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For Paperwork Reduction Act Notice, see the separate instructions.

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 · 2018

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

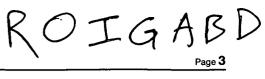
Open to Public

Inte	mal Revenu	ue Service	▶ Go	to www.irs.g	gov/Form990 f	or instr	uctions and	the lates	it inforn	nation.	1100	Inspection	
Α	For the	2018 cale	ndar year, or tax ye	ear beginning	9 July	/ 1	, 2018,	and end	ling	Jui	ne 30	, 20 19	
В	Check if a	applicable	C Name of organization	n South Dak	ota Parks and	Wildlife	Foundation	<u> </u>			D Employ	er identification number	
	Address	change	Doing business as									46-0387968	
	Name ch	ange	Number and street (c	or PO box if m	nail is not delivere	d to stree	et address)	Room/s	suite		E Telepho	ne number	
	Initial retu	ım	523 E Capitol Ave	enue								605-773-4503	
		n/terminated	City or town, state or		intry, and ZIP or f	oreign po	stal code	•		·		· · · · · · · · · · · · · · · · · · ·	
$\bar{\Box}$	Amended		Pierre SD 57501								G Gross re	eceipts \$ 2,497,	803
$\bar{\Box}$			F Name and address o	of principal office	er 5 23 &	ا کو	oit of 140	₹	H{a) Is this a c	roup return for	subordinates? Yes V N	lo
_	, ,p,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Chris Peters	&n.	Pierre			01				s included V Yes	
$\overline{}$	Tay-exem	npt status	✓ 501(c)(3)	501(c)			4947(a)(1) or	<u></u> 527				a list (see instructions)	
<u>; </u>	Website:		://www.parkswildlife		·		2 10 11 (0)(1) 01		— H	c) Group	exemption	number >	
ĸ			Corporation Tru			<u> </u>	LYe	ear of form	<u>_</u>	-,		of legal domicile SD	
_	art I	Summ					1				1		
			scribe the organiz	ation's miss	eion or most s	uanifica	ant activities	· The C	Organiz	ation's	mission i	is to solicit and	
Ф		•	e private and public			_							
Š													
Ĩ			t of residents and volume to the o										
ove.	2	Check thi	S DOX P II the o	rgariization	aiscontinuea	ns ope		EIVE	טויו וטיג	i e i i i ai	3	115 1161 055615	•
Ğ	3	Number	of voting members	s or the gove	erning body (r	aitivi,	fille_la) ··			: ∶اذ	4		15
S			of independent vot							31	<u> </u>		15
Activities & Governance			nber of individuals			ar 2010	i (⊳ait'A'\\III	e eaizu	19 - 1	<u>ှ</u>	5 6		
Ę			nber of volunteers				نــنــنــنــنــنـــنــا			ڍ ٠ ٠	<u> </u>	<u> </u>	
⋖	7a	lotal unre	elated business rev	venue trom	Part VIII, COIU	imnj(C)	· IIDIĞDI	E!V. U	jΤ.	•	7a		650
	b	Net unrela	ated business taxa	able income	trom Form 9	90- 1,_ II	ne 38			Prior Y	7b	Current Year	
	_				413					Prior 1			
ē	l .		ions and grants (P			•					316,179	2,167,	<u>692</u>
ē			service revenue (P			• • •			_		0		<u></u> c
Revenue			nt income (Part VII								130,543	113,	865
_	I		enue (Part VIII, col					•			130,092	104,	<u>539</u>
			nue-add lines 8 tl					ine 12)			576,814	2,386,	096
	13	Grants ar	nd sımılar amounts	paid (Part	IX, column (A)), lines	1–3)				998,229	2,683,	<u>724</u>
	14	Benefits p	oald to or for mem	ibers (Part I	X, column (A),	, line 4)					0		
S	15	Salaries, c	other compensation	n, employee	benefits (Part	IX, colu	mn (A), lines	5–10)			0		
Expenses	16a	Professio	nal fundraising fee	es (Part IX, d	column (A), Iir	ne 11e)					70,000	44,	000
ç	b .	Total fund	draising expenses	(Part IX, co	lumn (D), line	25) 🕨		48,368					
Ш	17	Other exp	enses (Part IX, co	ılumn (A), lır	nes 11a-11d,	11f-24	e)		<u></u>	_	83,084	54,	905
	18	Total exp	enses. Add lines 1	3-17 (must	equal Part IX	, colum	nn (A), line 2	5) .			1,151,313	2,782,	629
	19	Revenue	less expenses. Su	btract line 1	18 from line 1	2			Ī		(574,499)	(396,5	i33
e s							•	-	Beginn	ıng of Cı	urrent Year	End of Year	
lan	20	Total asse	ets (Part X, line 16))					Ĺ	1.	2,142,435	11,810,	543
Net Assets Fund Balan	21	Total liabi	lities (Part X, line 2	26)							1,412,630	1,477,	271
55	22	Net asset	s or fund balances	s. Subtract	line 21 from li	ne 20				1	0,729,805	10,333,	272
	art II	Signat	ure Block										
		ties of perjur	y, I declare that I have	examined this	return, including	accompa	nying schedule	es and stat	tements,	and to t	he best of r	my knowledge and belief,	, it is
tru	e, correct,	and comple	ete Declaration of prepare	arer (other than	n officer) is based	on all inf	formation of wh	iich prepai	rer has a	ny know	ledge		
		$\overline{}$	MANO	t. Q. t							10	5-23-17	_
Sig	ın	Signa	ture of officer								ite	4) 14	_
He		19	hr: < Yet	12×58	i.n	SOC	SEB (Fin a	100	9	$\mathcal{L}(\mathcal{F}_{\bullet})$, 10-23-19	ŗ
		Type	or print name and title				-, , _	<u>, ,,, ,,</u>		. 1 .		· · · · · · · · ·	
	• .•		pe preparer's name		Preparer's signa	ature			Date		Character 1	PTIN	
Pa											Check [self-emp	<u> </u>	
	eparer				l					F	n's EIN ▶		_
Us	e Only												
Ma	v the IP	Firm's ac	this return with th	ne preparer	shown above	? (see i	instructions)	`			опе по	Yes N	olo
ivid	v 11115 1171	_ uuuuu	I CLUIII VVIII II'		J. 10 1111 GDUVE			,					-

