

Form 990EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GREATER DACOTAH CHAPTER OF SAFARI CLUB INTERNATIONAL
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 9455
City or town, state or province, country, and ZIP or foreign postal code
RAPID CITY, SD 57709

D Employer identification number
46-0452245
E Telephone number
(605) 228-7236
F Group Exemption Number
2663

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.GREATERDACOTAHCHAPTER-SCI.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 95,106

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>		
Revenue	1	Contributions, gifts, grants, and similar amounts received 52,589
	2	Program service revenue including government fees and contracts
	3	Membership dues and assessments 875
	4	Investment income 49
	5a	Gross amount from sale of assets other than inventory
	5b	Less cost or other basis and sales expenses
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
	6	Gaming and fundraising events
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
	6b	Gross income from fundraising events (not including \$ 50,589 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 41,593
	6c	Less direct expenses from gaming and fundraising events 69,416
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) -27,823
	7a	Gross sales of inventory, less returns and allowances
	7b	Less cost of goods sold
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
	8	Other revenue (describe in Schedule O)
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 25,690
Expenses	10	Grants and similar amounts paid (list in Schedule O) 40,091
	11	Benefits paid to or for members
	12	Salaries, other compensation, and employee benefits
	13	Professional fees and other payments to independent contractors 719
	14	Occupancy, rent, utilities, and maintenance 50
	15	Printing, publications, postage, and shipping 198
	16	Other expenses (describe in Schedule O) 12,506
	17	Total expenses. Add lines 10 through 16 53,564
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) -27,874
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 67,981
	20	Other changes in net assets or fund balances (explain in Schedule O) 0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 40,107

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	67,981	22	40,107
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	67,981	25	40,107
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,981	27	40,107

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
ORGANIZATION SUPPORTS WILDLIFE MANAGEMENT THROUGH CONSERVATION, STUDIES AND SPONSORSHIPS OF YOUTH AND ADULTS IN THE MANAGEMENT OF WILDLIFE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

28a

(Grants \$) If this amount includes foreign grants, check here ☐

29a

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) **32** 61,944

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TOM KRAFKA	1 00	0	0	0
BOARD MEMBER				
BRIAN DAIL	1 00	0	0	0
BOARD MEMBER				
MARY ANN MANN	1 00	0	0	0
BOARD MEMBER				
DENNIS MANN	1 00	0	0	0
BOARD MEMBER				
CARL STONECIPHER	1 00	0	0	0
BOARD MEMBER				
GERETH STILLMAN	2 00	0	0	0
PRESIDENT				
PAUL VINATIERI	2 00	0	0	0
VICE PRESIDENT				
TERESA VAUGHN	2 00	0	0	0
SECRETARY				
KATIE BASKERVILLE	2 00	0	0	0
TREASURER				
BRET BRANDLI	1 00	0	0	0
BOARD MEMBER				
LOUIS VAUGHN	1 00	0	0	0
BOARD MEMBER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (605) 228-7236		
Located at ▶ PO BOX 9455 RAPID CITY , SD ZIP + 4 ▶ 57709		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI **Section 501(c)(3) organizations only**
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **Yes** ☐ **No**

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

Sign Here	***** Signature of officer		2019-06-18 Date		
	KATIE BASKERVILLE TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEIDRE BUDAHL CPA	Preparer's signature	Date 2019-06-18	Check <input type="checkbox"/> if self-employed	PTIN P01273830
	Firm's name ► CASEY PETERSON LTD			Firm's EIN ► 46-0403496	
	Firm's address ► 909 ST JOSEPH ST SUITE 101 RAPID CITY, SD 57701			Phone no (605) 348-1930	

