City Subsidy Application / Allied Arts Fund / Financial Information

BLACK HILLS POWWOW ASSOCIATION

Organization Name

Checking Account(s) balance \$3,600.00

Savings Account(s) balance

Other Accounts(s) balance - NOTE: attach itemized list

TOTAL (sum of above)

	**************************************	120 (000111 02 00 0 1 -)		
	Any financial information should be based on an audited financial statement or the organization's 990 Each item below must be annotated on your organization's financial statement.	Most recently completed Fiscal Year:	Prior Fiscal Year	Current Year Budget starting:
		06.30.11 or 12.31.10	2010	2012
IVL	AKE SURE THESE DATES ARE CORRECT Date of: EXPENSES	Operating Expenses	Operating Expenses	Operating Expenses Budget
Α.	Programming	100,000	100,000	100,000
В.	General & Administrative	40,000	40,000	40,000
C.	Fundraising	26,000	26,000	28,000
D,	Capital Expenditure	10,000	10,000	10,000
۳.	Total All Expenses (A through D)	176,000	176,000	178,000
whereof is , the	INCOPAE	Operating Income	Operating Income	Operating Jucome Budget
	Income from Programs, Ticket Sales, etc.	73,000	73,000	78,000
J,	facome from Grants & contributions (provide detail below)	20,000	20,000	20,000
K.	Other Income (Dues, member fees, interest, etc.) Logu/Vendors	50,000	50,000	70,000
().	Total Applicant Income (I through K)	143,000	143,000	168,000
	I .	\$ A second of the secon	Annual particular and a second	a comment and developing printed you have a construction of the state

1. Marin are separate and a separate	
Detail of Item J. Income from Grants and Contributions: Gource of Punding Alberta Alberta Alberta Dakota Charitable Pund - 3/2011	Amount \$10,000.00 \$10,000.00
	gand that you will be for the problem of a first the section of th
Support Address and the support of the states of the support of th	graphical algebra is described superspectively and sold stagetised indicates Va
the state of the s	and taken many fine physical a particular and the constraint of a straint in process of the particular and the
TOTAL	\$20,000,00

Black Hills Pow Wow

Form 990

2010

CLIENT 0700

DONNA DENKER AND ASSOCIATES CPA 521 KANASAS CITY ST RAPID CITY, SD 57701-3683 (605) 721-3382

August 4, 2011

Black Hills Pow Wow Association, Inc. PO Box 8131 Rapid City, SD 57709

Dear Client:

Enclosed for your review:

Form 990-EZ

2010 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Donna Denker, CPA

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-	1878

For calendar year 2010, or fiscal year beginning ______, 2010, and ending _____

·	► Do not send to the IRS. Keep	for your records.		2010
Department of the Treasury nternal Revenue Service	► See instruction	1S.	Employer ident	fication number
vame of exempt organization			46-03956	591
DIACK HILLS POW	WOW ASSOCIATION, INC.			
DIACK TITE DISTANCE IN THE STATE OF STREET		RESIDENT		
	WK Paragraphic Par	Very Very		
		OHIY		- return If you chack
Check the box for the retu the box on line 1a, 2a, 3a, 4a, 3b, 4b, or 5b, whichever is	rn for which you are using this Form 8879-EO and er or 5a, below, and the amount on that line for the return be applicable, blank (do not enter -0-). But, if you ente in 1 line in Part I.	ing filed with this form was t ired -0- on the return, the		
m . 000 abook bore	b Total revenue, if any (Form 990, Par	rt VIII, column (A), line 12	2)1!	100 761
1 a Form 990 check here	b Total revenue, if any (Form 990, Farence). b Total revenue, if any (Form 990-	EZ, line 9)	21	120,701.
2a Form 990-EZ Check	here X b Total revenue, if any (1 office 350 ck here b Total tax (Form 1120-POL, line)	ne 22)	3!	b
3a Form 1120-POL Che	here b Tax based on investment incom	e (Form 990-PF, Part VI,	line 5) 4	<u> </u>
4a Form 990-PF check	here b Tax based on investment income bre b Balance Due (Form 8868, Part I, line	3c or Part II, line 8c)	5	9
Bedevotion	and Signature Authorization of Officer 7. I declare that I am an officer of the above organization and to the best			the expeniention's 2010
allow my intermediate sel receive from the IRS (a) at the return or refund, and electronic funds withdraw organization's federal tax contact the U.S. Treasury	I declare that I am an officer of the above organization and the best of the provider of the amount in Part I above is the amount show rice provider, transmitter, or electronic return original acknowledgement of receipt or reason for rejection (c) the date of any refund. If applicable, I authorize the all (direct debit) entry to the financial institution account of the provider of the date of the provider of the date of the provider of the decrease of the date of the provider of the electronic of the decrease of the electronic of the date of the payment. I have selected a return and, if applicable, the organization's consent the provider of the electronic of the payment.	n of the transmission, (b) he U.S. Treasury and its unt indicated in the tax prodebit the entry to this a pusiness days prior to the payment of taxes to rece	the reason for a designated Fina reparation softwood count. To revoke payment (settle tive confidential moder (PIN) as the confidential country of the country of	iny delay in processing ncial Agent to initiate ar are for payment of the ie a payment, I must ment) date. I also
Officer's PIN: check one	box only A DENKER AND ASSOCIATES CPA	to enter my PIN	00700	as my signature
X authorize DONNA	A DENKER AND ASSOCIATES CPA		Enter five numb	ers, but zeros
on the organization's to a state agency(ies) ro the return's disclosur	ax year 2010 electronically filed return. If I have indicated egulating charities as part of the IRS Fed/State progree consent screen.			e es service telbox
As an officer of the coindicated within this program, I will enter	organization, I will enter my PIN as my signature on t return that a copy of the return is being filed with a s pay PIN on the return's disclosure consent screen.			art of the IRS Fed/State
p	In Mill	Date ► 8- /	0-11	
Officer's signature	Xh ymx	Date		
Officer de Litinatio	n and Authentication			
Cartificano	If All a Additional State of the Additional State of t		г	4.00.4.200.01.00
number (EFIN) lollowed	your six-digit electronic filing identification by your five-digit self-selected PIN		<u>L</u>	46043000100 do not enter all zeros
I certify that the above r above. I confirm that I a Authorized IRS e-file Pr	numeric entry is my PIN, which is my signature on the submitting this return in accordance with the requiouiders for Business Returns.	e 2010 electronically filed irements of Pub 4163 , Mo	return for the or dernized e-File	ganization indicated (MeF) Information for
ERO's signature ► <u>DON</u>	NA DENKER, CPA	Date -		
	ERO Must Retain This Form Do Not Submit This Form To the IRS	- See Instructions Unless Requested To Do	So ·	

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2010)

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(aX1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
(except black lung benefit trust or private foundation)
and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements,

The organization may have to use a copy of this return to satisfy state reporting requirements. 2010, and ending