Cat No 11282Y

Form **990** (2018)

01111 33	Page Page	_
Paṛt		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	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 guests.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported	3,
	the total expenses, and revenue, if any, for each program service reported	
42	(Code: 110000) (Expenses \$ 2,669,844 including grants of \$ 2,669,844) (Revenue \$)	_
4a		
	Parks Division grants: Purchase of land to expand Palisades State Park (2,328,821); expansion of the Mickelson Trail (100,000); new visitor center bond	
	payments (Custer State Park = 65,324 and Good Earth State Park = 120,501); completion of new amphitheatre and visitor center	
	at Good Earth State Park (27,787); Archival project at State Game Lodge in Custer State Park (4,487); new scanner and fire relief	
	at Custer State Park (3,541); Ft. Sisseton Historical Park special events and exhibits (4,632); new web cam and bench for Lake	
	Cochran State Park (5614); and new winter sport equipment for use at state parks through the Health Dept grant (9,137).	
41.	(Onder \$10000) (Finance f) \$1,070 including events of f) \$2,070 \ (December 1)	_
4b	(Code: 110000) (Expenses \$ 13,879 including grants of \$ 13,879) (Revenue \$)	
	Wildlife Division grants: Weather cam from High Plains Anglers grant (8,000); provide maintenance on the aquarium at the Outdoor Campus West (5679);	
	and provide funding for bald eagle awareness days (200).	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	-
40	(Code:) (Expenses #	
A &	Other program convece (Decembe in Schodule O.)	-
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,683,723	-
		_



Part	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	1	
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		1
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	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7_	1	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		1
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		✓
e	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	√	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	√	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		√
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		√
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓_
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	ı	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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 '				_
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		
4 -	Enter the number reported in Pay 2 of Form 1006. Enter 0 if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	7	
			990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			اـــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ.,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			اا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓ _
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	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			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		Ť
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
	required to file Form 8282?	76		•
ď	If "Yes," indicate the number of Forms 8282 filed during the year	—— 7е		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			j
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			ļ
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			Ī
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		7
	If "Yes." complete Form 4720, Schedule O.			

