easement is located ►	1	
5	Does the organization have a written policy re-	egarding the periodic monitoring, ins	spection, hand	lling of
	violations, and enforcement of the conservation e			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation ea	sements during the year
_	1	to the Uton of deletions and automateur		accoments during the year
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation e	asements during the year
•	\$ 500		f 170/h	\/ 4\/\P\/\!\
8	Does each conservation easement reported on line			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text		nanciai statem	ents that describes the
Dovi	organization's accounting for conservation easen		Othor Cimil	or Assots
Part	Organizations Maintaining Collection			di Assets.
	Complete if the organization answered			amont and balance shoot
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the			
l.				
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts rela-	ar assets held for public exhibition, e	ducation, or re	esearch in furtherance of
	(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 a following amounts required to be reported under	rt, historical treasures, or other simila	r assets for fi	nancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990. Part X			\$

Par	III Organizations Maintaining	Collections of A	Art, Historical 7	reasures, o	or Other Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):					
а	☐ Public exhibition		d 🗍 Loan	or exchange	nrograms	
b	Scholarly research			_		
c	☐ Preservation for future generations	•	e 🗀 Otile			
4	Provide a description of the organization		nd explain how t	hev further th	ne organization's ex	empt purpose in Part
,	XIII.		orpiani non			and the base of the
5	During the year, did the organization	solicit or receive of	donations of art.	historical trea	asures, or other sim	nilar
	assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra		 	 	·	
	Complete if the organization		on Form 990, I	Part IV, line	9, or reported an a	amount on Form
	990, Part X, line 21.		•	•	•	
1a		custodian or othe	er intermediary fo	or contributio	ons or other assets	not
	included on Form 990, Part X?					· 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following t	able:		
	,,,		.			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount	nt on Form 990, Pa	rt X, line 21, for e	scrow or cus	stodial account liabil	ity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P					
Par	t V Endowment Funds.					
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line	10.	
		(a) Current year	(b) Pnor year	(c) Two years	back (d) Three years be	ack (e) Four years back
1a	Beginning of year balance	214,850	220,917	22:	2,491 191,	957 166,051
b	Contributions	1,200	100		1,222 4,	846 17,313
C	Net investment earnings, gains, and					
	losses	28,323	(2,009)		1,644 30,0	009 12,257
d	Grants or scholarships	0	0		o	0 0
е	Other expenditures for facilities and					
	programs	0	0	}	0	0 0
f	Administrative expenses	4,622	4,158	4	4,440 4,	321 3,664
g	End of year balance	239,751	214,850	220	0,917 222,	491 191,957
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a))	held as:	
а	Board designated or quasi-endowment	nt ▶ 100	<u>0</u> %			
b	Permanent endowment	0%				
¢	Temporarily restricted endowment	0%				
	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held ar	nd administered for	
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i) ✓
	(ii) related organizations					. 3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	•	•			. 3b
4	Describe in Part XIII the intended uses		n's endowment f	unds.		
Part	, , ,		. -			
	Complete if the organization					r
	Description of property	(a) Cost or oth		or other basis	(c) Accumulated depreciation	(d) Book value
		(IIIVesune	;iii) (0	ther)		
• 1a	Land	·		4,585,444		4,585,444
b	Buildings	·				<u> </u>
C	Leasehold improvements	·				ļ
d	Equipment	·		34,125	30,428	3,697
<u>e</u>	Other	<u> </u>				<u> </u>
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, columi	n (B), line 10c	<u>:)</u>	4,589,141

Part VII	Investments—Other Securities.	0.4 11 12	000 5 104 5	441. 0 5	000 D + 1/4 l' 40
	Complete if the organization answered "	'Yes" on For			
•	(a) Description of security or category (including name of security)	· · · · · · · · · · · · · · · · · · ·	(b) Book value		hod of valuation. -of-year market value
(1) Financial				ļ	
	neld equity interests				
(3) Other				ļ	
(/7)					
(B) (C)					
(D)				 	
(E)				 	
(F)					
(G)					
(H)	***************************************				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments - Program Related.			<u> </u>	<u> </u>
	Complete if the organization answered "	'Yes" on For	m 990. Part IV. lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	thod of valuation. -of-year market value
(1)					
(2)			<u></u>		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		···			· ·
(9)		 			
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			<u> </u>	
Part IX	Other Assets.	<u>-</u>		4410 ==	000 D 1 V II. 45
	Complete if the organization answered "		m 990, Part IV, III	e 11d. See Form	(b) Book value
	(a) Descript	tion			(b) Book value
(1)			 		
(2)					
(3)					
(5)					
(6)					
(7)					
(8)		, , , , , , , , , , , , , , , , , , , 			
(9)					
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	 	 ▶	
Part X	Other Liabilities.				
	Complete if the organization answered '	"Yes" on Fo	m 990, Part IV, lir	e 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.		(b) Book value			
(1) Federal in	come taxes				
(2)			——		
(4)					
(5)					
(6)			—		
(7)					
(8)					
(9)		· 			
	b) must equal Form 990, Part X, col. (B) line 25)				
	uncertain tax positions. In Part XIII, provide the te	ext of the footn	ote to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions under FIN 48 (