OMB No. 1545-1150

2010

Open to Public Inspection

	or the 2010 c	calendar year, or tax year beginning	, 2010, and ending	D Employer idea	ntification number
	heck if applicable			46-039	
	ddress change	BLACK HILLS POW WOW ASSOCIATION, INC.		E Telephone nu	
	lame change	IPO BOX 8131		605-39	
	nitial return	RAPID CITY, SD 57709		003-39	<u> </u>
	erminated			F Group Exe	
/	Amended return			Number	***************************************
	Application pendir	ethod: X Cash Accrual Other (specify)	H Cher	ck ► if the (organization is not c <u>he</u> dule B (Form
3 /	Accounting ivi	WWW.BLACKHILLSPOWWOW.COM	990	990-EZ, or 990	-PF),
	website:	tus (ck only one) — X 501(c)(3)	1 AO A76 A1611 AR 1 152 / 1		
<u>;</u>	ax-exempt stat	tus (ck only one) $ X $ 501(c)(3) $ $ 501(c) () $ $ (insert no.) $ $ if the organization is not a section 509(a)(3) supporting organization $ $ 501(c) () $ $ 501(c) () $ $ 501(c) () $ $ 601(c) $ $ 601	zation and its gross receipts	are normany in	actions) But if the
Λ.			0-N (e-postcard) may be req	uned (See mon	actionicy, water
	organization	orm 990-EZ or Form 990 return is not required shough form occoses to file a return, be sure to file a complete return.	: \$200 000 or more of	or if total	
	Add lines 5b,	6c, and 7b, to line 9 to determine gross receipts. If gross receipt, line 25, column (B) below) are \$500,000 or more, file Form 9	990 instead of Form 990-EZ.	►\$	128,761.
	assets (Part	II, line 25, column (B) below) are \$500,000 or more, file Form 9 inue, Expenses, and Changes in Net Assets or Fur	nd Balances (See the i	nstructions fo	or Part I.)
	Reve	if the organization used Schedule O to respond to any question	n in this Part L		X
		t in the amount race (Ver			
					92,441.
	3 Membe	ership dues and assessmentsnent income		4	
	4 Investr	nent incomeament incomeamount from sale of assets other than inventory	5a		
	b Less: <	cost or other basis and sales expenses		5c	
	c Gain or ((loss) from sale of assets other than inventory (Subtract time ob Holl) line say.			
	6 Gamin	g and fundraising events	o 6a		
R	a Gross	income from gaming (attach Schedule G if greater than \$15,00)	of contributions		
¥	b Gross	income from fundraising events (not including \$			
REVENUE	from f	undraising events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000).	6b		
Ē	of suc	direct expenses from gaming and fundraising events	<u>6c</u>		
	c Less:	direct expenses from games and fundamental ovents (add lines f	Sa and		
	d Net in	come or (loss) from gaming and fundraising events (add lines 6 d subtract line 6c).		6d	<u></u>
	1	and a finyentory less returns and allowances		,617.	
					~ ~ ~ ·
	,			7c	3,617.
	I	the telephodule (1)			700 761
					128,761.
	!			· · · · · · · · · · · · · · · · · · ·	
	1				A9 517
1	12 Salari				<u>27,517.</u>
		d			25,970.
	14 Occur				
	t '-	the Cohodula (1)			70,034.
					123,521.
	17 Total	expenses. Add lines 10 through 16ss or (deficit) for the year (Subtract line 17 from line 9)			5,240.
	1	a transfer of the contract of		4"VL"/\GSL investment	r ^7r
M	A 19 Net a	ssets or fund balances at beginning of year (from line 27, colunt reported on prior year's return)		19	-5,975.
Ë	. ¥	, , , , , , , , , , or fund halances (explain in Schedule U)}	· · · · · · · · <u> · · </u>	735
	CI	the following at end of year. Combine lines to tillough	h 20	21	-735.
_	ZI Net a	rwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)
E	BAA For Pape	HARLY MARKATATION			

	990-EZ (2010) BLACK HILLS POW	WOW ASSOCIATION, I	NC.	40-	000	3031 raye
Form	Balance Sheets. (see the instance Sheets)	tructions for Part II.)				
200	Balance Sheets. (see the inst Check if the organization used Sche	dule O to respond to any que	stion in this Part II	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	: 	(D) End of your
						(B) End of year 447.
-00	Cash, savings, and investments			679.	~h~~~~	44/.
	45.44				23	
23	au Schadule ()				24	4.4.77
24						447.
25	Total liabilities (describe in Schedule O)	SEE SCHEDULE O) [6,654.		1,182.
26	4 1 1 1	salumn (R) mus t adree Will II	118 617		27	-735.
27	Net assets or fund balances (line 27 of the little Statement of Program Sentence)	Accomplishments	see the instra for Part	III.)		Expenses
Pai	Statement of Program Service Check if the organization used Sc	Accomplishments	uestion in this Part III	X	(Requ	uired for section
	Check if the organization used 50	LIEUTIE O TO LESPONO TO ALLA A			501 (c	c)(3) and 501(c)(4) nizations and section
What	is the organization's primary exempt purpose? SEE cribe what was achieved in carrying out the cribe the services provided, the number of the company title.	SCHEDULE U	oses. In a clear and co	oncise manner,	orgar 4947	(a)(1) trusts; optional
Desc	cribe what was achieved in carrying out the	persons benefited, and other	relevant information f	for each		thers.)
desc	ram title.					
28						
					ĺ	
	(Grants \$) If the				28 a	120,244.
	(Grants S) If thi	s amount includes foreign gr	ants, check here	<u> </u>	200	1207444
29						
23						
					20	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	
30						
		in amount includes foreign or	ants, check here		30 a	
					31 a	
	(Grants \$) If the Total program service expenses (add line)	non 28a through 31a)			32	120,244.
_ 32	Total program service expenses (add line in the line i	Trustees and Key Fmr	lovees, List each one e	even if not compensated.	(see t	he instructions for Part IV.)
	List of Officers, Directors, Check if the organization used So	abodulo O to respond to any	question in this Part IV			
	Check if the organization used Si	(b) Title and average hours			to	(e) Expense account
	(a) Name and address	ner week devoted	not paid, enter -0)	employee benefit plan deferred compensal	is and	and other allowances
		to position	0.		0.	0.
Q1	EPHEN YELLOWHAWK	PRESIDENT		•	0.	
7.5	46 SHAW CT	2.00				1
12.7	PID CITY, SD 57703				0.	0.
1/2	SA HATTEN	TREASURER		• [U.	
1.0	<u>52 N 39TH ST</u>	2.00				
Τ.	APID CITY, SD 57702					
<u> </u>	ZLE ROSARIO	MEMBER		•	0.	0.
K	TE KOSAKIO	5.00				Í
-5	AG SHAW CT					
R	APID CITY, SD 57703	SECRETARY	0	•	0.	0.
_I]	RA W TAKEN ALIVE	2.00		1		ļ
P	BOX 337	1				
M	LAUGHLIN, SD 57642	MEMBER	0		0.	0.
N	ICK HERNANDEZ	5.00	3			-
P	5 BOX 288	1				
P	ORCUPINE, SD 57772	MEMBER	0		0.	0.
ς	ANDOR IRON ROPE	2.00	7	•		-
1	TOT CROW PEAK LANE	2.00		1		
	DEARFISH, SD 57783	TOTAL DODG TOUR	0		0.	0.
ח	FW BAD WARRIOR	VICE PRESIDENT	' {	•	٠.	
1	72n S. 1ST ST] 2.00				
<u>i.</u>	BERDEEN, SD 57460				_	0.
Ť	VAINT KENDALL	MEMBER		•	0.	1
	THE & MEADOWS HIGH DR	2.00	}			
9	LACK HAWK, SD 57718					
표	ORI HIGH ELK	MEMBER		*	0.	0.
<u>_</u>	17-1/2 ST JOSEPH ST	1 2.00)	**************************************		1
_6	APID CITY, SD 57701	1				<u> </u>
R	APID CITI, BD 37.02					
				T VALLED TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE		1
:						
						Form 990-EZ (2010)