Form 9	90 (2018)			Page 6				
Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u>.</u>	. <u>/</u>				
Sect	on A. Governing Body and Management		Г					
			Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year 1a 15	1						
	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.			:				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
_	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_		✓_				
4								
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
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		/				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
а	the year by the following: The governing body?	8a	7	i				
b	Each committee with authority to act on behalf of the governing body?	8b	7	\vdash				
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		/				
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	\					
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	✓					
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,"	100	,					
13	describe in Schedule O how this was done	12c	v					
14	Did the organization have a written document retention and destruction policy?	14	✓					
15	Did the process for determining compensation of the following persons include a review and approval by		_	1				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		✓				
b	Other officers or key employees of the organization	15b		1				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed none							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5)U1(C)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and If so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	# ಆ SI	policy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and red	cords	>					
	Chris Petersen 523 E Capitol Ave, Pierre SD 57501 605-773-4503							

Form **990** (2018)

Part VII	Compensation of Officers, Direct	tors, Trustees	, Key Employees,	Highest Co	ompensated I	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 no	r any relate	d org	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 neck ss pe	rson	e than o is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	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 Gundersen Olson President	4	✓						0	0	
(2) Sarah Larson Vice President	2	1						0	0	
(3) Tom Krafka Secretary/Treasurer	2	1						0	0	
(4) Kathryn Anderson	11	1						0		
(5) Dick D Behl	1	1					-	0		
(6) Spencer Hawley	11	<u>,</u>						0	0	
(7) Dale Jahr	11	<i>,</i>						0	o	
(8) Jack Lynass	11	1								
(9) William May	11	· ·						0	0	
(10) Kevin Nyberg	1	✓						0	0	
(11) Bob Paulson	1	1						0		
(12) Jeff Scherschligt	1	1						0		
(13) Jim Spies	11	✓						0		
(14) Jeff Stingley	1	· /						0		

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/ees			lighe	st C	ompensated E	mployees (co	ntınu	ed)		
	(A) Name and title	(B) Average hours per	bοx,	ot ch unles	Pos eck s pe	(C) isition k more than one lerson is both an director/trustee) (D) Reportable compensation			Reportable compensation	(E) Reportable compensation from	on from amount o		mated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	O)	comp fro orga and	ther ensation the nization related nization	n d
(15)	Pat Wyss	11	~						0		0			0
(16)	Kelly Hepler Ex-officio Member	1	→						0		0			0
(17)	Scott Phillips	1	-						0		0			0
(18)	Ex-officio Member Lindsey Hildebrand	40	•					1	0	20.0	Ť			0
(19)	Former Executive Director Sean Blanchette	40			_			•		38,0				
(20)	Executive Director				✓				0	50,9	58			0
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A	•				> > >	0	89,0	0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w			_	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direct								est compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	50,0	000	? <i>II</i>	"Ye	s, "						
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		/
Secti	on B. Independent Contractors											_		
1	Complete this table for your five highest compensation from the organization. Repyear.	•										anızatıd		ax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
HDR E	Ingineering Inc, PO Box 74008202, Chicago,	IL 60673-82	202						kelson trail exp ign	ansion	-		1(00,000
		<u>-</u> .							<u>-</u>		_			
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed abo	ove) who				

Par	t VIII	Statement of Reve	enue					· · · · · · · · · · · · · · · · · · ·	
		Check if Schedule C	contains a	a res	ponse or note to		Part VIII		<u></u> 🔲
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts	1a	Federated campaigns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[1b					
S, C	С	Fundraising events .		1c	38,358				
E E	d	Related organizations		1d	358,000				
ış,	е	Government grants (cor	′ 1	1e	900,000				
er S	f	All other contributions, g							
혈美		and similar amounts not inc	L	1f	871,334				
ק קר ק	g	Noncash contributions include							
	h_	Total. Add lines 1a-1	f		· · · · · · · · · · · · · · · · · · ·	2,167,692		·	
agu .	_				Business Code				
eve	2a							<u>-</u>	
e E	b								
ڲٙ	C								
နို	d								
ם	e f	All other program ser							
Program Service Revenue	g	Total. Add lines 2a-2				-			
	3	Investment income							
		and other similar amo				113,865			113,865
	4	Income from investmen	t of tax-exen	npt be	ond proceeds ►				
	5	5 1		٠.	▶ [
			(ı) Real		(ii) Personal				
	6a	Gross rents	9	B,760					
	b	Less: rental expenses	4-	4,257					
	С	Rental income or (loss)		4 <u>,503</u>	L				
	d	Net rental income or			>	54,503	54,503		
	7a	Gross amount from sales of	(i) Secuntie	es	(ii) Other				
	_	assets other than inventory							
	b	Less cost or other basis				İ			
	С	and sales expenses . Gain or (loss)							
	d	Net gain or (loss)			•		İ		
	٠	iver gain or (1033) .							
re	8a	Gross income from fu	ındraising						
e e		events (not including \$	38,35	8					
Æ		of contributions reporte							
e		See Part IV, line 18 .		а	67450				
Other Reve	b	Less: direct expenses	.	b	67450				
	С	Net income or (loss) f		_	events >	0			
	9a	Gross income from ga							
		See Part IV, line 19 .							
		Less: direct expenses							
		Net income or (loss) f			vities ▶				
	าบล	Gross sales of in returns and allowance							:
				-					
		Less: cost of goods s Net income or (loss) f		-		255	-	050	<u> </u>
	<u> </u>	Miscellaneous R		HIVE	Business Code	650		650	
	112				110000	42 214			
		USDA CRP payments Outdoor Program Reve			110000	43,214 3211			
		Historical Park event in			110000	2861			
	d	All other revenue .			110000	100			
		Total. Add lines 11a-				49,386			
	12	Total revenue. See in	structions		▶ [2,386,096	54,503	650	113,865

