	Federal Filing Instructions	2018				
Name as shown on return Tax ID Number GLACIAL LAKES AND PRAIRIES TOURISM 23-7415332						
Date to file by:	02-18-2020					
Form to be filed:	Form 990 and supplemental forms and	schedules				
Sign and date:	An officer must sign and date Form on page 1.	990				
Address to file:	If you are not e-filing, mail to:					
Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027						
Refund:	Neither a refund nor a balance due					
Other instructions: If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.						

Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

FOIII					•					2018
), 527, or 4947(a)(1) of the Interr ter social security numbers on		· ·	•	ions)	-	Open to Public
		he Treasury le Service		ww.irs.gov/Form990 for instruc			•			Inspection
			ar year, or tax year begini			1 , 2018, and en		09-	-30	,2019
										bloyer identification no.
	Address cl	hange	Doing business as						-	415332
	Name cha	inge	Number and street (or P.O. box	(if mail is not delivered to street address)			Room/suite	E	Tele	phone number
	nitial retur	rn	PO BOX 244						(605	5)886-7305
<u> </u>	Final retur	n/terminated	City or town, state or province,	country, and ZIP or foreign postal code				G	Gros	ss receipts
<u> </u>	Amended	return	WATERTOWN, SD 5	57201					\$	269,845
	Applicatior	n pending	F Name and address of principal	officer: RHONDA SMITH			H(a) Is this a group	return for	subordin	ates? Yes X No
			SAME AS C ABOVE				H(b) Are all subo	rdinates	include	d? Yes No
	Tax-exemp		501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or	5	527				e instructions)
	Website:		SDGLACIALLAKES.C				H(c) Group exe			
Ра		rganization: X		ociation Other	L	Year of formation: 1	963 M State	of legal	domicil	e: SD
га				on or most significant activities:	TO D					
		-	-	on or most significant activities:	TO P	ROMOTE TOURI	SM IN THE D	IORTH	IEAS:	r south
e		DAKOTA RI	EGION							
Activities & Governance										
err										
Š		Check this bo		discontinued its operations or dis					I	
∞ ∞			а а					3		15
es			1 0	s of the governing body (Part VI, li	'			4		15
viti				calendar year 2018 (Part V, line 2	2a)			5		6
vcti	6	Total number	of volunteers (estimate if n	ecessary) • • • • • • • • • • • • • • • • • • •				6		
4	7a	Total unrelate	ed business revenue from F	Part VIII, column (C), line 12 .				7a		0
	b	Net unrelated	d business taxable income	from Form 990-T, line 38 ••		<u></u>		7b		0
							Prior Year			Current Year
	8	Contributions	and grants (Part VIII, line	1h)			143	,619		142,074
an	9	9 Program service revenue (Part VIII, line 2g)								127,229
Revenue	10	Investment ir	ncome (Part VIII, column (A	.), lines 3, 4, and 7d) • • • • •				15	15	
Re	11	Other revenu	ie (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)		[566		528
	12	Total revenue	e - add lines 8 through 11 (r	nust equal Part VIII, column (A), I	line 12)		274	,431		269,845
				X, column (A), lines 1-3)				-		0
	14	Benefits paid	to or for members (Part IX	, column (A), line 4)		[0
				e benefits (Part IX, column (A), lin	es 5-10)	[116	,021	1 117,59	
ses				olumn (A), line 11e)		[-			0
Expense	b		sing expenses (Part IX, colu			0				
Ä	17		ses (Part IX, column (A), lin				175	,895		159,335
_		•	· · · · · · · · · · · · · · · · · · ·	equal Part IX, column (A), line 25))	[,916		276,928
	19		,	18 from line 12	,	[,485		(7,083)
- 2							Beginning of Curren		/	End of Year
ets o	20	Total assets ((Part X, line 16)			[,221		187,652
Asse	21		s (Part X, line 26)					,268		110,782
Net Assets or	22		fund balances. Subtract li	ne 21 from line 20 • • • • • •				, <u>200</u>	1	76,870
	rt II		re Block				00	,,,,,,		/0,0/0
				n, including accompanying schedules and s	statements,	and to the best of my kn	owledge and belief, it	is		
true,	correct, a	and complete. Dec	claration of preparer (other than offi	cer) is based on all information of which pre	eparer has a	any knowledge.	-			
		DUON	DA SMITH							
Sig	n		e of officer					Date		
Her	e	BHOM	רייינוסיצים באדייט אר	TE DIRECTOR						
	-		DA SMITH, EXECUTIV	VE DIRECIUR						
		1 .		Dreneverle eier -t		Date				;
Pai	Ч	Print/Type pre		Preparer's signature			Check			100000
	parer		ersma CPA			03-17-2021	self-employ	ed	P0:	1078736
	e Only		Ledgers				Firm's EIN			
USE	Juny	Firm's address		-			Phone no.			
				n SD 57201				05-88		
				own above? (see instructions)				• • •	• • •	
For	Paperw	ork Reductio	on Act Notice, see the sep	parate instructions.						Form 990 (2018)