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

Additional Data

Software ID:
Software Version:
EIN: 46-0452245
Name: GREATER DACOTAH CHAPTER OF SAFARI CLUB
INTERNATIONAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>28</div> <p>THROUGH THE YEAR, IN OUR COMMUNITY, WE HAVE PROVIDED OVER 1000 POUNDS OF MEAT TO THE LOCAL FOOD SHELTERS, SPONSORED THREE YOUTH FOR THE SD WILDLIFE FEDERATION CAMP, ASSISTED SD GAME FISH AND PARKS WITH A STUDY TO DETERMINE THE CAUSE OF SPECIFIC DISEASES DETRIMENTAL TO BIG HORN SHEEP, SPONSORED FIVE EDUCATORS FROM THE RAPID CITY AND SURROUNDING SCHOOL DISTRICTS TO ATTEND AMERICAN WILDERNESS LEADSHIP SCHOOL IN JACKSON, WYOMING, PROVIDING EDUCATORS WITH A USEFUL HANDS-ON EXPERIENCE THAT THEY CAN BRING HOME TO THEIR CLASSROOMS PERTAINING TO CONSERVATION EDUCATION, AND ONE OF MANY SPONSORS FOR THE ANNUAL FUNDRAISING PROGRAM FOR THE SOUTH DAKOTA YOUTH HUNTING ADVENTURES PROGRAM</p> <p>(Grants \$ 40,091)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	61,944

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: GREATER DACOTAH CHAPTER OF SAFARI CLUB
INTERNATIONAL

EIN: 46-0452245

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GREATER DACOTAH CHAPTER OF SAFARI CLUB
INTERNATIONAL

Employer identification number
46-0452245

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		AUCTION/BANQUET (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	92,182			92,182
	2 Less Contributions	50,589			50,589
	3 Gross income (line 1 minus line 2)	41,593			41,593
Direct Expenses	4 Cash prizes	11,690			11,690
	5 Noncash prizes	16,551			16,551
	6 Rent/facility costs	11,197			11,197
	7 Food and beverages	2,154			2,154
	8 Entertainment				
	9 Other direct expenses	27,824			27,824
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				69,416
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-27,823

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** 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

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

GREATER DACOTAH CHAPTER OF SAFARI CLUB
INTERNATIONAL**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

46-0452245

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 49

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HUNTING FILM TOUR SPONSOR GRANTEE NAME BLACK HILLS SPORTSMAN'S CLUB GRANTEE ADDRESS PO BOX 9161 RAPID CITY, SD 57709 DATE OF GIFT 09/11/18 AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION TABLE SPONSOR FOR THE ANNUAL FUNDRAISING EVENT GRANTEE NAME SD YOUTH HUNTING ADVENTURES GRANTEE ADDRESS 800 SAN FRANCISCO STREET RAPID CITY, SD 57701 DATE OF GIFT 05/10/18 AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION BIGHORN SHEEP STUDIES GRANTEE NAME SOUTH DAKOTA DEPARTMENT OF GAME, FISH & PARKS GRANTEE ADDRESS 4130 ADVENTURE TRAIL RAPID CITY, SD 57702 DATE OF GIFT 03/20/18 AMOUNT GIVEN 1,200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ONE OF MANY SPONSORS FOR 2018 ANNUAL MEETING GRANTEE NAME SOUTH DAKOTA THE WILDLIFE SOCIETY GRANTEE ADDRESS 425 BARLOW PLACE SUITE 200 BETHESDA, MD 20814 DATE OF GIFT 02/15/18 AMOUNT GIVEN 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION WIND CAVE NATIONAL PARK ELK REDUCTION MEAT PROCESSING GRANTEE NAME SPORTSMEN AGAINST HUNGER GRANTEE ADDRESS PO BOX 1172 PIERRE, SD 57501 DATE OF GIFT 03/20/18 AMOUNT GIVEN 891