Did the organization engage in any activity not promously reported to the IRS? If Yes, provide a defailed description of a district activity in Surface and the provided provided and activity in Surface and the provided provided and activity in Surface and the provided provided and activity in Surface and the provided provided provided provided and activity in Surface and the provided pro			MOTERATE AND	TNC	46-	0395691		۲a	ge 3
Check if the organization used Schedule C to respond to any question in this Part V. Check if the organization used Schedule C to respond to any question in this Part V. Seat activity in Schedule C. ask devity in Schedule C. the organization engage in any activity not previously reported to the IRS7 if Yes.; provide a detailed description of each activity in Schedule C. ask devity in Schedule C. the organization reports in any activity not previously reported to the IRS7 if Yes.; provide a detailed description of each activity in Schedule C. ask devity in Schedule C. the organization had income from histories addition, and activity in Irs. 2 St. and 7s (among others), but not capitation in Schedule C. applies in Schedule Ville Verganization in Java Irs. and Irs. 2 St. and 7s (among others), but not expected on Farm 991-7, applies in Schedule Ville Verganization in Java Irs. and Irs. 2 St. and 7s (among others), but not expected on Farm 991-7, applies in Schedule Ville Verganization in Java Irs. and Irs. 2 St. and 7s (among others), but not expected on Farm 991-7, applies in Schedule Ville Verganization in Java Irs. and Irs. 2 St. and 7s (among others), but not expected on Farm 991-7, applies in Schedule Ville Verganization in Java Irs. and Irs. 2 St. and 7s (among others), but not expected on Farm 991-7, applies in Java Ville Verganization in Java Ville Ville Verganization of Farm 121-12 Ville Vi	orm 990-EZ (2010) BLACI	K HILLS POW W	OW ASSOCIATION,	c in the instructions	for Part V.)	SEE SCHE	DULE	: 0	
Check the displacement of the programment of the PRS? If Yes, provide a detailed description of a 33 bit the organization engage in any activity not previously reported to the IRS? If Yes, is provided a detailed description of advantage to the organization and the provided and activity in Schedule 0. 4 Were any ariginant changes made to the organization of schedule 0. 5 if the organization had immens from the interest control of the provided in the provided in the provided in the provided in the provided of the provided in the provided in the provided in the provided of the provided in the instructions. Provided in the provided in the instructions. Provided in the instructions. Provided in the instructions. Provided in the provided in the instructions. Provided in the pro	Other Informa	tion (Note the st	atement requirement	section in this Part V			· · · · · · · · ·		X
44 Wer any significant charges made to the organization of expecting documents? If Yes, statish a conformation only of the arrespect documents of they reflect a shape to the organization name. Disease, dupline for decaying schedule (c) easing the transpection of the conformation of the	Check if the organ	rization used Schedu	ule O to respond to any qu	JESQUIT W. 445	to a datailed desc	rintion of		(es	No
as there are significant charges made to the constraint of contents? If Yes, states a conformation only of the arrended documents they reflect a sharps to the organization have constructed on the charge to the organization have constructed by the conformation of the charge to the organization have been assessed as the conformation of the confor	22 Old the organization er	igage in any activity	not previously reported to	the IRS? If Yes, provid	ie a detailed desc		33		X
24 We any significant changes made to the cognization of change of schematical (communication), a charge to the expansional or name charges and the change of Schematical Communication and charges and the change of Schematical Communication and charges and the change of Schematical Communication and charges and the communication and charges and the changes of Schematical Communication and charges and charges and the communication and charges and c	each activity in ocheur	ne O			it stremusch behaves	they reflect i		l	**
s charge to the origination in the direct production of the coordination of the coordi	24 Ware any significant changes	made to the organizing or	r governing documents: II Tes,	instructions).	*****	33	34	Vinico de la Constantina	X
a Did the organization have unrelated business grass income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(5), 501(c)(5) or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements). 50 Did the organization undergo a baudidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule (a.g., 17) or	a change to the organization	i name. Utherwise, explair	i the change on senerted on lines	2 Sa and 7a (among others),	but not reported on For	m 990-T,			
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), \$	35 If the organization had incom	e from business activities	ort the income on Form 990-T.	Z, Ou, M.M. 7 - (
bil 1'Yes, 'mas it filed a tax return on Form 990-T for this year (see instructions)?. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? I' Yes, 'complete applicable parts of Schedule's Not. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 3 0 37 37 37 37 37 37							35 a		Х
bit "Yes," has it field a lax return on Form 991-1 for this year (separatization undergo a liquidation, idsolution, termination, or significant disposition of net assets during the 96 part of 1974 per year. It "Yes," complete applicable parts of Schedule N. 37 b. Did the organization of political expenditures, director indirect, as described in the instructions. 37 a. 0. 37 b. Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were 38 a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38 any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 any such loans 39 a. 30 a. 30 b. 30 a.	a Did the organization hi	subject to section 6	033(e) notice, reporting, a	nd proxy tax requiremen	its?				
36 Did the organization undergo a liquidation, destination, termination, estination, estination and properly in the proprietable parts of Schedule N. 3 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a ○ . 37b bill the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bill the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bill Yes, complete Schedule L, Part II and enter the total any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bill Yes, complete Schedule L, Part II and enter the total any section 4910 (c)(7) organizations. Enter any out of the organization during the year under: 9 c. section 4910 (c)(3) organizations. Enter amount of tax imposed on the organization during the year of did the organization engage in any section 4958 excess benefit threaction in a prior year that has not been reported threacetion during the year of did the organization. Enter amount of tax included in a prior year that has not been reported threacetion or any of its prior forms 390 or 399 ±20 or 199 ±20 or 1	501(c)(o) organization	ax return on Form 9	90-T for this year (see ins	tructions)?	ه ۱۳۰۳ میکوند در	-n #hn	-		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a]	bit tes, has himed a	nderon a liquidation.	dissolution, termination,	or significant disposition	of net assets duri	ng uie	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the organization september of the property of the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were as as a property and one of the total and the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were as as a property organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any according to the property of th	year? If 'Yes,' complet	e applicable parts o	f Schedule N	the instructions	37a	0.			1410 1
b Did the organization file Form 112P-UL for make any loans to, any officer, director, trustee, or key employee or were 38 a Did the organization from from or make any loans to any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule 1, Part II and enter the total 38 N/A and initiation fees and capital contributions included on line 9. 39 N/A a Initiation fees and capital contributions included on line 9. 39 N/A a Initiation fees and capital contributions included on line 9. 39 N/A a Initiation fees and capital contributions included on line 9. 39 N/A befores receipts, included on line 9, or public use of club facilities. 10 Section 5010(c)3 organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. section 4955 ► 0. section 4911 ► 0. section 4912 ► 0. section 4955 ► 0. section 4911 ► 0. section 4912 ► 0. section 4955 ► 0. section 5010(c)3 and 5010(c)4 organizations. Enter amount of tax imposed on organization and so the organization or any of its prior forms 990 of 390-127 if Yes, complete Schedule I. Part I. organization and so the organization and so the organization organization organization and so the organization organization and so the organization and so the organization and so the organization and the organization and the organization and the very organization. All organizations A tary time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-1. It set organization and filing requirements for Form 898-1. All and the organization organization and filing requirements for Form 590-22.1, Report of a Foreign Bank and Financial account). Set the instructions for exceptions and filing requirements for Form 590-22.1, Report of a Foreign Bank and Financial accounts. All and the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. The the organi		the second secon	act or indirect as uescilus	20 11 110 100 100			37 b		X
38a Did the organization borrow from, or make any loans to, any other tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any other tax year covered by this return? 38 a Did not be any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b M N/A any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 a Did N/A Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ★ o. section 4955 ★ o. section 4915 ★ organization during the year or did it engage in an excess benefit transaction of the properties of transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported transaction during the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 Prescription organization in the properties of the properties of the properties of the year with the states with which a copy of this return is filed to properties of the year organization. 4 Prescription organization is filed to organization have an interest in or a signature or other authority over a financial account in a foreign country. 5 See the instructions for exceptions and filing requirements for Form 10 Feb. 22.1, Report of a Foreign Bank and Financial Accounts. 4 Prescription of the properties of the pr	h Oid the organization fi	e Form 1120-POL	of this year		amployee or were	7			
bif Yes, complete Schedule L, Part II and enter the total 39 Section 501 (c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. section 4911	no a Old the organization b	orrow from, or make	any loans to, any officer,	director, trustee, or key	by this return?	,	38 a		X
38 N/A 39 Section 501 (c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. 39 Section 501 (c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. 39 N/A	any such loans made	as a biras y		Of the tax your sa		122	200		
a nitiation fees and capital contributions included on line 9. a Initiation fees and capital contributions included on line 9. a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. a Initiation fees and capital contributions included on line 9. b Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on the organization during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction or any of its prior forms 90 or 990-EZ! If Yes, complete Schedule, L. Part 1. c Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Either amount of tax imposed on organization and party to a prohibited tax of the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-1. 42 a Title organization's STEPHEN YELLOWHAWK, PRESIDENT Telephone no. 505-391-6603		ile (Davilland	anter the IOIA!		38b	N/A		16.55	
a Initiation fees and capital contributions included on line 9, for public use of club facilities. 40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	amount involved		, , , , , , , , , , , , , , , , , , , ,						
## Scetion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ## Section 4911			cluded on line 9	.,,.,.,,.,	39a				
section 901 (c)(3) organizations. Enter amount of tax imposed on the section 4955 ► 0. section 901 (c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. e All organizations. e All organizations? If Yes, complete Form 8886-1. 42a The organization? but the states with which a copy of this return is filled ► NONE 22 The organization's books are in care of ► STEPHEN YELLOWHAWK, PRESIDENT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial accountly. See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrused during the tax year. 44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ. bild the organization operate one or more hospital facilities during the year? bild the						N/A			
Section 91 (2) 3 and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 930 or 990-EZ if Yes, complete Schedule L, Part 1 (2) and 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and 4958. O. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization (3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed (40b) by the organization. At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If Yes, complete Form 8866-T. 41 List the states with which a copy of this return is filed (40c) NONE 42a The organization's books are in care of STEPHEN YELLOWHAWK, PRESIDENT Telephone no. (40c) 12 pr + 4 (40c) 12 p	b Gross receipts, includ					,			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 8xcss better transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed INNONE 142 a The organization's books are in care of STEPHEN YELLOWHAWK, PRESIDENT Telephone no. In the following 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ. b) did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead form 990-EZ. b) did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead from 990-EZ.									
transaction during the profits prior Forms 990 or 990-EZ if Yes, complete Schedule L, Part . c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	section 4911 -	<u> </u>	ions. Did the organization	engage in any section 4	958 excess benefi	t 		10 CT	
on any of its pitch form of the pitch form of t	b Section 501 (c)(3) and	: 501(c)(4) organizati Livear or did it engat	ge in an excess benefit tra	insaction in a prior year	that has not been	reported	40 Б	·	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax (1955), and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 886-1. 41 List the states with which a copy of this return is filed \(\to \) NONE 42 a The organization's books are in care of \(\to \) STEPHEN YELLOWHAWK, PRESIDENT Doubted at \(\to \) PO BOX 8131 RAPTD CITY SD Doubted at \(\to \) PO BOX 8131 RAPTD CITY SD 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)? See the instructions for eceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. If Yes,' enter the name of the foreign country: \(\to \) See the instructions for eceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. CAt any time during the calendar year, did the organization maintain an office outside of the U.S.? \(\to \) 142 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here \(\to \) 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here \(\to \) 44 Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of the organization parate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of the organization receive any payments for indoor tanning services during the year? (10c) control or any payments for indoor tanning services during the year? (10c) control or any payments for indoor tanning services during the year? (10c) control or any payments for ind	on any of its prior For	ms 990 or 990-EZ?	If 'Yes,' complete Schedu	le L, Part I	_				
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8986-1. 41 List the states with which a copy of this return is filed ► NONE 42a The organization's books are in care of ► STEPHEN YELLOWHAWK, PRESIDENT Telephone no. ► 605-391-6603 Located at ► PO_BOX_8131_RAPID_CITY_SD Zip+4 ► 57709 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?. 1f 'Yes,' enter the name of the foreign country ► 42b 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. and enter the amount of tax-exempt interest received or accrued during the tax year. 41a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year? C Did the organization receive any payments for indoor tanning services during the year? C Did the organization receive any payments for indoor tanning services during the year? C Did the organization receive any payments for indoor tanning services during the year?	- Section 501(c)(3) and	I 501(c)(4) organizat	ions. Enter amount of tax	imposed on organization]►	0.		7	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 400 tenthodos by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8986-1. 41 List the states with which a copy of this return is filled > NONE 42a The organization's book are in care of > STEPHEN YELLOWHAWK, PRESIDENT Telephone no. > 605-391-6603 Telephone n	managers or disquali	fied persons during t	the year under sections 45	12, 4000, and reimburead					
by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-1. 41 List the states with which a copy of this return is filled > NONE 42a The organization's books are in care of STEPHEN YELLOWHAWK, PRESIDENT Telephone no. > 605-391-6603 Located at > PO BOX 8131 RAPID CITY SD IP+4 > 57709 by 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42b 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b) Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c) Did the organization receive any payments for indoor tanning services during the year?	# Section 501(c)(3) and	1 501(c)(4) organizat	ions. Enter amount of tax	on line 400 reimbarsoa				9	
42a The organization's books are in care of STEPHEN YELLOWHAWK, PRESIDENT Telephone no. 605-391-6603 Located at PO BOX 8131 RAPID CITY SD IP + 4 57709 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	by the organization			ation a party to a prohibi	ted tax		40.		X
42a The organization's books are in care of STEPHEN YELLOWHAWK, PRESIDENT Telephone no. 605-391-6603 Located at PO BOX 8131 RAPID CITY SD IP + 4 57709 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	e All organizations. At	any time during the	tax year, was the organiza			<u>.</u>	4ue		Α
42a The organization's books are in care of STEPHEN YELLOWHAWK. PRESIDENT Located at PO BOX 8131 RAPID CITY SD b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	shelter transaction:	onny of this return is file	ed ► NONE						
books are in care of STEPHEN YELLOWILAWN, FRESTORY Located at PO BOX 8131 RAPID CITY SD b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	41 List the states with which	t cobj of and received							
books are in care of STEPHEN YELLOWIANK, TRASTORY Located at PO BOX 8131 RAPID CITY SD b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?				•					
books are in care of STEPHEN YELLOWIANK, TRASTORY Located at PO BOX 8131 RAPID CITY SD b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	- The automitation's			m	Telephone no.	► 605-39	1-6	503	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	books are in care of	STEPHEN YELL	OMHVARY PRESTREM	<u>-</u>	ZIP + 4	► 57709			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: and enter the name of the foreign country: and enter the amount of tax-exempt interest received or accrued during the tax year and enter the amount of tax-exempt interest received or accrued during the tax year of Form 990-EZ. b Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? 24 Male (*provide an explanation in the polar payments in the payment payment in the polar payment	Located at ► PO_BO	₹ 8131 - <u>R</u> ₩	CTIT Ph				Г		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?				interest in or a signatur	e or other authority	y over a f		Yes	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	b At any time during the	ne calendar year, did	the organization have an ich as a bank account, see	curities account, or other	financial account)	12	420	den er	X
See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	financial account in	a loreign country (ou	rv: ►						
At any time during the calendar year, did the organization maintain an office state of the foreign country: If 'Yes,' enter the name of the foreign country: At Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. And enter the amount of tax-exempt interest received or accrued during the tax year. At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year?	If 'Yes,' enter the nam	e of the folesyn count							
At any time during the calendar year, did the organization maintain an office state of the foreign country: If 'Yes,' enter the name of the foreign country: At Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. And enter the amount of tax-exempt interest received or accrued during the tax year. At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year?						•			
At any time during the calendar year, did the organization maintain an office state of the foreign country: If 'Yes,' enter the name of the foreign country: At Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. And enter the amount of tax-exempt interest received or accrued during the tax year. At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year?								40	4.00
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 44 and enter the amount of tax-exempt interest received or accrued during the tax year. 45 April 40 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed of Form 990-EZ. 46 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 47 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed one or more hospital facilities during the year? 48 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed one or more hospital facilities during the year?		tions and filling requir	ements for Form TD F 90-22.1, I	Report of a Foreign Bank and	Financial Accounts.		\$14 to \$1	in the	7.20
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 44 and enter the amount of tax-exempt interest received or accrued during the tax year. 45 Juil the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed of Form 990-EZ. 46 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 47 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed to the organization operate one or more hospital facilities during the year? 48 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed to the organization operate one or more hospital facilities during the year?	See the instructions for ex	ceptions and miny requir	the organization maintai	n an office outside of the	∌ U.S.?		42 c		X
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 44 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. 46 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ. 46 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 47 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	c At any time during t	ne calendar year, un	ry:						
and enter the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the state of the amount of tax-exempt interest received to address the state of the state	If 'Yes,' enter the nan	16 Of the loreign count	ay						
and enter the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the state of the amount of tax-exempt interest received to address the state of the state									
and enter the amount of tax-exempt interest received to address the device of address that a device of address that a device of address that a device of a device									5 Y / W
and enter the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the amount of tax-exempt interest received to address the state of the state of the amount of tax-exempt interest received to address the state of the state			e trusts filing Form 990-E2	Z in lieu of Form 1041 -	Check here		1		N/A
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year?									N/A
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed 44b 47b 47c 47c 47c 47c 47c 47c	and enter the amou	nt of tax-exempt me	مملة سيئين لد الديارة و الم	waar? If 'Yes ' Form 990	must be complete	ed instead	ſ	Yes	
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed 44b 47b 47c 47c 47c 47c 47c 47c	44 a Did the organization	ı maintain any donor	advised funds during the	year in 165, 10mm 330			44a		X
instead of Form 990-22	of Form 990-62			0.16 N/ 1 5 a.u.ma	OOO must be come	nleted	AAL		X
c pid the organization receive any payments for indoor tanning services during the year and a system in	b Did the organization	i operate one or mor	C Doshier required assura		, ,	. ,	·		X
c Did the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in							-446		+^-
APPEN AND THE RESEARCH THE CONTROL OF THE PROPERTY OF THE PROP	CDIQ tile organization	has the organization	filed a Form 720 to repor	t these payments? If 'No	o,' provide an expla	anation in	44 d		1
	Schedule O					For		-EZ	(2010)
BAA TEEA0812L 02/18/11			TEEA0812	ZL 02/18/11		. •	-		