	990 (2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION	23-7415332	Page 2
Pai			
	Check if Schedule O contains a response or note to any line in this Part III		••••
1	Briefly describe the organization's mission:		
Part 1 E 1 2 2 4 4 4 4 4 4 4 4 4 4 4	TO PROMOTE TOURISM IN THE NORTHEAST SOUTH DAKOTA REGION		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ũ	services?	🗌 Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l	vo	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	-	
	the total expenses, and revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 242,825 including grants of \$) (Revenue	\$)
	ATTEND AND HOST TRAVEL SHOWS AND DISTRIBUTE STATE AND REGIONAL TOURISM PUBLICA		/
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 242,825	·	

Form 990 (2	2018)	GLACIAL	LAKES	AND	PRAIRIES	TOURISM	ASSOCIATION
Part IV	Checklist of	Required	I Scheo	dules	i		

			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	103	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	21	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	441		37
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	IIC		
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u></u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
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		Х
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		<u>X</u>
20 a س	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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		Х
			00 (20	

Form	990 (2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION 23-7415	332	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	· 22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	· 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	- 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· 24b		<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	- 24d		<u> </u>
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		<u> </u>
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		X
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			37
~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
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):			37
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	· 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	206		v
•	Schedule L, Part IV	- 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		v
29	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	- 28c - 29		X X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 29		
30	conservation contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization requidate, enhance, or dissolve and cease operations: <i>in Test, complete Schedule N, ran in Test</i> , Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II	. 32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 21
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•.	or IV, and Part V, line 1	. 34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		х
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		
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		Х
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	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	X	

Form	990 (2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION 23-74153	32	F	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
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			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 	120		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2018)	
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	1 990 (2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION 23-74153		F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	Vo″		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
-	Check if Schedule O contains a response or note to any line in this Part VI			• X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ū		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		Х
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? <i>If "No," go to line 13</i>	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	12.0		
Ŭ	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a		v
a b	Other officers or key employees of the organization	15a 15b		X X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		Λ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Toa	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466		
Soc	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website I Upon request Other (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
22	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RHONDA SMITH (605)886-7305, PO BOX 244, WATERTOWN, SD 57201			

Form 990 (20		23-7415332	Page 7					
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

					(C)					
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) LAURIE SHELTON PAST PRESIDENT	2.00_	x						0	0	0
(2) CASEY WEISMANTEL	2.00									
PRESIDENT		Х						0	0	0
(3) JERRY GLATT	2.0_0	x						0	0	0
(4) LINDSEY KIMBER TREASURER	2.00_	x						0	0	0
(5) JAY DELANGE ADVISOR	2.00_	x						0	0	0
(6) LEE GABEL DIRECTOR	1.00_	x						0		0
(7) RANDY GRIMSLEY DIRECTOR	1.00_	x						0		0
(8) LAURA CARBONNEAU DIRECTOR	1.00_	x						0		0
(9) JULIE KNUTSON DIRECTOR	1.00_	x						0	0	0
(10)MIKE_KNUTSON DIRECTOR	1.00_	x						0	0	0
(11)ANN LESCH DIRECTOR	1.00_	x						0		0
(12)BEVERLY NOYES-HANSON DIRECTOR	1.00_	x						0	0	0
(13)VAL RAUSCH DIRECTOR	1.00_	x						0		0
(14)DUSTY RODIEK DIRECTOR	1.00_	x						0		0