Part IX	Statement of Functional Expenses
---------	----------------------------------

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon				
	et include amounts reported on lines 6b, 7b, o, 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 .	2,683,724	2,683,724		
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 10 11	Other employee benefits				
a	Management				
b	Legal	8267		8267	
С	Accounting	2766		2766	·
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	44,000			44,000
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	2024		2024	
13	Office expenses	3024 942		3024 610	332
14	Information technology	342		010	332
15	Royalties				
16	Occupancy				
17	Travel	3916	1		3916
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	580		580	
20	Interest	7556		7556	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7958		7958	
23	Insurance	995		995	·····
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Special Program Expenses	656		656	
b	Grant Program expenses	15,443		15,443	
c	Trail Development and Repairs	1326		1326	
d					
e	All other expenses	1476		1356	120
25	All other expenses Total functional expenses. Add lines 1 through 24e	2,782,629	2,683,724	50,537	48,368
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 14,823 136,933 2 2 Savings and temporary cash investments . . . 1,534,849 888,225 3 3 Pledges and grants receivable, net 3,274,722 3,286,642 4 4 4330 4783 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 7 8 Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 4,714,839 10b 10c Less: accumulated depreciation 33.840 4,588,228 4,680,999 11 11 Investments—publicly traded securities 2,725,483 2,812,961 12 12 Investments—other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11. 14 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . 16 16 12,142,435 11,810,543 Accounts payable and accrued expenses 17 17 7676 191,684 18 18 Grants payable 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 1,404,954 1,285,587 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 1,412,630 1,477,271 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 292,748 27 355,470 28 28 10,178,742 Temporarily restricted net assets . . . 9,707,612 29 258,315 270,190 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 Total net assets or fund balances . . . 10,729,805 10,333,272 Total liabilities and net assets/fund_balances 34 11.810.543 12.142.435 Form **990** (2018)

FORIII 3	au (2016)			Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· <u>·</u> ···	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,38	36,096
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,78	32,629
3	Revenue less expenses Subtract line 2 from line 1	3		(39	6,533)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,72	29,805
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			
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		10,33	33 <u>,272</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>		
				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," ex	plain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:	`			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			i
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لـــــا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, e.	kplaın ın			
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	I .		_
	the Single Audit Act and OMB Circular A-133?		3a	igwdown	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		۱ ۵.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	iudits.	3b	ليبا	
			Forr	ո 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-0387968 South Dakota Parks and Wildlife Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/s/k of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (ui) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes No (A) South Dakota Department of Game, 358,000 46-6000364 Fish and Parks 6 (B) (C) (D) (E)

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	(-) 0014	(t-) 0045	(-) 0016	(4) 2017	(a) 2019	(0 Tatal
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					/	
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						<u></u>
	on B. Total Support	(1) 0014	#1 0045	(-) 0010	T (4) 0017	(-) 0010	/A Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(sée instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	je organizatior	n's first, secon	d, third, fourth			
Secti	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2018 (fine 6, column (f) divided by line 11, column (f)						
b							
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test. 	" test, check the organizati	this box and on qualifies as	stop here. s a publicly
18	Private foundation. If the organization du instructions						~ ¬