	2 2 2 CT	TTTTC	MOM MOM	ASSOCIATION	, INC.		40-0	333031	Yes
1 990-EZ (2	2010) BLACK	LITITO	100 000			_		45	
	d ereopizati	ion a contr	olled entity of	of the organization	within the mean	ing of secti	ion 512(b)(13)?d entity within the m	anaina T	
Is any rei	lated organizati	oive any n	avment from	or engage in any	transaction with	a controlle	d entity within the m d of Form 990-EZ (se of or in opposition to	e inst.). 45	
Did the o	rganization reconstants	Yes, For	m 990 and S	Schedule R may ne	ed to be comple	ee habalf c	of or in apposition to		
									<u> </u>
candidate	es for public off	ice? If Ye	s, complete	and section 49	47(a)(1) non	exempt c	trusts must ansi	only. All s	ection
ava S	ection 501(c	;)(3) org	arnzacions	Line 4047/a\(1)	nonexempt of	:haritable	trusts must ansi	wer questi	OHS
50	01(c)(3) orga	וועמוטרו 2 and co	omplete th	e tables for line	s 50 and 51.				
4.	./-49D and 5	£, and o	and the del	a O to respond to a	env auestion in t	his Part VI			· 1 · 2 · 1 ·
C	heck if the orga	anization u	sed Schedule	6 O to Leabour to a					Yes I
			LL ima aativiit	tine? If 'Yes ' comp	lete Schedule C	, Part II	 edule E	4.	
Did the o	organization en	gage in ioi	opylity activit	action 170(b)(1)(A)	(ii)? If 'Yes,' con	nplete Sche	edule E	4	
						anization?.			
a Did the	organization ma	ake any tra	unsiers to an	527 organization?					9b
b if 'Yes,'	was the related	l organizat	ion a section	highest compensa	ted employees (other than	officers, directors, tri	ustees and h	cey
Complet	te this table for	the organi received m	ore than \$10	00,000 of compens	ation from the o	rganization) Expense
				(b) Title and average	e (c) Com	pensation	benefit plans and deferred compensation	n othe	count and r allowances
(a) Nai	me and address of e more than \$10	ach employee 00,000	, paid	hours per week devoted to position					
]					
) <u>ME</u>						<u></u>			
						•			
				<u> </u>					
									