Form 990 (2018) GLACIAL LAKES AND 1	PRAIRIES	TOUR	ISM	1 A	SSC	CIAT	IOL	N	23-74153	332	P	age 8
Part VII Section A. Officers, Directors, Trustees,	Key Employe	es, ar	nd Hi	ighe	st C	Compe	ensa	ted Employees (c	ontinued)			
				(C								
(A)	(B)			Posi				(D)	(E)		(F)	
		· ·				an one				-		
Name and title	Average					both an		Reportable	Reportable		stimated	
	hours per week (list any	office	r and	a dire	ctor/t	trustee)		compensation from	compensation from related	ar	mount of other	
	hours for	9 5	=	0	x	фт	Л	the	organizations	com	npensatio	'n
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensat employee	Former	organization	(W-2/1099-MISC)		from the	~~~
	organizations	ecto	utio	4	dute	est oye	ēr	(W-2/1099-MISC)	(11 2/1000 11100)		ganizatio	n
	below dotted	ort	nal		loy	e on		(,			nd related	
	line)	Jste	trus		ee	lpe				org	anization	IS
		ě	stee			nsa				_		
						ted						
(15)LISA_SALL	1.00											
DIRECTOR		x						o	0			0
								0	0			
(16)GLENN HAGEN	L											
HONORARY BOARD MEMBER		X						0	0			0
	+	37							_			-
HONORARY BOARD MEMBER		X						0	0			0
(18)MICHAEL WIESE	L									1		
HONORARY BOARD MEMBER		X						o	0	1		0
	40.00							ů	v			<u> </u>
(19)RHONDA SMITH	40.00											
EXECUTIVE DIRECTOR				Х				58,338	0			0
<u>(20)</u>												
÷ -´												
(0.1)												
<u>(21)</u>	L											
(22)												
(22)	+											
<u>(23)</u>												
	F											
(0.4)												
<u>(24)</u>												
<u>(25)</u>												
<u>·</u> <u>·</u> ·	+											
1b Sub-total · · · · · · · · · · · · · · · · · · ·		• • •	•••	•••	• •							
c Total from continuation sheets to Part VII, Sectio	n A											
d Total (add lines 1b and 1c)								58,338	0			0
							t		•			
2 Total number of individuals (including but not limited	to those liste	u abov	e) w	non	ecei	veu m	orei	nan \$100,000 oi				
reportable compensation from the organization									0			
											Yes	No
3 Did the organization list any former officer, director,	or trustee ke	v emp	امروم	a or	hiał	nest co	mne	neated				
			-		-					-		
employee on line 1a? If "Yes," complete Schedule J										3		X
4 For any individual listed on line 1a, is the sum of rep	ortable comp	ensatio	on ar	nd of	her	compe	ensa	tion from the				
organization and related organizations greater than	\$150 000? /f	"Yes "	com	plete	Sc	hedule	J fr	or such				
												v
individual • • • • • • • • • • • • • • • • • • •							• •			4		X
5 Did any person listed on line 1a receive or accrue co	ompensation	from a	ny ur	nrela	ted	organi	zatio	on or individual				
for services rendered to the organization? If "Yes," c	omplete Sch	edule J	for s	such	per	rson				5		Х
Section B. Independent Contractors										•		
•	and the stress of the							# #400.000	-6			
1 Complete this table for your five highest compensate												
compensation from the organization. Report comper	nsation for the	e calen	dar y	year	end	ling wit	th or	within the organization	ation's tax			
year.								-				
· · · ·									I		(0)	
(A)								(B)			(C)	
Name and business address								Description of s	services	Comp	pensatior	1
								1				

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

		Check if Schedule O contains a response or n	ote to any line in this	Part VIII •••			[]
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a			Tevende		012 014
ants	b	Membership dues • • • • • • • • • • • • • • • • • • •	59,324				
ng Gr	c	Fundraising events	557521				
ffts, r Ai	d	Related organizations ••••••• 1d					
nila G	e	Government grants (contributions) · · 1e	82,750				
r Silons	f	All other contributions, gifts, grants,	027750				
but	-	and similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
a C	h	Total. Add lines 1a-1f		142,074			
			Business Code				
nue	2a	ADVERTISING NET OF DISC	511120	118,429	118,429		
leve		TRAVEL SHOW INCOME	519100	8,800	8,800		
ice F	с				_		
Servi	d						
am	е						
Program Service Revenue	f	All other program service revenue					
۵.	g	Total. Add lines 2a-2f		127,229			
	3	Investment income (including dividends, interest,					
		and other similar amounts) • • • • • • • • • •		14	14		
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses • • • •					
		Rental income or (loss) • • •					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
	_	and sales expenses					
Ð		Net gain or (loss)					
enue	oa	events (not including \$					
Seve		of contributions reported on line 1c).					
Other Reve		See Part IV, line 18 · · · · · · · · · a					
Gth	b	Less: direct expenses b					
U		Net income or (loss) from fundraising events					
		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold $\cdots \cdots b$					
	c	Net income or (loss) from sales of inventory •••					
		Miscellaneous Revenue	Business Code				
	11a	FINANCE CHARGE INCOME	519100	28	28		
	b	MISCELLANEOUS INCOME	519100	500	500		
	C.						
		All other revenue					
		Total. Add lines 11a-11d		528	108 851		
	12	Total revenue. See instructions		269,845	127,771	0	0

Form 990 (2018)

Part VIII

EEA

GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION 23-7415332 Page 9 Statement of Revenue Control of the second s

Form **990** (2018)