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SUPPORTS INTRODUCING YOUTH TO HUNTING AND CONSERVATION GRANTEE NAME SD YOUTH HUNTING ADVENTURES GRANTEE ADDRESS 800 SAN FRANCISCO STREET RAPID CITY, SD 57701 DATE OF GIFT 05/29/18 AMOUNT GIVEN 3,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION BLACK HILLS RAPTOR CENTER BUILDING PROJECT GRANTEE NAME BLACK HILLS RAPTOR CENTER GRANTEE ADDRESS PO BOX 9713 RAPID CITY, SD 57709 DATE OF GIFT 07/17 /18 AMOUNT GIVEN 10,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ONE OF MANY SPONSORS FOR 2018 ANNUAL MEETING GRANTEE NAME SOUTH DAKOTA THE WILDLIFE SOCIETY GRANTEE ADDRESS 425 BARLOW PLACE SUITE 200 BETHESDA, MD 20814 DATE OF GIFT 12/30/18 AMOUNT GIVEN 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SDGF&P CAPTURE DROP NET PURCHASE GRANTEE NAME SOUTH DAKOTA DEPARTMENT OF GAME, FISH & PARKS GRANTEE ADDRESS 4130 ADVENTURE TRAIL RAPID CITY, SD 57702 DATE OF GIFT 07/17/18 AMOUNT GIVEN 2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HEPLER GPA IRONWOOD THINNING PROJECT GRANTEE NAME SOUTH DAKOTA DEPARTMENT OF GAME, FISH & PARKS GRANTEE ADDRESS 4130 ADVENTURE TRAIL RAPID CITY, SD 577 02 DATE OF GIFT 07/31/18 AMOUNT GIVEN 4,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION YOUTH PRIZES FOR YOUTH LONG RANGE SHOOTERS GRANTEE NAME M&M TACTICAL GRANTEE ADDRESS 4012 OILER LANE RAPID CITY, SD 57701 DATE OF GIFT 10/03/18 AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION TABLE SPONSOR FOR ANNUAL FUNDRAISING EVENT GRANTEE NAME ROCK MOUNTAIN ELK FOUNDATION GRANTEE ADDRESS 5705 GRANT CREEK MISSOULA, MT 59808 DATE OF GIFT 04/17/18 AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INSURANCE POLICY FOR HUNTING DOG TRIALS COMPETITION GRANTEE NAME WESTERN SOUTH DAKOTA BIRD DOG CLUB GRANTEE ADDRESS NO ADDRESS RAPID CITY, SD 57701 DATE OF GIFT 07/16/18 AMOUNT GIVEN 700

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION AWLS CAMP IMPROVEMENTS DONATION GRANTEE NAME AMERICAN WILDERNES S LEADERSHIP SCHOOLS GRANTEE ADDRESS 4800 GATES PASS ROAD TUCSON, AZ 85745 DATE OF GIFT 05/29/18 AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SPONSOR THREE YOUTH FOR ANNUAL CAMP GRANTEE NAME SD WILDLIFE FEDERATION GRANTEE ADDRESS 1306 E SULLY AVENUE PIERRE, SD 57501 DATE OF GIFT 05/22/18 AMOUNT GIVEN 1,050

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SDGF&P BIGHORN SHEEP AERIAL SURVEY GRANTEE NAME SOUTH DAKOTA DEPARTMENT OF GAME, FISH & PARKS GRANTEE ADDRESS 4130 ADVENTURE TRAIL RAPID CITY, SD 57702 DATE OF GIFT 06/20/18 AMOUNT GIVEN 2,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION OUTDOOR CAMPUS WEST SHOOTING FACILITY GRANTEE NAME SD WILDLIFE FEDERATION GRANTEE ADDRESS 1306 E SULLY AVENUE PIERRE, SD 57501 DATE OF GIFT 09/28/18 AMOUNT GIVEN 10,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION TABLE SPONSOR FOR ANNUAL FUNDRAISING EVENT GRANTEE NAME PHEASANTS FOREVER INC GRANTEE ADDRESS E 1ST AVENUE MITCHELL, SD 57301 DATE OF GIFT 09/04/18 AMOUNT GIVEN 250 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 40,091

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 413 DESCRIPTION MISCELLANEOUS AMOUNT 85 DESCRIPTION TRAVEL AMOUNT 1,010 DESCRIPTION ADVERTISING AMOUNT 200 DESCRIPTION SPONSORSHIPS/DONATIONS AMOUNT 2,700 DESCRIPTION WEBSITE AMOUNT 160 DESCRIPTION REPAIRS & MAINTENANCE AMOUNT 852 DESCRIPTION EQUIPMENT AMOUNT 5,581 DESCRIPTION MEMBERSHIP EXPENSES AMOUNT 1,505 TOTAL TO FORM 990-EZ, LINE 16 12,506