					·			}	
f Total n	number of other	employees	s paid over \$	5100,000		et contracto	ors who each receive	d more than	\$100,000
f Total n	number of other	employees	s paid over \$	\$100,000	ated independer	nt contracto	ors who each received	d more than	\$100,000 c
f Total n 51 Comple	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.'	nt contracto	ors who each received (b) Type of service	d more than	\$100,000 c
f Total n 51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e highest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	ors who each received (b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	ors who each received (b) Type of service	d more than	\$100,000 c
51 Comple	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	ors who each received (b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	ors who each received (b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	(b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.'	nt contracto	(b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' nco,oco	nt contracto	(b) Type of service	d more than	\$100,000 c
Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	(b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fo	r the organ	nizatio⊓'s five	e nignest compens is none, enter 'No	ated independer ne.' 100,000	nt contracto	(b) Type of service	d more than	\$100,000 c
51 Comple compe	ete this table fornsation from the	or the organization of each	nization's five	e highest compens is none, enter 'No ntractor paid more than \$				d more than	\$100,000 c
51 Comple compe	ete this table fornsation from the	or the organiza	nization's five	e highest compens is none, enter 'No ntractor paid more than \$	over \$100 000				\$100,000 c
TONE d Total	ete this table for insation from the (a) Name and according to the control of the	or the organiza ddress of each	nization's five ation. If there independent contracted the first contrac	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	► 4947(a)(1) nonexem	pt ► X	
TONE d Total	ete this table for insation from the (a) Name and according to the control of the	or the organiza ddress of each	nization's five ation. If there independent contracted the first contrac	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	► 4947(a)(1) nonexem	pt ► X	
ONE d Total	ete this table for insation from the (a) Name and according to the control of the	or the organiza ddress of each	nization's five ation. If there independent contracted the first contrac	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	► 4947(a)(1) nonexem	pt ► X	
TONE d Total	ete this table for insation from the (a) Name and according to the control of the	or the organiza ddress of each	nization's five ation. If there independent contracted the first contrac	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	4947(a)(1) nonexem to the best of my knowledge knowledge.	pt ► X	
TONE d Total	number of othe eorganizations and complete. Declaration from the complete. Declaration from the complete.	or the organiza duress of each duress of each duress of each dures of each dures of each dures of each dure that I have each dure that I have each dure for preparation of preparations of the prepara	nization's five ation. If there independent contracted the first contrac	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	4947(a)(1) nonexeminate to the best of my knowledge throwledge.	pt ► X	
d Total Did th charit Under genattie true, correct, a	number of othe re organization able trusts mus sof perjury, I declar and complete. Declar signature of othe signature of othe signature of other signature of other signature of other signature.	e organiza ddress of each r independ complete S at attach a re that I have e	dent contractors completed Sexamined this return (other transformation).	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	4947(a)(1) nonexem to the best of my knowledge knowledge.	pt ► X	
d Total Did th charit Under genattie true, correct. a	number of othe re organization able trusts mus so of perjury. I declar and complete. Declar signature of othe STEPHEN	or the organization of each organization of each organization of each organization of organization organi	dent contracte Schedule A? completed S examined this retained this retained the service of the s	ors each receiving Note: All section 5 chedule A	over \$100,000 . 01(c)(3) organiz	ations and	4947(a)(1) nonexeminate to the best of my knowledge throwledge.	pt X x and belief, it is	
d Total Did th charit Under genattie true, correct. a	number of othe re organization rable trusts muses of perjury, I declarand complete.	e organiza ddress of each r independ complete st attach a e that I have e attor of prepa	dent contracte Schedule A? completed S examined this retained this retained the service of the s	e highest compens is none, enter 'No ntractor paid more than \$	over \$100,000 . 01(c)(3) organiz	ations and	4947(a)(1) nonexeminowiedge. Date PRESIDENT Check	pt X and belief, it is	
d Total Did th charit Under genattie true, correct. a	number of othe re organization rable trusts muses of perjury. I declarand complete. Declarand complete. Declarand rable trusts muses of perjury. I declarand complete. Declarand complete. Declarand perjury. I declarand complete. Declarand complete. Declarand complete. Declarand perjury. I declarand complete. Declarand complete. Declarand complete. Declarand perjury. I declarand complete. Declarand comple	or the organization of each organization of each organizat	dent contractors for completed? Schedule A? Completed? Completed warer (other than to be arer (other than to be are (other than than to be are (other than than to be are (other than than than than than than than than	ors each receiving Note: All section 5 chedule A	over \$100,000 . 01(c)(3) organiz	ations and	4947(a)(1) nonexeminowiedge. B-/0-/Date PRESIDENT	pt X and belief, it is	
d Total d Total 2 Did th charit: Under penaltie true, correct. a	number of othe reading for periods. It is a signature of othe signature of other signa	e organiza ddress of each r independ complete S attach a re that I have e autor of prepa ficer YELLO name and title.	dent contracte Schedule A? completed S examined this ret arer (other than	ors each receiving Note: All section 5 Including accompany Includi	over \$100,000 . 01(c)(3) organizering schedules and string schedules are string schedules.	ations and	4947(a)(1) nonexeminowiedge. Date PRESIDENT Check	pt X and belief, it is // if PTIN ed N/A	
d Total d Total for Did th charit: under penaltie true, correct, a Sign Here Paid Preparer	number of othe re organization rable trusts muses of perjury, I declarand complete. Declarand complete. Declarand complete round period per print of the results of the recomplete round period perjury. I declarand complete. Declarand complete. Declarand complete. Declarand complete. Declarand period perjury. I declarand complete. Declarand complete. Declarand period perio	or the organization of each or	dent contractors for the service of	ors each receiving Note: All section 5 Chedule A. Including accompany fficer) is based on all info Preparer's signature DONNA DENI AND ASSOCIAT	over \$100,000 . 01(c)(3) organizering schedules and string schedules are string schedules.	ations and	4947(a)(1) nonexeminowiedge. Date PRESIDENT Check	pt X and belief, it is //	Yes
d Total d Total Did th charit Under penaltie true, correct. a Sign Here Paid Preparer Use Only	number of othe re organization rable trusts muses of perjury. I declarand complete. Declarand complete. Declarand complete recompletes of perjury is signature of othe recomplete. Declarand completes of perjury. I declarand complete. Declarand completes of perjury. I declarand complete. Declarand completes of perjury. I declarand completes of perjury is declarand completes of perjury. I declarand completes of pe	e rindepend complete st attach a re that have e attorned prepared ficer YEILO arms and title.	dent contracte Schedule A? Completed? Completed Schedule A? Completed WHAWK PA DENKER A ANASAS CT	ors each receiving Note: All section 5 Including accompany Includi	over \$100,000 . 01(c)(3) organizering schedules and strination of which gress KER, CPA	ations and atements, and harer has any k	4947(a)(1) nonexeminate to the best of my knowledge throwledge. Date PRESIDENT Check self-employer	pt X and belief, it is // if PTIN N/A N/A (605) 7	