(2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a response or note to a	any line in this Part IX			[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)	
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
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	Benefits paid to or for members • • • • • • • • • • • • •					
5	Compensation of current officers, directors,					
	trustees, and key employees	58,338	46,670	11,668		
6	Compensation not included above, to disqualified			•		
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	33,146	26,517	6,629		
8	Pension plan accruals and contributions (include			• -		
	section 401(k) and 403(b) employer contributions)	2,615	2,092	523		
9	Other employee benefits	16,323	13,058	3,265		
10	Payroll taxes	7,171	5,737	1,434		
11	Fees for services (non-employees):	-	-	-		
а	Management • • • • • • • • • • • • • • • • • • •					
b	Legal • • • • • • • • • • • • • • • • • • •					
С	Accounting	8,296		8,296		
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17 .					
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	30,744	30,744			
13	Office expenses	13,028	10,914	2,114		
14	Information technology	5,100	5,100			
15	Royalties • • • • • • • • • • • • • • • • • • •					
16	Occupancy · · · · · · · · · · · · · · · · · · ·	5,343	5,343			
17	Travel	7,622	7,622			
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	2,294	2,294			
20						
21	Payments to affiliates					
22	Depreciation, depletion, and amortization •••••	5,395	5,395			
23		1,920	1,920			
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.)					
•		66,602	66,602			
a b	TOURISM PUBLICATIONS EXPENSE	66,693	66,693			
b c	TRAVEL SHOWS	12,356	12,356			
d	DUES AND SUBSCRIPTIONS MISCELLANEOUS EXPENSES	370 174	370	174		
u e	All other expenses	1/4		1/4		
25	Total functional expenses. Add lines 1 through 24e	276,928	242,825	34,103	0	
26	Joint costs. Complete this line only if the	2101920	272,023	547105		
	organization reported in column (B) joint costs					
	from a combined educational campaign and fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)					

Net Assets or Fund Balances

Prepaid expenses and deferred charges	1,926	9	
Land, buildings, and equipment: cost or			
other basis. Complete Part VI of Schedule D 10a 94,501			
Less: accumulated depreciation ••••••• 10b 71,846	28,050	10c	
Investments - publicly traded securities		11	
Investments - other securities. See Part IV, line 11		12	
Investments - program-related. See Part IV, line 11		13	
Intangible assets		14	
Other assets. See Part IV, line 11		15	
Total assets. Add lines 1 through 15 (must equal line 34)	235,221	16	
Accounts payable and accrued expenses	260	17	
Grants payable • • • • • • • • • • • • • • • • • • •		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to current and former officers, directors,			
trustees, key employees, highest compensated employees, and			
disqualified persons. Complete Part II of Schedule L		22	
Secured mortgages and notes payable to unrelated third parties	1,166	23	
Unsecured notes and loans payable to unrelated third parties		24	
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D · · · · · · · · · · · · · · · · · ·	149,842	25	
Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · · ·	151,268	26	
Organizations that follow SFAS 117 (ASC 958), check here			
complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	83,953	27	
Temporarily restricted net assets		28	
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here			
complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
Paid-in or capital surplus, or land, building, or equipment fund		31	
Retained earnings, endowment, accumulated income, or other funds		32	
Total net assets or fund balances	83,953	33	
Total liabilities and net assets/fund balances	235,221	34	

Form 990 (2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION Part X

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable. net

Complete Part II of Schedule L

organizations (see instructions). Complete Part II of Schedule L

.

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.

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

23-7415332

1

2

3

4

5

6 7

8

(A)

Beginning of year

198,566

6,679

Page 11

(B)

End of year

157,979

5,042

1,976

22,655

187,652

3,569

599

106,614

110,782

76,870

Cash - non-interest-bearing

Notes and loans receivable, net

Inventories for sale or use

Bulunee oncer	
Check if Schedule O contains a resp	onse or note to any line in this Part X

Balance Sheet

1

2

3

4

5

6

7

8

9

10a

b Less:

11

12

13

14

15

16

17

18

19

20

21

22

23

24 25

26

27

28

29

30

31

32

33

34

-iabilities

Assets

187,652 Form 990 (2018)

76,870

Form	990 (2018) GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION	23-74	15332		Pa	age 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					· 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	· 1		2	269,8	345
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		2	276,9	928
3	Revenue less expenses. Subtract line 2 from line 1	. 3			(7,	083)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4			83,9	953
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				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B)) ••••••••••••••••••••••••••••••••••	. 10			76,8	370
Par	rt 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," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· · · [2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Ī			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · · [2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in		Ē			
	Schedule O.					
3a	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		Х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		F			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA					990 (2	2018)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