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,		Return.
1	Total revenue, gains, and other support per audited financial statements		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2		امدا	1
a	Net unrealized gains (losses) on investments	2a 2b	
b			
C	Recoveries of prior year grants	2c 2d	-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
þ	Other (Describe in Part XIII.)	4b	- ₂
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		т., т
1	·		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a	Donated services and use of facilities		
b	Prior year adjustments	2b	
C	Other losses		_{ }
d	Other (Describe in Part XIII.)	2d	
θ	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ł I	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
C			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	Supplemental Information.		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	•	
Part II,	Line 9: The fair market value of the easements acquired is shown in the year	of acquisition as an additior	n to net assets and
record	ed as a contribution. In the same year, it is also shown as a reduction in net a	ssets to recognize that thes	e easements have no
market	value once severed from the land and held by the Foundation. Easements he	ld by the Foundation are sh	nown in a footnote and
carried	at a zero balance on the statement of financial position.		
Part V,	Line 4: The intended use of endowment earnings is to provide stable funding	for operational expenses for	or the Foundation.

Schedule D (Fo	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
	·	
·		

SCHEDULE G' (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

South	Dakota Parks and Wildlife Found	lation				46-0	387968
Par	Fundraising Activities	s. Complete if th			vered "Yes" on F	orm 990, Part IV, li	ne 17.
	Form 990-EZ filers are					 	
1	Indicate whether the organiza	tion raised funds t			•		
a	Mail solicitations			_	on of non-governr	•	
D	Internet and email solicitat	ions			on of government	_	
C	Phone solicitations		g ⊍	Special 1	fundraising events		
d	✓ In-person solicitations				1 (
2 a	Did the organization have a w or key employees listed in For	m 990, Part VII) o	r entity in co	onnection v	with professional for	undraising services?	🗹 Yes 🔲 No
b	If "Yes," list the 10 highest pa compensated at least \$5,000			draisers) pu	ursuant to agreem	ents under which the	fundraiser is to be
 	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	vouve Annaciates II B			✓	707.407	120 454	CC0 742
2	rown Associates, LLP	capital camp.			797,167	136,454	660,713
3			 				
4			 	ļ <u>.</u>			
5			1				
6							
7			ļ	ļ	 		
8							
9							
10				-			
rotal			<u></u>				200 740
otal 3	List all states in which the org	ganization is regis	tered or lic	ensed to s	797,167 solicit contributions	136,454) s or has been notifie	d it is exempt from
outh	registration or licensing. Dakota						

Ρ	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		grees resorpto greater the	(a) Event #1 2016 Trail Trek (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	113,703			113,703
Œ	2	Less: Contributions Gross income (line 1 minus	20,333			20,333
	_	line 2)	93,370			93,370
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,143			3,143
ct Exp	7	Food and beverages	26,074			26,074
Dire	8	Entertainment	730			730
	9	Other direct expenses .	63,423			63,423
	10 11	Direct expense summary. Ac Net income summary. Subtra		• •		93,370 0
Pá	irt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
<u>-</u> 8	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	ļ			
_	5	Other direct expenses .	☐ Yes %	□ Yes %	□ Vas %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%	☐ Yes%	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		
9	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	onduct gaming activities	s in each of these state	s?	🗌 Yes 🗌 No
10		/ere any of the organization's g	_	l, suspended, or termin		
		-4				

Schean	ile G (Form 990 or 990-EZ) 2016		P	'age J
11	Does the organization conduct gaming activities with nonmembers?	☐ Y	es 🗌	No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming? ,	□ Ye	es 🗌	No
13	Indicate the percentage of gaming activity conducted in:			٠.
a	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	records.			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
_	revenue?	∐ Ye	es 📙	No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
_	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ►	·		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
''а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?	□ Y	es 🗀	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor			
	See instructions			
	Line 2(b): Expenses reimbursed to the professional fundraiser during the year totalled \$14,154.35. The payment of c		fees	
	de to the contractor automatically each month. Fundraising expense reimbursements to the contractor are made thr			
	ly reimbursement requests submitted by the contractor that require actual receipts for items purchased or expenses		·a.	
mneag	e reimbursements are made as per a negotiated rate. The contractor is not reimbursed for routine office expenditure	5.		
			~	
	······································			

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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9 0	ď