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Schedule A (Form 990 or 990-EZ) 2010

(E)

► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Department of the Treasury Internal Revenue Service Employer identification number 46-0395691 Name of the organization BLACK HILLS POW WOW ASSOCIATION, INC. Part I 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 1 A hospital or a cooperative hospital service organization described in section 170(bX1XAXiii). 2 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 3 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(bX1)(AXV). 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.) 6 7 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross from activities related to its exempt functions. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X 9 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 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 that describes the type of supporting organization and complete lines 11e through 11h. 10 11 c ☐ Type III — Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.... f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above?..... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) (vii) Amount of support (v) Did you notify the organization in column (i) of your support? (iv) is the organization in column (i) listed in (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) organization in column (i) organized in the (ii) EIN (i) Name of supported organization your governing document? No Yes No Yes Yes No (A)

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

		TO DOW WOW	ASSOCIATIO	N, INC.	46-0395691	Page Z
edule A (Form 990 or 990-EZ) 2010	BLACK HIL	Described in	Sections 170(t	$\frac{1}{(1)}$ (1)(A)(iv) and	d 170(b)(1)(A)(v	I)
Support Schedule for U	rganizations	5 7 or 8 of Part	I or if the organiz	ation failed to qu	alify under Part III.	it the
(Complete only if you directed organization fails to qualify un	der the tests list	ed below, please	complete Part III.)		
tion A. Public Support			1,0000	(d) 2009	(e) 2010	(f) Total
endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(u) 2003		
Gifts, grants, contributions, and membership fees received. (Do not include unusual grants.)						
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
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	E West Aread	28708.37				
ection B. Total Support		#2.0007	(c) 2008	(d) 2009	(e) 2010	(f) Total
alendar year (or fiscal year eginning in) ►	(a) 2006	(b) 2007	(C) 2000			
7 Amounts from line 4						
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 IV.)						
11 Total support. Add lines 7 through 10	tion ata (con	ostructions).			12	
12 Gross receipts from related act	Miles, ere (see ,	signation's first se	econd, third, fourth	, or fifth tax year	as a section 501(c)	⁽³⁾ ⊢ □
12 Gross receipts from related act 13 First five years. If the Form 99 organization, check this box an Section C. Computation of Po						T
Cartion C. Computation of the	UDITO OFF		re- 11 majuma	(1)		%
14 Public support percentage for 215 Public support percentage from	n 2009 Schedule	A, Part II, line 1	4	,		
16 a 33-1/3% support test - 2010.	f the organization qualifies as a	n did not check publicly supporte	ed organization		, , , , , , , , , , , , , , , , , , , ,	check this box
b 33-1/3% support test — 2009. I and stop here. The organization	if the organization on qualifies as a	publicly supporte	ed organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:a 10%
and stop here. The organization 17a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'fa	test — 2010. If the meets the factorial test and circumst	ances test. The	Organization 4		here. Explain in Pa supported organiza 16b. or 17a, and li	