2018

Name of the of	organization
----------------	--------------

	Employer identification number
CIATION	23-7415332

GLACIAL	LAKES	AND	PRAIRIES	TOURISM	ASSOC
Organizatio	on type (o	check (one):		

Filers of:	Section:
Form 990 or 990-EZ	501(c)(6) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

\$

Name of organization

_

Page **2**

~ ~					
GLACIAL	LAKES	AND	PRAIRIES	TOURISM	ASSOCIATION

Employer identification number 23-7415332

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTH DAKOTA DEPT OF TOURISM 711 EAST WELLS AVENUE PIERRE, SD 57501	\$80,000	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCH	IEDULE D	Supplemental Financial Statements	S		ļ	OMB No. 1545-0047				
(Fo	m 990)	Complete if the organization answered "Yes" on Form	2018							
			rt IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							
•	ment of the Treasury	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest info				Open to Public				
Interna	vor identifie	Inspection ation number								
	of the organization ACTAL LAKES	S AND PRAIRIES TOURISM ASSOCIATION			3-7415					
Pa		ions Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts							
		if the organization answered "Yes" on Form 990, Part IV, line 6.								
		(a) Donor advised funds		(b)	Funds and ot	her accounts				
1	Total number at end	d of year ••••••								
2		contributions to (during year) ·								
3		grants from (during year)								
4										
5	•	n inform all donors and donor advisors in writing that the assets held in donor advis ization's property, subject to the organization's exclusive legal control?	ea 			· · · · Yes · · No				
6	-	n inform all grantees, donors, and donor advisors in writing that grant funds can be			••••					
Ũ	•	purposes and not for the benefit of the donor or donor advisor, or for any other purpo								
		ssible private benefit?				🗌 Yes 🗌 No				
Pa	t II Conserv	vation Easements.								
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).								
		land for public use (e.g., recreation or education)	•	•		a				
	Protection of na		ertified histo	oric stru	ucture					
•	Preservation of									
2		hrough 2d if the organization held a qualified conservation contribution in the form of the tay user.	of a consei		Uold of th	e End of the Tax Year				
а		st day of the tax year. nservation easements		2a						
b		cted by conservation easements		2b						
c	-	ation easements on a certified historic structure included in (a)		2c						
d	Number of conserv	ation easements included in (c) acquired after 7/25/06, and not on a	F							
	historic structure lis	ted in the National Register	[2d						
3	Number of conserv	ation easements modified, transferred, released, extinguished, or terminated by the	e organizat	ion dur	ing the					
	tax year									
4		here property subject to conservation easement is located								
5	-	ion have a written policy regarding the periodic monitoring, inspection, handling of								
6	,	rcement of the conservation easements it holds?			•••••	••• Ves INo				
6	Stall and volunteer	nous devoted to monitoring, inspecting, nanding of violations, and enforcing cons	ervationea	asemer	its during	ule year				
7	Amount of expense	— is incurred in monitoring, inspecting, handling of violations, and enforcing conserva	tion easem	nents d	urina the v	/ear				
	\$				5,					
8	Does each conserv	ation easement reported on line 2(d) above satisfy the requirements of section 170)(h)(4)(B)(i))						
	and section 170(h)	(4)(B)(ii)?				••• 🗌 Yes 🗌 No				
9	In Part XIII, describ	e how the organization reports conservation easements in its revenue and expense	e statemen	it, and						
		include, if applicable, the text of the footnote to the organization's financial stateme	ents that de	escribes	s the					
Da		unting for conservation easements. zations Maintaining Collections of Art, Historical Treasures,	or Othe	r Sin	nilar Ae	ente				
Fa		e if the organization answered "Yes" on Form 990, Part IV, line 8.	or othe	51 311		3613.				
1a		elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue staten	ment and b	alance	sheet					
		cal treasures, or other similar assets held for public exhibition, education, or research								
		ide, in Part XIII, the text of the footnote to its financial statements that describes the								
b	If the organization e	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	t and balar	nce she	et					
	works of art, histori	cal treasures, or other similar assets held for public exhibition, education, or research	ch in furthe	erance	of					
	• •	ide the following amounts relating to these items:								
		ded on Form 990, Part VIII, line 1			- \$_					
-	• •	d in Form 990, Part X								
2	-	eceived or held works of art, historical treasures, or other similar assets for financia	al gain, pro	vide the	e					
-		equired to be reported under SFAS 116 (ASC 958) relating to these items: on Form 990, Part VIII, line 1			. ¢					
a b		Form 990, Part VIII, line 1			-					
		on Act Notice, see the Instructions for Form 990.				Schedule D (Form 990) 2018				