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u> .)</u>	
	on A. Public Support			1			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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					.	
	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				/	ľ	
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	l		,	/		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						İ
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		/				
С 8	Public support. (Subtract line 7c from	-	/-				
0	line 6.)						
Sacti	on B. Total Support	!					
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2014	(5) 2013	(0) 2010	(4) 2017	(6) 2010	(1) 10141
10a	Gross income from interest, dividends,		/				
IVa	payments received on securities loans, rents,		/				
	royalties, and income from similar sources	/					
.	Unrelated business taxable income (less	/					
b	section 511 taxes) from businesses	/					
	acquired after June 30, 1975	/					
_							
	Add lines 10a and 10b	/	-				
11	activities not included in line 10b, whether	/					
	or not the business is regularly carried on	/					
10	• ,	/					
12	Other income. Do not include gain or loss from the sale of capital assets/	ĺ					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for the		's first secon	d third fourth	or fifth tay w	or on a contin	L 501(a)(3)
17	organization, check this box and/stop he	•					
Sacti	on C. Computation of Public Suppor			· · · · ·	· · · ·		
				12 column (fl)		15	
15 16	Public support percentage for 2018 (line 8						
16 Secti	Public support percentage from 2017 Scl				<u> </u>	1 10]	
	on D. Computation of Investment In			ny lina 12 acti	mn (fl)	177	0/
17	Investment income percentage for 2018 (-		17	<u>%</u>
18	Investment income percentage from 2017					18	% and line
19a	331/3% support tests /2018. If the organ 17 is not more than 33/3%, check this box						
	,		-			_	
b	331/3% support tests — 2017. If the organize line 18 is not more than 331/3%, check this						
	mile to is not more yhan 55 /5/0, check this	ook and stop II	ore. The organi	Lanon quannes	as a publicly si	appointed organ	ization 🕨 🔝

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	on A. All Supporting Organizations	ait v	.)	
0001	on A. All Supporting Organizations		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	_		C
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		✓
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.	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		→
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)		<i>m</i> ,	_
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 6		→
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		√
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		_
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		1
b	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		<u> </u>
С	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		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	- Julian	anninna san	194000000

determine whether the organization had excess business holdings.)

10b

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?	11a		1
	A family member of a person described in (a) above?	11b		✓
	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		✓
<u>Secti</u>	on B. Type I Supporting Organizations			
		F	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			l
	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,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Conti	on C. Type II Supporting Organizations			L
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			l .
	J. J. J. J. J. J. J. J. J. J. J. J. J. J		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	✓	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	✓	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		✓
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,		,
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın:	_	
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, how the organization was responsive to those supported organizations, and how the organization determined	;		
	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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	—	
2		20		
3	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			
а	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		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income	iizat	(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	<u> </u>				
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						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 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					
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 prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting	g organization (see			
instructions).						

Part	V Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)		
Sect	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	_	
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.		<u> </u>		
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive		
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014				
С					
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
<u>i</u> _	Carryover from 2013 not applied (see instructions)				
<u>_i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7 ⁻ \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c				
8	Breakdown of line 7.				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

Schedule A (r	orm 990 or 990-EZ) 2018 Page o
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 Sec	tion E: Line 1c
The Founda	ation supported the SD Department of Game, Fish and Parks by raising funds to purchase additional land to expand Palisades
State Park,	provide funds for the expansion of the Mickelson Trail Bike Trail to Mt. Rushmore, and provide funding for the completion of
new visitor	centers and an amphitheatre at two state parks. The Department manages the lands owened by the Foundation for game
production	public recreation and other outdoor recreation and natural resource purposes. The Foundation assists in carrying out
public even	ts that promote and support parks and wildlife education 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.

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

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization South Dakota Parks and Wildlife Foundation Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ✓ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 3 2b 999 Number of conservation easements on a certified historic structure included in (a) . . . 0 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 1 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 500 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Pari							
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of th	e follow	ring that are a sig	nificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchang	ge progr	ams	
b	☐ Scholarly research		e 🗌 Othei	r			
C	☐ Preservation for future generations						
4	Provide a description of the organizat XIII	tion's collections a	and explain how t	hey further	the org	anızatıon's exemp	ot purpose in Part
5	During the year, did the organization						
	assets to be sold to raise funds rather		ined as part of the	e organizat	ion's co	llection?	☐ Yes ☐ No
Pari	IV Escrow and Custodial Arra				•		
	Complete if the organization	answered "Yes"	on Form 990, i	art IV, Ilne	e 9, or i	eported an amo	ount on Form
	990, Part X, line 21. Is the organization an agent, trustee,	oustodian or oth	or intermediany fo	or contribut	tions or	other assets not	
1a	included on Form 990, Part X?					Other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa						
	ii res, explain the arrangement iii r	art Am and comple	te the lonewing to	2010.		Am	ount
С	Beginning balance				1c		
ď	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line 21, for e	scrow or co	ustodial	account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII Check here	of the explanation	n has been	provide	d on Part XIII	<u> </u>
Par							
	Complete if the organization						
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	258,315	239,751	Γ	214,850	220,917	222,491
b	Contributions	125	1,225		1,200	100	1,222
С	Net investment earnings, gains, and						
	losses	16,972	22,484		28,323	(2,009)	1,644
d e	Grants or scholarships Other expenditures for facilities and	0	. 0		- 0	0	0
-	programs	o	0		0	0	0
f	Administrative expenses	5,222	5,145		4,622	4,158	4,440
g	End of year balance	270,190	258,315		239,751	214,850	220,917
2	Provide the estimated percentage of t						
а	Board designated or quasi-endowmer		0%				
b	Permanent endowment ▶	0%	•				
C	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	and adr	ninistered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
_	If "Yes" on line 3a(ii), are the related of	•	•				3b
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip	_	ii s endowinent it	1105.			
rait	Complete if the organization		on Form 990. F	Part IV. line	e 11a. S	See Form 990. P	art X. line 10.
	Description of property	(a) Cost or oth		or other basis		ccumulated	(d) Book value
	Boson phon or property	(investme		ther)		preciation	(-,
1a	Land			4,680,715			4,680,715
b	Buildings						*
С	Leasehold improvements						
d	Equipment			34,125		33,840	285
е	Other						
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	00, Part X, column	(B), line 10)c.)	▶	4,681,000

