City Subsidy Application / Allied Arts Fund / Financial Information

Mi	nnilusa Historical Association	•		
				Cash balance \$10,254
		Account(s) balance		φ1U,Z04
	_			\$1,763,471
	Other Accounts(s) balance - NOTE:	attach itemized list		
	TOTA	AL (sum of above)		\$ 1,773,725
	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:
M	AKE SURE THESE DATES ARE CORRECT Date of:	2010	2009	2012
	EXPENSES	Operating Expenses	Operating Expenses	Operating Expenses Budget
A.	Programming	62,212	70,383	65,380
B.	General & Administrative	16,814	9,112	13,025
C.	Fundraising		pus	м.
D.	Capital Expenditure	-	-	
F.	Total All Expenses (A through D)	79,026	79,495	78,405
	INCOME	Operating Income	Operating Income	Operating Income Budget
1.	Income from Programs, Ticket Sales, etc.	2,108	4,509	5,000
J.	Income from Grants & contributions (provide detail below)	· ••	**	-
K.	Other Income (Dues, member fees, interest, etc.)	64,324	(171,745)	61,000
Ο.	Total Applicant Income (I through K)	66,432	(167,236)	66,000
Deta	il of Item J. Income from Grants and Contributions: Source of Funding		Amount	
		Most recently completed Fiscal Vear: Spinancial statement. SPHESE DATES ARE CORRECT Date of: EXPENSES EXPENSES Coperating Expenses		
	TOTAL	•	\$0.00	

To type directly onto this page double click on any line and fill in your data. To save, double click anywhere outside the box.

2010 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 20 For the 2010 calendar year, or tax year beginning 2010, and ending D Employer identification no. MINNILUSA HISTORICAL ASSOCIATION C Name of organization nack if applicable: 46-6008615 C/O MINNILUSA PIONEER MUSEUM Address change Doing Business As Room/suite Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change 222 NEW YORK ST (605) 394-6099 Initial return 1,321,488 City or town, state or country, and ZIP + 4 Terminated RAPID CITY, SD 57701 G Gross receipts \$ Amended return Application pending F Name and address of principal officer: Is this a group return for Yes X No Are all affiliates included?

If "No," attach a list. (see instructions)

Group exemption number (insert no.) X 501(c)(3) 4947(a)(1) or 527 Tax-exempt status: 501(c) (Website: N/A SD 1959 JOther ▶ Trust X Association L. Year of formation: M State of legal domicile: Form of organization: Corporation Part I Summary Briefly describe the organization's mission or most significant activities: ADVANCE THE KNOWLEDGE OF PIONEER LIFE BY 1 MANAGING AND MAINTAINING A PIONEER MUSEUM AS A PUBLIC SERVICE, PROMOTING AN AWARENESS OF THE CONTRIBUTIONS TO THIS AREA MADE BY OUR FOUNDERS AND EARLY SETTLERS, COLLECTING, Activi G PRESERVING, INTEREPRETING AND EXHIBITING HISTORICAL ITEMS AND PROV Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 2 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 12 6 8 Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · · · 0 0 Current Year Prior Year R 8,589 11,288 Contributions and grants (Part VIII, line 1h) Я (176,441 70,420 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 81,708 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) · · · · · · (167,852 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) · · · · · · · · · · · · 0 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 E 46,989 52,372 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundralsing fees (Part IX, column (A), line 11e) e didenti . net 146. Total fundraising expenses (Part IX, column (D), line 25) 19,524 27,479 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 79,851 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) · · · 66,513 18 (234,365 1,857 19 Beginning of Current Year End of Year Net Assets 1,934,205 1,831,042 20 Total liabilities (Part X, line 26) · · · · · · · · · · · · First 21 Bal-Net assets or fund balances. Subtract line 21 from line 20 · · · · · · · 1,831,042 1,934,205 22 ances Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. CASEY PETERSON Dale Signature of officer Sign PRESIDENT CASEY PETERSON, Here Type or print name and title Check ïť PTIN PrintType preparer's name Richard J Putnam self-employed Paid A2Z BUSINESS AND TAX SERVICE Firm's EIN Firm's name narer 402 MAPLE AVE 605-716-3985 Phone no. Firm's address Only RAPID CITY SD 57701

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	ADVANCE THE KNOWLEDGE OF PIONEER LIFE BY MANAGING AND MAINTAINING A PIONEER MUSEUM AS A PUBLIC SERVICE, PROMOTING AN AWARENESS OF THE CONTRIBUTIONS TO THIS AREA MADE BY OUR FOUNDERS
	AND EARLY SETTLERS, COLLECTING, PRESERVING, INTEREPRETING AND EXHIBITING HISTORICAL ITEMS AND
	PROV
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
4	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 66,238 including grants of \$) (Revenue \$) MINNILUSA PIONEER MUSEUM-THE PRESERVATION OF THOUSANDS OF HISTORICAL ITEMS FOR THE BENEFIT OF
	THE GNERAL PUBLIC.
	IND GREENI FUDBLE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.J	(Code. / (Expenses 4 sections grants of 4 / (November 4 /)
	/Code \ \(\(\(\(\) \) \\ \(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	
· }	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 66,238
	Total program service expenses ▶ 66,238