Schedule A (Form 990 or 990-EZ) 2010

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

BAA

Schedule A (Form 990 or 990-EZ) 2010 BLACK HILLS POW WOW ASSOCIATION, INC.

| Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect							
	ion A. Public Support	T	4 > 0007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	(or fieral or heginging in)	(a) 2006	(b) 2007	(6) 2000	<u> </u>		
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	33,314.	38,059.	35,517.	29,912.	32,703.	169,505.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				1	0.5.050	201 620
	related to the organization's tax-exempt purpose	69,690.	57,101.	93,937.	74,852.	96,058.	391,638.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.	·		100 454	104,764.	128,761.	0. 561,143.
c	Total. Add lines 1 through 5	103,004.	95,160.	129,454.	104,704.		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ł	b Amounts included on lines 2 and 3 received from other than disqualified persons that			0.	0.	0.	0.
	1% of the amount on line 13 for the year.	. 0.	0.		0.	0.1	0.
	c Add lines 7a and 7b	. 0.	0.	0.			
	Bublic support (Subtract line						561,143.
8	7c from line 6.)						· ·
Se	ction B. Total Support	T	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Cale	endar year (or fiscal yr beginning in)	(a) 2006 103, 004.	95,160.	129,454.	104,764.	128,761.	561,143.
9	Amounts from line 6	103,004.	33,100.				
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		·	5.			5.
	b Unrelated business taxable		,				
	taxes) from businesses						<u>0.</u>
	acquired after June 30, 1975	0.	, 0.	5.	0.	0.	<u>0.</u> 5.
1-	acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, weather or not the business is	0.	. 0 -	5.	0.	0.	0.
	acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
1:	acquired after June 30, 1975 c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).		05.160	129 459	104.764	128,761.	0. 0. 561,148.
1: 1 1	acquired after June 30, 1975 c Add lines 10a and 10b. 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 3 Total support. (Add Ins 9, 10c, 11, and 12. 4 First five years. If the Form 990 organization, check this box an	103,004 D is for the organid stop here	. 95,160 zation's first, secondary	129,459 and, third, fourth,	. 104,764 or fifth tax year a	128,761. s a section 501(c)	0. 0. 561,148.
1:	acquired after June 30, 1975 c Add lines 10a and 10b. 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 3 Total support. (Add Ins 9, 10c, 11, and 12. 4 First five years. If the Form 990 organization, check this box an	103,004 D is for the organid stop here	. 95,160 zation's first, secondary	129,459 and, third, fourth,	. 104,764 or fifth tax year a	128,761. s a section 501(c)	0. 0. 561,148.
1: 1 1 <u>S</u>	c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	103,004 D is for the organic stop here ublic Support	. 95,160 ization's first, second Percentage mn (f) divided by I A. Part III, line 15	129,459 and, third, fourth, ine 13, column (f	. 104,764 or fifth tax year a	128,761. s a section 501(c)	0. 0. 561,148. (3) ►
1: 1 1 <u>S</u> 1	c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	103,004 D is for the organic stop here ublic Support 2010 (line 8, colurn 2009 Schedule /	. 95,160 ization's first, secondary Percentage mn (f) divided by Ind., Part III, line 15	129, 459 and, third, fourth, ine 13, column (f	. 104,764 or fifth tax year a	128,761. s a section 501(c)	0. 0. 561,148. (3) ► □ 100.0 %
1: 1 1 <u>S</u> 1	c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	103,004 D is for the organic distop here ublic Support 2010 (line 8, colurn 2009 Schedule Avestment Inco	Percentage mn (f) divided by IA, Part III, line 15 pme Percentage	129,459 and, third, fourth, ine 13, column (fige	104,764 or fifth tax year a	128, 761. s a section 501(c): 	0. 0. 561,148. (3) 100.0 % 100.0 %
1: 1 1 	acquired after June 30, 1973 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 3 Total support. (Add Ins 9, 10c, 11, and 12. 4 First five years. If the Form 990 organization, check this box an ection C. Computation of Property of Public support percentage for 20 Public support percentage from ection D. Computation of Interestment income percentage	103,004 D is for the organic stop here ublic Support 2010 (line 8, colurn 2009 Schedule / vestment Incompression 100 (line 100)	Percentage mn (f) divided by la. Part III, line 15 ome Percentage c, column (f) divided	129, 459 and, third, fourth, ine 13, column (f.	. 104,764 or fifth tax year a	128,761. s a section 501(c): 	0. 0. 561,148. (3)
1: 1 1 	c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	103,004 D is for the organic stop here ublic Support 2010 (line 8, colurn 2009 Schedule / vestment Income 2010 (line 10) from 2009 Schedule / from 2009 Schedule / the organization of the organization of the organization of the standard stan	Percentage mn (f) divided by la. Part III, line 15 ome Percentage c, column (f) divided by la. Part III, line 15 ome Percentage dule A, Part III, line in did not check the column the constitution here. The organization is seen as a seen	129, 459 and, third, fourth, ine 13, column (f	. 104,764 or fifth tax year a)). lumn (f). and line 15 is mo	128,761. s a section 501(c) 15 16 17 18 ore than 33-1/3%, a ported organizatio	0. 0. 561,148. (3) 100.0 % 100.0 % 0.0 % 0.0 % and line 17 1
1: 1 1 	acquired after June 30, 1973 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 3 Total support. (Add Ins 9, 10c, 11, and 12. 4 First five years. If the Form 990 organization, check this box an ection C. Computation of Property of Public support percentage for 20 Public support percentage from ection D. Computation of Interestment income percentage	103,004 D is for the organic stop here 2010 (line 8, colure 2009 Schedule / tvestment Incompanie for 2010 (line 10 from 2009 Schedule / the organization ck this box and stiff the organization of the organiz	Percentage mn (f) divided by la., Part III, line 15 ome Percentage c, column (f) divided by la., Part III, line 15 ome Percentage c, column (f) divided by la., Part III, line 15 on did not check the top here. The organ did not check a	ine 13, column (f. ge led by line 13, column to le 17	104,764 or fifth tax year a illumn (f)) and line 15 is more as a publicly supplied to the second control of t	128,761. s a section 501(c) 15 16 17 18 ore than 33-1/3%, a ported organization at 16 is more than 3 icly supported organization at see instructions	0. 561,148. (3) 100.0 % 100.0 % 0.0 % 0.0 % 0.0 % and line 17 n