Part VII	Investments – Other Securities. Complete if the organization answered	"Yes" on For	m 990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)				<u> </u>	
(B)	·				
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments – Program Related.			6 5	000 D 13/1 40
	Complete if the organization answered	"Yes" on For			
	(a) Description of investment		(b) Book value		hod of valuation of-year market value
(1)					
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)	<u>-</u> .				
(5)					
(6)					
(7)					
(8)					
(9)	15 15 100 Dat V 1 (D) Inc. 101 D				
	n) must equal Form 990, Part X, col. (B) line 13) ►				
Part IX	Other Assets.	"Voo" on For	m 000 Port IV line	a 11d Saa Farm	000 Port V line 15
	Complete if the organization answered		in 990, Part IV, Ilii	e 11a. See Follii	(b) Book value
	(a) Descrip				(b) book value
(1)					
(2)					
(3)					
(4)					
(5)		_			<u></u>
(6)		- ·			
(8)					
(9)					
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		.	
Part X	Other Liabilities.				
	Complete if the organization answered	"Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.		•		
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)		<u> </u>			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 25.) ▶				
	uncertain tax positions. In Part XIII, provide the to				
organization's	liability for uncertain tax positions under FIN 48	(ASC 740). Che	ck here if the text of the	ne footnote has beer	n provided in Part XIII

Pari			oer Return.	
	Complete if the organization answered "Yes" on Form 990,		· · · · · ·	
1	Total revenue, gains, and other support per audited financial statements		· 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities		 	
С	Recoveries of prior year grants		→	
d	Other (Describe in Part XIII)	2d	<u> </u>	
е	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			
b	Other (Describe in Part XIII.)	4b		
c			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			s per neturn.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	100		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1	1 1	. 3	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIII.)		\dashv	
b	•		. 4c	
С 5	Add lines 4a and 4b	ne 18)		
	XIII Supplemental Information.	10 7017 1 1 1	. 1 0 1	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1b and	d 2b: Part V. line	e 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
	Line 9: The fair market value of the easements acquired is shown in the year			and
	Line of the lan market value of the case none toquires is shown in the jee.		***************************************	
record	ed as a contribution. In the same year, it is also shown as a reduction in net a	essets to recognize that th	ese easements l	have no
100010	ca as a contabation. In the same year, it is also shown as a readout in necessity			
market	value once severed from the land and held by the Foundation. Easements he	eld by the Foundation are	shown in a foot	note and
	Value office Severed work of thind and find of the severe			
carried	at a zero balance on the statement of financial position.			
99,,,,				
Part V.	Line 4: The intended use of endowment earnings is to provide stable funding	a for operational expense	s for the Founda	tion.
			••	

Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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		······

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising 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.

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

OMB No 1545-0047

Internal Revenue Service **Employer identification number** Name of the organization South Dakota Parks and Wildlife Foundation 46-0387968 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants Mail solicitations а Solicitation of government grants Internet and email solicitations □ Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts custody or control of contributions? (or retained by) organization (ii) Activity from activity fundraiser listed in col (i) Yes No 1 Brown Associates LLP 46,743 661,631 614,888 24866 Rocky Road, Custer SD 57730 | capital camp 2 3 4 5 6 7 8 9 10 **Total** 661,631 46.743 614.888 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.