For Paperwork	Reduction A	ct Notice,	see the	Instructions	IOL

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) I using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):		Ile D (Form 990) 2018 GLACIAL LAKES A					_	23-74153		Page 2
control of the c	Par	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tre	asures, o	r Othe	er Similar Asse	ts (cont	tinued)
a	3	Using the organization's acquisition, accession, a	and other records, cl	heck any of th	he followin	g that are a s	significar	nt use of its		
b Scholarly research • Charles c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization ansilet or receive donations of art, historical treasures, or other similar assets to be sold to rate funds rather than to be maintained as part of the organization's collection? Ives No PartIV Exercise and Custofial Arrangements. Complete (If the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent, trustee, custofian or other intermediaty for contributions or other assets not include on form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Amount 16 1d Id Id Id Id Id 1d Id id Id Id Id Id Id 1d Did the organization include an amount on Form 990, Part X, line 21, for excretow or custofial account tability? Ives No 1d Did the organization include an amount on Form 990, Part X, line 24, for excretow or custofial account tability? Ives No 1d Modifiens during the year 16 Id <t< th=""><th></th><th>collection items (check all that apply):</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		collection items (check all that apply):								
C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's eventy purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be coll for all outset after than to be maintained as part of the organization's collection's collect	а	Public exhibition	d 🗌 Loa	an or exchang	ge progran	ns				
4. Provide a description of the organization's collections and explain how they turther the organization's exempt purpose in Part XiII. 5. During the year, did the organization solutor to be maintained as part of the organization's collection?	b	Scholarly research	_							
4. Provide a description of the organization's collections and explain how they turther the organization's exempt purpose in Part XiII. 5. During the year, did the organization solutor to be maintained as part of the organization's collection?	с	Preservation for future generations								
Nil. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be acid to raise funds rather them to be maintained as part of the organization's collection? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. If is the organization an agent trustee, custodial arrother intermediaty for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization and custom or the intermediaty for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization and custom or the intermediaty for contributions or other assets not include an amount on Form 990, Part X, line 21, for score or custodial account liability? Image: Complete if the organization nameunt on Form 990, Part X, line 21, for score or custodial account liability? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 0. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ta Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ta Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ta Beginning of year balance Image: Complete	4		tions and explain ho	w they furthe	r the orgar	nization's exe	empt pur	pose in Part		
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included on Form 390, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning belance 10 d Additions during the year 10 e Distributions during the year 10 f Ending balance 10 d Distributions during the year 10 f Ending balance 10 d Distributions during the year 10 d Distributions during the year 10 Distributions during the year 11 10 d Distributions during the year 10 11 Distributions during the year 10 11 11 d Distributions during the year 10 10 Part V Endowment Funds. 10 10 10 f Beginning of year balance 10 10 10 10 f Aministrative expenses 10 10 10 10 10 f Aministrative expenses 10 10 10 10										
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1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions e Other expenditures for facilities and programs Image: Contributions Image: Contributions Image: Contributions f Administrative expenses Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Image: Contributions Image: Contrite the contributions Image: C									(1) 5-11-1	
b Contributions	10	Paginning of year balance	(a) Current year	(D) Prior	year	(c) Two years	раск	(d) Three years back	(e) Foury	years back
c Net investment earnings, gains, and losses										
Iosses Grants or scholarships	u									
d Grants or scholarships	C	• •								
e Other expenditures for facilities and programs										
programs	a	·								
f Administrative expenses	е									
g End of year balance										
a Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Temporarily restricted endowment% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) unrelated organizations	t									
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(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (a) East or other basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other • 94,501 • 71,846										Yes No
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land Land Land Land Land Land b Buildings Land Land Land Land Land Land c Leasehold improvements Leasehold improvements Land Land Land Land d Equipment Land	b		•		R? • • •			• • • • • • • • • •	3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			/	ent funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par			F 00			0	E 000 B		10
Image: Non-Street of the street of		Complete if the organization ar	iswered "Yes" o	n Form 99	0, Part I	V, line 11a	a. See	Form 990, Parl	X, line	10.
1a Land		Description of property			• •		• •		(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other			(investm	ient)	(ot	her)	de	preciation		
c Leasehold improvements d Equipment 94,501 71,846 22,655	1a	Land	· · ·							
d Equipment	b	Buildings	· · ·							
e Other	С	Leasehold improvements								
	d	Equipment								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other ••••••••••••••••••••••••••••••••••••	B · ·			94,501		71,846		22,655
	Total	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X,	column (B), I	ine 10c.)					22,655