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2016) % □ manage parks & wildlife Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number √ Yes 46-0387968 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance . (f) Method of valuation (book, FMV, appraisal, other) . Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. book (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1,650,656 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) 170(b)(1)(A)v the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 46-6000364 (p) EIN South Dakota Parks and Wildlife Foundation (1) South Dakota Department of 1 (a) Name and address of organization or government Game, Fish and Parks Department of the Treasury Internal Revenue Service Name of the organization Partl Part II (12) € ©. <u>છ</u> 9 E **©** 6 9 Ξ

Schedule I (Fc	Schedule I (Form 990) (2016)					Page
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.		als. Complete if the I.	e organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
81						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	equired in Part I, Iin	ie 2; Part III, column	(b); and any other additi	onal information.
Part I, Line2	Part I, Line2: Purchases are made on behalf of the South Dakota Department of Game, Fish and Parks to support the maintenance and improvement of state parks, manage wildlife,	Dakota Department	of Game, Fish and Pa	irks to support the main	ntenance and improvement o	f state parks, manage wildlife,
and to assis	and to assist the state in maintaining the Outdoor Campuses for public enjoyment. A new education center was constructed at Custer State Park and a new visitor center was	ses for public enjoy	ment. A new education	on center was construc	ted at Custer State Park and	a new visitor center was
constructed	constructed at Good Earth State Park for the enjoyment of resident	f residents and visit	tors. Land purchased	1 by the Foundation is I	made available to the state fo	s and visitors. Land purchased by the Foundation is made available to the state for public hunting and fishing.
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
5 5 7 8 8 8 8 8 8 8 8 8 8						
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2016

► Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	Dakola Parks and Wilding Poulidation	<u> </u>		., <u> </u>	40-030	/ 300		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash c	(d) d of dete ontnbuti		
1	Art Works of art							
2	Art-Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	✓	1	29,128	fair marl	cet value		
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests			}				
12	Securities-Miscellaneous							
13	Qualified conservation	İ			ĺ			
	contribution—Historic				}			
	structures				<u> </u>			
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				<u> </u>			
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()		· · · · · · · · · · · · · · · · · · ·					
27	Other ► ()				<u></u>			
28	Other ► (L	 	<u> </u>	ļ			
29	Number of Forms 8283 received	by the org	ganization during the tax	year for contributions for]]			
	which the organization completed	Form 8283	s, Part IV, Donee Acknowle	dgement	29	0		
							Yes	NO
30a								
	28, that it must hold for at least the							ليب
	to be used for exempt purposes f		e holding period?			30a		✓_
	If "Yes," describe the arrangemen							
31	Does the organization have a				onstandare			
						31		1
32a	Does the organization hire or use							
						32a		\
	If "Yes," describe in Part II.	_				.		
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked	^{i,}		

Schedule M (I	Form 990) (2016)	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and wheth the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	ner /ed,
	······································	

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SCHEDULE Q` (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization		Employer identification number			
South Dakota Parks and Wild	life Foundation	46-0387968			
Form 990: Part VI - Section A	Line 9 Mailing Addresses				
Karen Gundersen Olson	6241 Chokecherry Lane, Rapid City SD 57702	~======			
Sarah Larson	206 West 14th Street, Sioux Falls SD 57101-1030				
Tom Krafka	1425 Sammis Trail, Rapid City SD 57702				
Larry Ness	225 Cedar Street, Yankton SD 57078				
Kathryn Anderson	4501 S Duluth Ave, Sioux Falls SD 57105				
Dick Behl	PO Box 367, Scotland SD 57059-0367				
Spencer Hawley	1215 W 8th Street S, Brookings SD 57006				
Dale Jahr	1013 W Killarney Street, Sioux Falls SD 57108				
Jack Lynass	840 Mt. Rushmore Road, Rapid City SD 57701				
William May	216 Anamaria Drive, Rapid City SD 57701				
Kevin Nyberg	5116 Twinleaf Drive, Sioux Falls SD 57108				
Jeff Scherschligt	300 N Cherapa Place, Suite 601, SiouxFalls SD 57103				
Jim Spies	466 South Lake Drive, Watertown SD 57201				
Jeff Stingley	1901 West Grand Point Circle, Sioux Falls SD 57108				
Kelly Hepler	Foss Bldg, 523 E Capitol Ave, Pierre SD 57501				
Barry Jensen	26164 Ridgeway Road, White River SD 57579				
Form 990: Part VI - Section B	Line 11b Process for Reviewing Form 990				
The Form 990 is reviewed by the finance committee within the governing board before it is submitted.					
Form 990: Part VI - Section B	Line 12c Conflict of Interest Policy				
Each baord member must sig	n a conflict of interest statement at the beginning of each fiscal year. Ad	ditionally, board and			
committee members are aske	ed to declare any potential conflicts of interest with any Foundation matte	rs prior to the beginning of			
each committee and board m	eetina				

Name of the organization	Employer identification number
South Dakota Parks and Wildlife Foundation	46-0387968
Form 990: Part VI - Section C Disclosure Line 19	
The governing documents, conflict of interest policy and financial statements of the Fo	undation are made available to the public
upon request through the office of the executive director of the Foundation.	
appointed and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2016

OMB No 1545-0047

Open to Public

Information about Schedule R (Form 990) and its Instructions is at www.irs.gov/form990.