		0	• •			
		*	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Mickelson trail trek			(add col (a) through col (c))
4			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	114,808			114,808
ш	2	Less: Contributions	-38,358			38,358
	3	Gross income (line 1 minus line 2)	76,450			76,450
	4	Cash prizes	-			
	5	Noncash prizes	_			
enses	6	Rent/facility costs	1596			1596
Direct Expenses	7	Food and beverages	24,370			24,370
Direc	8	Entertainment	787			787
	9	Other direct expenses .	49,697			49,697
	10	Direct expense summary Ad				76,450
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶	0
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue				
ses	2	Cash prizes	· · · · · · · · · · · · · · · · · · ·			
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	v. Subtract line 7 from li	ne 1, column (d)	.	
	a Is	nter the state(s) in which the organization licensed to co	onduct gaming activities	s in each of these state		
10:		ere any of the organization's ga "Yes," explain:	amıng licenses revoked	, suspended, or termin		

Schedu	ule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	s 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:	
а	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:	
	Name ▶`	
	Address ►	
15a	2000 the digamental hard a contract that a time party from the digamental forces garming	
		s 🗌 No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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		s 🗌 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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions.	
	Line 2(b): Expenses reimbursed to the professional fundraiser during the year totalled \$2,743. The payment of contract fees to the contractor on a monthly basis. Fundraising expense reimbursements to the contractor were made through monthly	were
	ursement requests submitted by the contractor that required actual receipts for items purchased or expenses incurred. Mileac	 16
	ursements were made as per a negotiated rate. The contractor was not reimbursed for routine office expenditures.	
,		

, Schedule G (Form 990 or 990-EZ) 2018

SCHEDULEI (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 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No 1545-0047

Open to Public Inspection Employer identification number

► Attach to Form 990.

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

South Dakota Parks and Wildlife Foundation Part I General Information on Grants and Assista	undation τ on Grants and	Assistance					46-0387968
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	ain records to substants award the grants inzation's procedur	stantiate the amor or assistance? es for monitoring	unt of the grants or	assistance, the g	rantees' eligibility for	ne amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and nce? nitoring the use of grant funds in the United States.	ce, and
Part II Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm Il can be duplica	Organizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization ansvoace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) South Dakota Department of							
Game, Fish and Parks (2)	46-6000364	170(b)(1)(A)v	2,683,723		book		manage parks & wildlife
(3)							
						į	
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	n 501(c)(3) and gov	vernment organiza	organizations listed in the line 1 table	ine 1 table			
For Paperwork Reduction Act Notice, see the instructions for Form 990.	see the Instruction	s for Form 990.			Cat No 50055P		Schedule I (Form 990) (2018)

Schedule I (Fo	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	nestic Individua l space is needed.	is. Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, 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						
ო						
4						
ιO						
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	quired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Part I, Line 2:	2:					
The Found	The Foundation provides funding for actual expenditures incurred on behalf of the SD Department of Game, Fish and Parks to support the maintenance and improvement of state parks,	incurred on behalf o	of the SD Department	of Game, Fish and Parl	cs to support the maintenanc	e and improvement of state parks,
manageme	management of wildlife, and to assist the state in maintaining the Outdoor Campuses for public enjoyment. The Foundation raised funding to purchase additional land which was then	ning the Outdoor Ca	mpuses for public en	oyment. The Founda	tion raised funding to purcha	se additional land which was then
deeded ove	deeded over the Department of Game, Fish and Parks for Palisades State Park and provided funding to expand the Mickelson Trail bike trail to Mt. Rushmore	Palisades State Park	k and provided fundin	g to expand the Mickel	son Trail bike trail to Mt. Rus	hmore.
						Control Many Mile

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

46-0387968 South Dakota Parks and Wildlife Foundation Form 990: Part VI - Section A Line 9 Mailing Addresses Karen Gunderson Olson 6241 Chokecherry Lane, Rapid City SD 57702 206 West 14th Street, Sioux Falls SD 57101 Sarah Larson Tom Krafka 1425 Sammis Trail, Rapid City SD 57702 Kathryn Anderson 4501 S Duluth Ave, Sioux Falls SD 57105 Dick Behl PO Box 367, Scotland SD 57059 Spencer Hawley 1215 W 8th Street South, Brookings SD 57006 1013 W Killarney Street, Sioux Falls SD 57108 Dale Jahr Jack Lynass 840 Mt. Rushmore Road, Rapid City SD 57701 William May 6185 Magic Canyon Road, Rapid City SD 57701 Kevin Nyberg 5116 Twinleaf Drive, Sioux Falls SD 57108 Bob Paulson 8100 Sheridan Lake Road, Rapid City SD 57702 Jeff Scherschligt 300 N Cherapa Place Suite 601, Sioux Falls SD 57103 466 South Lake Drive, Watertown SD 57201 Jim Spies Jeff Stingley 1901 West Grand Point Circle, Sioux Falls SD 57108 Pat Wyss 728 Sixth Street, Rapid City SD 57701 Kelly Hepler Foss Bldg, 523 E Capitol Ave, Pierre SD 57501 Scott Phillips 16117 W RiverView Road, New Underwood SD 57761 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.