Schedule D (Form		ND PRAIRIES TOURISM	ASSOCIATION	23-7415332	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. Se	e Form 990, Part X, lir	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation: r end-of-year market value	
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	d "Yes" on Form 990 P:	art IV line 11c. Se	e Form 990 Part X lin	ne 13
	(a) Description of investment	(b) Book value		 c) Method of valuation: r end-of-year market value 	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. Se	e Form 990, Part X, lir	ne 15.
	(a) D	escription		(b) Bool	k value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11e or 1	11f. See Form 990, Pa	rt X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal i	ncome taxes				
(2) PAYRO	LL LIABILITIES	1,923	3		
	MER PREPAYMENTS	103,719			
	ED VACATION	972			
(5)			-		
(6)					
(7)					
(8)					
(0)					
	much could Form 000. Part V. col. (P) line 05.	100 01	4		
	must equal Form 990, Part X, col. (B) line 25.)	106,614		into that range to the	
 ∠. Liability for 	uncertain tax positions. In Part XIII, provide the text	i or the roothote to the organiza	auon's financial stateme	ants that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII • • • • • •

-		3-7415332	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	269,845
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	269,845
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	269,845
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	276,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	276,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	276,928
	rt XIII Supplemental Information.		=/0//

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

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

Complete to provide information for responses to specific questions o 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

Employer identification number

GLACIAL LAKES AND PRAIRIES TOURISM ASSOCIATION

23-7415332

01. Form 990 governing body review (Part VI, line 11)

THE ACCOUNTANT EMAILS A COPY OF THE FINAL FORM 990 TO THE ORGANIZATION'S EXECUTIVE

DIRECTOR, WHO REVIEWS IT PRIOR TO ITS FILING.

02. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST. THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC ON IT'S WEBSITE.

Form	-orm 4562 Depreciation and Amortization (Including Information on Listed Property)									OMB No. 1545-0172	
	ment of the Treasury				o your tax		tha l	ata at informa	- t !~~		Attachment
	Revenue Service (99) s) shown on return	G	io to www.irs.go	V/FOrm4562 10				is form relates	ation.		Sequence No. 179 Identifying number
	CIAL LAKES	S AND PR	ATRIES TO) I I R T		M 99					23-7415332
Par			e Certain Pro					<u> </u>			25 / 115552
			listed property,					ete Part I.			
1	Maximum amount (· · · · · · · · · · · · · · · · · · ·				-				1	
2	Total cost of section	n 179 property p	laced in service (s	see instructions	s)					2	
3	Threshold cost of se	ection 179 prope	erty before reduct	ion in limitation	(see instru	uctions)				3	
4	Reduction in limitat	ion. Subtract line	e 3 from line 2. If z	zero or less, en	ter -0-					4	
5	Dollar limitation for	tax year. Subtra	ct line 4 from line	1. If zero or les	ss, enter -0	If marr	ied fili	ng			
	separately, see inst	ructions •••								5	
6		(a) Description of pr	roperty		(b) Cost (b	usiness use	e only)	(c) Elec	cted cost		
7	Listed property. Ent		20				7			-	
8	Total elected cost o	-		•	,				• • •	8	
9	Tentative deduction								• • •	9	
10	Carryover of disallo		•			••••	• • •		•••	10	
11	Business income lin					,				11	
12	Section 179 expense Carryover of disallo					ine ii	. 13			12	
13 Note:	Don't use Part II or						13				
Par						iation	(Do	n't include l	isted pr	opert	y. See instructions.)
14	Special depreciatio	-					•		<u></u>		
	during the tax year.									14	
15	Property subject to									15	
16	Other depreciation	(including ACRS	s)							16	295
Par			on (Don't inc	lude listed pr	operty. S	ee instru	uction	าร.)			
	·			S	ection A						
17	MACRS deductions	s for assets plac	ed in service in ta	x years beginn	ing before	2018				17	
18	If you are electing to	o group any ass	ets placed in serv	rice during the t	tax year inf	to one or	more	general	_		
	asset accounts, che										
	Sectior	n B - Assets F	Placed in Servi			/ear Us	ing t	he Genera	Depre	ciatio	on System
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for de (business/inves only-see instr	tment use	(d) Recov period		e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property										
b	5-year property		_								
C	7-year property		-								
d	10-year property		4								
e	15-year property		-								
f	20-year property					05					
	25-year property					25 yrs			S/		
h	Residential rental					27.5 yı		MM	S/		
—	property Nonresidential real		1			27.5 yı 39 yrs		MM MM	S/		
•	property					- 39 yrs	5.	MM	S/		
		- Assets Pla	ced in Service	Durina 2018	3 Tax Yea	ar Usino	the				on System
20a	Class life	71000101114					,	/	S/		
<u></u> b	12-year					12 yrs	s.		S/		
	30-year					30 yrs		MM	S/		
-	40-year					40 yrs		MM	S/		
Par		ary (See instr	uctions.)								·
21	Listed property. En	ter amount from	line 28 • • •							21	5,100
22	Total. Add amounts	s from line 12, lir	nes 14 through 17	, lines 19 and 2	20 in colum	nn (g), an	d line	21. Enter			
	here and on the ap	propriate lines o	f your return. Part	nerships and S	corporatio	ons - see	instru	ictions		22	5,395
23	For assets shown a	above and place	d in service during	g the current ye	ear, enter tl	ne					
	portion of the basis	attributable to s	ection 263A costs	;			23				