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

7	n	1	0
	Ų	1	V

Employer identification number

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

Name of the organization		146-0395691
BLACK HILLS POW WOW ASSO	CIATION, INC.	
Organization type (check one): Filers of: Form 990 or 990-EZ	Section:	anization ust not treated as a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable tr 501(c)(3) taxable private foundation	ust treated as a private foundation
Check if your organization is covered Note. Only a section 501(c)(7), (8), or	by the General Rule or a Special Rule . (10) organization can check boxes for both the C	General Rule and a Special Rule. See instructions.
General Rule [X] For an organization filing Form 99 contributor. (Complete Parts I and	0, 990-EZ, or 990-PF that received, during the ye ll.)	ear, \$5,000 or more (in money or property) from any one
509(a)(1) and 170(b)(1)(A)(vi), and (2) 2% of the amount on (i) Form For a section 501(c)(7), (8), or (10 aggregate contributions of more the prevention of cruelty to children the prevention of cruelty to children for a section 501(c)(7), (8), or (10 contributions for use exclusively find this box is checked, enter here purpose. Do not complete any of religious, charitable, etc., contributions are accomplished that is not of	990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 3) organization filing Form 990 or 990-EZ, that re han \$1,000 for use exclusively for religious, chari- en or animals. Complete Parts I, II, and III. 3) organization filing Form 990 or 990-EZ, that re or religious, charitable, etc, purposes, but these of the total contributions that were received during the parts unless the General Rule applies to this tions of \$5,000 or more during the year.	Rules does not file Schedule B (Form 990, 550-22, or
990-PF, to certify that it does not me	art IV, line 2 of their Form 990, or check the box et the filing requirements of Schedule B (Form 990)	Schedule B (Form 990, 990-EZ, or 990-PF) (2010

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

Cabadula	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	OF L OF ARTE
Nama of orga	nization		95691
	HILLS POW WOW ASSOCIATION, INC.		
Part I (a) Number	Contributors (see instructions.) (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALLIED ARTS 1202 E. ST. FRANCIS RAPID CITY, SD 57701	 \$ 9,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b)	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numb	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Noncasii F	Property (see instructions.)	(c)	(d) Date received
(a) , from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	Date teceived
N/A			
		\$\$	
(a)), from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$\$	
(a)	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) o. from Part I			
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
PartI			-
		\$\$	
(a)	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I			
		\$	
(a)	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
(a) No. from Part I			
		\$	
		Schedule B (Form 990, 990-	

BAA

	one one EZ or 990-PF) (2010)		Page	٠	OT L Employer identificatio	oi Part III
hedule B (FO	orm 990, 990-EZ, or 990-PF) (2010)				46-0395691	n nutriber
ne of organization	LS POW WOW ASSOCIATION, INC	•		266 265	46-0393091	wa
art III Ex	<i>cclusively</i> religious, charitable, etc.	n \$1,000 for the year.Com				line entry.
For	r organizations completing Part III, enter to ntributions of \$1,000 or less for the year. (E	tal of <i>exclusively</i> religious, cha Enter this information once. Se	ritable, etc, e instructions.)		►\$ (d)	N/A
(a)	(c) (b) (b) Purpose of gift Use of gift			Description of how gift is held		
Part I N/						
	Transferee's name, address,	Relations	Relationship of transferor to transferee			
	Halistere 3 harro, according					
	(b)	(c)			(d) iption of how gift	ic hald
(a) No. from Part I	Purpose of gift	Use of gift		Descri	iption of flow grid	(S neid
		(e) Transfer of gift				
	Transferee's name, address	Relationship of transferor to transferee				
					(d)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	ription of how gif	t is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
white	Transfer Control, Control					
(a)	(b)	(c) Use of gift		Desc	(d) cription of how git	tt is held
No. from Part I	Purpose of gift					
		(e)				
	Transferee's name, addres	Transfer of gift	Relation	nship of	transferor to tran	sferee
- - -						
BAA		TEEA0704L 06/23/09	Schedule	B (Forn	n 990, 990-EZ, or	990-PF) (201

Page 1

of

of Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number 46-0395691 Name of the organization BLACK HILLS POW WOW ASSOCIATION, INC. FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE PROMOTE CULTURE OF NATIVE AMERICANS. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE ORGANIZATION SPONSORS THE BLACK HILLS POW WOW AND ARTS EXPOSITION WHICH WAS ATTENDED BY MORE THAN 12,000 PEOPLE. THIS EVENT STRIVES TO EDUCATE THE PUBLIC AND PRESERVE NATIVE AMERICAN TRADITION AND CULTURE. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.... DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

2010 SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
TO A OK UNIT S DOW WOW ASSOCIATION, INC.	46-0395691
VIII VIII VIII VIII VIII VIII VIII VII	01:07PM
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION INFORMATION TECHNOLOGY INSURANCE INTEREST OFFICE EXPENSES OTHER PRIZES AND AWARDS TRAVEL TOTAL	248. 778. 219. 2,225. 1,188. 55,912. 8,257.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES BEGINNING SECURED MORTGAGES AND NOTES PAYABLE \$ 6,654. \$ 6,654.	ENDING \$ 1,182. \$ 1,182.

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

Form 886 (Rev January 201) ひ	7 7 7	Exempt Organia		OMB No. 15	45-1709
			File a separate applic	ation for each return.	<u> </u>	► V
Do not comp Electronic file corporation or request an e Associated V electronic file Part A A corporatio	e filing for an e filing for an olete Part II ur ling (e-file). Ye required to file with Certain P ing of this for utomatic 3 on required to reporations (inc	Additional (Not Autonaless you have already ou can electronically for Form 990-T), or an ame to file any of the forersonal Benefit Contram, visit www.irs.gov/el-Month Extension	ctension, complete only in the state of the	complete only Part II (on page 2 of atic 3-month extension on a previous a 3-month automatic extension of t 3-month extension of time. You can tell in IRS in pager format (see instruction IRS) in the IRS in	sly filed Form 8868. ime to file (6 months for electronically file Form), Information Return for uctions). For more deturned to the complete Part I only uest an extension of time.	or a n 8868 to or Transfers ails on the y me to file
income tax	returns. Name of exemp				Employer identification	number
Type or print File by the due date for filing your	BLACK H	ILLS POW WOW A and room or suite number, if			46-0395691	
return. See instructions.	City, town or po	city, town or post office, state, and ZiP code. For a foreign address, see instruction				
Enter the P	RAPID C	ITY, SD 57709 the return that this ap	oplication is for (file a sep	parate application for each return)		03
			Return	Application Is For		Return Code
Application Is For	1		Code	Form 990-T (corporation)		07
Form 990			01	Form 1041-A		08
Form 990-E	3L		02	Form 4720		09
Form 990-E			03	Form 5227		10

			Return
Application	Return Code	Application is For	Code
Application Is For	01	Form 990-T (corporation)	07
Form 990	01	Form 1041-A	08
Form 990-BL		Form 4720	09
Form 990-EZ	03	Form 5227	10
Form 990-PF :		Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)		Form 8870 -	12
Form 990-T (trust other than above)			

● The books are in the care of. ► STEPHEN_YELLOWHAWK, PRESIDENT			
Telephone No. ► 605-391-6603 FAX No. ► If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If check this box. ► . If it is for part of the group, check this box. ► . and attach a list with the names at the extension is for.	this is	for the whole	group,
1 I request an automatic 3-month (6 months for a corporation required to the 1 structure of the organization named above. until 8/15, 20 11, to file the exempt organization return for the organization named above.			
The extension is for the organization's retain to a second	al retu	ırn	
Change in accounting period	, T		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax	3 b	\$	· 0.
Palance due, Subtract line 3b from line 3a. Include your payment with this form, it required, by dainy		\$	0.
EFTPS (Electronic Federal Text Symptomic fund withdrawal with this Form 8868, see Form 8453-EO and Form 15 you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 15 you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8868, see F			
payment instructions. Payment instruction Act Notice, see Instructions.	-	Form 8868 (F	lev. 1-2011)

BAA For Paperwork Reduction Act Notice, see Instructions.