Employer identification number Inspection

(f) Direct controlling entity 46-0387968 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Pnmary activity (a) Name, address, and EIN (if applicable) of disregarded entity South Dakota Parks and Wildlife Foundation Part I

(4)

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(g) Section 512(b)(13) controlled entity? Yes No 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. (f)
Direct controlling
entity ďa (e)
Public charrty status
(if section 501(c)(3)) (d) Exempt Code section 170(b)(1)(A)(v) (c) Legal domicile (state or foreign country) South Dakota manage parks/wildlife (b) Primary activity (1) South Dakota Department of Game, Fish and Parks (a) Name, address, and EIN of related organization 523 E Capitol Ave, Pierre SD 57501 Part II 0 9 Ð E ල €

Schedule R (Form 990) 2016

Cat. No 50135Y

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

Schedule R (Form 990) 2016 (i) Section 512(b)(13) controlled entity? (k) Percentage ownership . ŝ 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. 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. Yes (j)
General or
managing
partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (9) Share of end-of- [0] (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Unect controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Pnmary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV 2 9 8 ල € 3 9 ල € **©** E = Ξ 8

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2016 Part V Transactio

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orgar	nzations listed in Parts	E I I I	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				>
b Giff, grant, or capital contribution to related organization(s)			₽	>
c Gift, grant, or capital contribution from related organization(s)				>
d Loans or loan guarantees to or for related organization(s)			2	>
e Loans or loan distanteds by related organization(s)	•		-	
				> =
f Dividends from related organization(s)		,	1	
a Sala of assate to related organization(s)		•	-	
b Durchase of assets from related organization(s)			· · · · · · · · · · · · · · · · · · ·	
in runchiase of assets from ferated organization(s)			= -	<u> </u>
reconange of assets with related organization(s)				>
j Lease of facilities, equipment, or other assets to related organization(s)			-	>
V case of facilities equipment or other assets from related organization(s)			14	7 4 3
Professional desirations of membership of fundaments of fundaments of fundaments of professional for relationship for relations for relations for relations for relations for relations for relations for relations for relations for relations for relationship for rel				
			= 1	+
III Periornialice of services of membership of fundraising solicitations by ferated organizations)			■ .	\ >
				•
o Sharing of paid employees with related organization(s)			2	>
				-
p Reimbursement paid to related organization(s) for expenses			우 · · · · ·	>
q Reimbursement paid by related organization(s) for expenses				>
r Other transfer of cash or property to related organization(s)				>
s Other transfer of cash or property from related organization(s)				>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	implete this line, inclu	uding covered relation	iships and transaction the	resholds.
(8)	(q)	(9)	(b)	
ויפווופ כו ופימופט ליקשונבמונטו	type (a-s)			
(4) Courth Dakota Dant of Came Fich and Darks		1 P. C. A. A. A. A. A. A. A. A. A. A. A. A. A.	haen	
() count career copy of carried and	2			
(2) South Dakota Dept of Game, Fish and Parks	S	63,870	cash	
	•		<u>.</u>	
(3) South Dakota Dept of Game, Fish and Parks	0	188,299	cash	
(4) South Dakota Dept of Game, Fish and Parks	0	91,935	cash	
(5) Court Dark of Came Fish and Darks	ţ	482 448	<u> </u>	
(b) Journ Dancia Dept of Game, Fish and Fains	2	707,110	1000	
(6) South Dakota Dept of Game, Fish and Parks	Ε	127,168	cash	
			Schedule R (Form 990) 2016	rm 990) 2016

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

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.

organisation of the manufacture	gai iizatioi i. Oce	TO TO TO TO TO TO TO TO TO TO TO TO TO T	egal all ing excitation		all mescuriant pa	- [
(a) Name, address, and EIN of entity	(o) Primary activity	(c) Legal domicile	(a) Predominant	Are all partners	Share of		(n) Disproportionate	Code V-UBI	General or	(K) Percentage
		(state or foreign	income (related,	section		≒	allocations?	amount in box 20		ownership
		country)	unrelated, excluded from tax under	organizations?		assets		of Schedule K-1 (Form 1065)	partner?	
			sections 512-514)	Yes No			Yes No	-1	Yes No	
(1)										
(2)										
(6)										
(4)							-			
(5)										
(9)										
(D)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
					:			Sche	dule R (For	Schedule R (Form 990) 2016

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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	

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