Form 4562 (2018) GLACIAL LAKES AND PRAIRIES TOURISM Part V Listed Property (Include automobiles, certain other vehicles, certain

Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - I	Depreciation a	nd Other I	nforma	tion (Ca	aution:	See th	e instru	ictions fo	r limits	for pas	ssenger	autom	obiles.)	
24a Do you have eviden	ce to support the b	usiness/investr	ment use	claimed?		Yes	No	24b If "	Yes," is t	he evid	ence wri	tten?	Yes	s 🗌 No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) other basis		(e) is for depre siness/inve use on	stment	(f) Recovery period	(Meth Conve		(I Deprec deduc		(i Elected se cos	ection 179
25 Special depreciation	on allowance for	qualified liste	d proper	y placed	l in servi	ce durin	g							
the tax year and us	sed more than 50)% in a qualifi	ied busin	ess use.	See ins	structions	· ·			25				
26 Property used mor		1						•					1	
2017 FORD EXPL	11142017	100.0%	3	0,84	0	30,	840	5	S/L-H	ΙY	5,	100		
		%												
		%												
27 Property used 50%	or less in a qua	lified busines	s use:											
		%							S/L-				_	
		%							S/L-				-	
		%							S/L-				-	
28 Add amounts in co		-						• • • • •		28		100		
29 Add amounts in co	lumn (i), line 26.							<u></u>		• • •		29		
								ehicles						
Complete this section f		-											ehicles	
to your employees, firs	t answer the que	stions in Sect	tion C to	see if yo	u meet a	an excep	otion to c	ompleting			those ve	hicles.	1	
			(a Vehic		(Vehic	b)	Vehi	(c)	(d Vehicle		(e Vehic	e) No 5	(1 Vehic	f) Na 6
30 Total business/inve		-	Verne		Verne		Vern		Verner	-	Verne		Venie	
the year (don't inc	•	,												
31 Total commuting m														
32 Total other persona		g)												
miles driven														
33 Total miles driven		dd												
lines 30 through 32			Vaa	Na	Yes	Na	Vaa	No	Vaa	No	Vaa	No	Yes	No
34 Was the vehicle av	•		Yes	No	Tes	No	Yes	No	Yes	No	Yes	No	Tes	No
use during off-duty														l
35 Was the vehicle us														1
than 5% owner or														
36 Is another vehicle	Section C - Q		r Emp	lovore	Who P	rovido	Vohick	e for H	o by T	hoir E	mploye			i
Answer these quest			-	-					-				s who a	ron't
more than 5% owne		•		•	511 10 00	mpica	ig ocor		vernoie	.5 0500	a by citi	proyee		ent
37 Do you maintain a	· · · · ·				naluse	ofvehicl	e inclu	dina comr	nuting h	v			Yes	No
your employees?										y 			100	
38 Do you maintain a						ehicles	excent	commutin		r				
employees? See th		•					•							1
39 Do you treat all use			-		•••									
40 Do you provide mo					informa	tion fron	n vour er	nplovees	about the	е				
use of the vehicles										· · · ·				1
41 Do you meet the re	-			nobile de	emonstra	ation use	? See ir	nstructions						
Note: If your answ														1
	tization		,											
										(e	\			
(a) Description of	costs	(I Date amo beg		,) Amortizable	c) e amount		(d) Code sec	tion	Amortiza period percent	ation or	Amortiza	(f) tion for this	year
42 Amortization of cos	sts that begins du	iring your 20'	18 tax ye	ar (see i	nstructio	ns):	ı		I		•			
				ľ										
43 Amortization of cos	sts that began be	fore your 201	8 tax ye	ar ••							43			
44 Total. Add amount	-	-	-		o report						44			
	.,													

	FOR YOUR RECOR Federal Supporting		2018	PG01						
Name(s) as shown on return			Tax ID Numbe	r						
GLACIAL LAKES AND PRAD	RIES TOURISM ASS	OCIATION	2	3-7415332						
FORM 990	FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #DIE INVESTMENTS - OTHER									
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK						
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE						
VEHICLES	0	30,840	8,185	22,655						
FURNITURE AND FIXTURES	0	<u> </u>	63,661	0						
TOTAL	<u>0</u>	94,501	71,846	22,655						