SCHEDULE R (Form 990)

Name of the organization

South Dakota Parks and Wildlife Foundation

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

46-0387968

(f)
Direct controlling
entity

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

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. (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) Primary activity (4) (a)
Name, address, and EIN (if applicable) of disregarded entity (9) Partl Part II 0 Ξ

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
						Yes	No
(1)South Dakota Deparment of Game, Fish and Parks	managa narke(wildlife	South Dakota	(^)(\\)(\\)(\\)(\\)	y	6/4		,
(2)							
(3)							
(4)							
(9)							
(9)							
(1)		•					
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat N	Cat No 50135Y		Schedule R (Form 990) 2019	Form 990)	2019

(k) Percentage ownership 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. (J) General or managing partner? Yes No (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) (h)
Share of end-of- Disproportionate year assets allocations? Yes No (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (d)
| Direct controlling | (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization (5) Part III € 9 Ξ (2) (9) Ξ

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization are line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ations Taxable as a related organization	le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, nizations treated as a corporation or trust during the tax year.	Trust. Comple	ete if the organiz	ation answ ax year.	rered "Yes" on	Form 990,	Part IV,	
Nаme	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(h) (h) Share of end-of-year assets ownership	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(b)(13)
									Yes	2
(1)	(1)									
(2)										
(3)	(6)									
(4)	(6)									
(2)										
(9)										
(2)	(2)							,		

Schedule R (Form 990) 2019

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019

Part V Transactio

Mades Complete line 4 to man another in listed in Bude II II an IV of this cohead it				×	NA NA	1.
Note: Complete line it if any entity is listed in Parts it, in, or iv or time sociedates. 1. During the tay year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II_IN?	r more related organ	erections listed in Darts		2	Щ.	. ["
				,	<u> </u>	"
				<u> </u>	>	1
b Gift, grant, or capital contribution to related organization(s)				1 1		1
c Gift, grant, or capital contribution from related organization(s)			•	10 /	,	1
d Loans or loan guarantees to or for related organization(s)			•	7 PL		
e Loans or loan guarantees by related organization(s)				1e	>	1.
					-	-
f Dividends from related organization(s)						٦.
	•				<u> </u>	1
				19	>	1
h Purchase of assets from related organization(s)				두	>	. 1
i Exchange of assets with related organization(s)			•	-	<u> </u>	
j Lease of facilities, equipment, or other assets to related organization(s)			•	=	>	١.
k Lease of facilities, equipment, or other assets from related organization(s)				+ +	>	1.
Performance of services or membership or fundraising s	•	•	· · ·	=		1
m Deformance of services or membership or fundraisms coloritations by related organizations (v)	•		· ·	- E		1
			•			١
				ב ב		١
o Sharing of paid employees with related organization(s)				10		r
			-			7
p Reimbursement paid to related organization(s) for expenses				1p 🗸	_	
q Reimbursement paid by related organization(s) for expenses				^ b[
r Other transfer of cash or property to related organization(s)				 ÷	<u> </u>	١.
				. 4	<u> </u>	L
,				2	> -	ı
z 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	iding covered relation	iships and transactio	on thresh	Solds.	- [
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	amount in	volved	
	type (a-s)					
(1) South Dakota Department of Game. Fish and Parks	ء	2 683 7	4067			1
						I
(2) South Dakota Department of Game, Fish and Parks	U	358,000	cash			- 1
(3) South Debate Department of Game Fich and Darbs	(000				
(5) South Danota Depai unent of Game, rish and rarks	0	89,008	Casu			
(4)						I
(5)						ı
			Schedule R (Form 990) 2019	(Form 9	90) 2018	10

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.

m6::					indicate made a reconstruction of the contract					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	Code V—UBI		(k) Percentage
		(state of foreign country)	income (related, unrelated, excluded from tax under	secuon 501(c)(3) organizations?			allocations	of Schedule K-1 (Form 1065)	managing partner?	ownersnip
			sections 512-514)	Yes No			Yes No		Yes No	
(1)							_			
(2)						1				
(3)										
(4)										
(5)										į
(9)					-					
(7)										
(8)										
(6)										
(10)		ļ								
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2019

Schedule R ((Form 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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