EEA

Form 990 (2010)

MINNILUSA HISTORICAL ASSOCIATION

46-6008615

Page 2

46-6008615

P	artiv Checklist of Required Schedules			
	Le the exercise the density of a costion E0d/oV9) or 40.47(a)/4) (other than a neighbor for adation)? If IIVan II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A • • • • • • • • • • • • • • • • • •	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	-Λ	X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			23-
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	.	х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
-	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ī	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II · · · · · · · · · · · · · · · · · ·	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
-	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts Vt,		(C 190	1. (1.1.)
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11 -224 \$245		
	Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	Х	
	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? if "Yes," complete Schedule D, Part IX · · · · · · · · · · · · · · · · · ·	11d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X · · · · · · ·	11e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12:	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		X
į	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14		14a		X
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV · · · · · · · · · · · · · · · · · ·	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			İ
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
20	•	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) • • • • • • • • • • • • • • • • • • •	20b		

Page 4

1			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		,	
-	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		 	
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		<u> </u>
IJ	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		٠.,
00	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		X
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		٠,
		20		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			.,
	If "Yes," complete Schedule L, Part III	27	N.	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	TANK.	Charle.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	J. Farmer	silición.	1. A
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		3,
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			4.5
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M • • • • • • • • • • • • • • • • • •	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I · · · · · · · · · · · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36	<u></u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	EEA	Form	990 ((2010)

14a

Statements Regarding Other IRS Filings and Tax Compliance Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • 5b b 5c c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a 6a organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 31 and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • 7b h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х e Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract? · · · · 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 9b Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources against 鐵高 b 经外线 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

14a

14b

46-6008615 Page 6 Form 990 (2010) MINNILUSA HISTORICAL ASSOCIATION Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? A Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 235 8a а X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filling the 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate SACONAL. its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 48 B. Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

X Another's website Upon request Own website

organization: > REID RINER (605) 394-6099

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

222 NEW YORK ST RAPID CITY, SD 57701

Section A.

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

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

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

Check this box if neither the organization nor	any related organizat	ions co	omp	ensa	ated	any c	urrei	nt officer, director,	or trustee.	
(A)	(B)			(c	C)			(D)	(E)	(F)
Name and Tifle	Average hours per week (describe hours for related organizations in Schedule O)	I f d	n rust state	l n	all th Key employee	at apply) the specific at the	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) BILL MCBRIDE										_
DIRECTOR		X		<u> </u>	_		<u> </u>	C	0	0
DOUG HESNARD									_	
PAST PRESIDENT		X						(0	0
(3) ED MCLAUGHLIN										_
DIRECTOR		X	<u> </u>			<u> </u>		(0	0
(4) JOHNNY SUNDBY										
DIRECTOR		X		<u> </u>	<u> </u>	<u> </u>		(0	0
(5) KAREN MILLER						1				
DIRECTOR		X						(0	0
(6) MARILYN LAKNER		***************************************								
DIRECTOR		X			<u> </u>				0	0
(7) PAT ROSELAND										
DIRECTOR		X						(. 0	0
(8) RANDY DAUGHENBAUGH										
DIRECTOR		X					<u> </u>	(0	0
(9) STELIA HUGHES					Ī					
DIRECTOR	,	X							0	0
(10)VERN MCMULLEN			Π							
DIRECTOR		X				ŀ		(0	0
(11)WINI MICHAEL					T					
DIRECTOR		X						(0	0
(12)CASEY PETERSON					T		1			
PRESIDENT				X	\$		L		. 0	0
(13)EILEEN ROSSOW										
TREASURER				X	4		l		0	0
(14)JANET RATHBUN			Γ.			T	T			
SECRETARY				X	₫		***************************************		0	0
JUDY COBB			Г		T		T			
VICE PRESIDENT				X	4				0	0
(16)REID RINER								,		
EXECUTIVE DIRECTOR	40.00				}	ζ		42,650	0	. 0

101 001 11000 1111111111111111111111111									
Section B. Independent Contractors									
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of									
compensation from the organization.	***************************************								
(A)	(B)	(C)							
Name and business address	Description of services	Compensation							
		<u>, , , , , , , , , , , , , , , , , , , </u>							
	· · · · · · · · · · · · · · · · · · ·								

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Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization >

Form 990 (2010)

Pan V		Statement or Revenue	Kontania Kontania	To be the		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · ·		1a		496000000000000000000000000000000000000		观教教员 。2017	
	b	Membership dues · · · · ·		1b	1,540				
vuntri- putions,	C	Fundraising events · · · ·		1c		Presided Prefe			374 SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEAL
gifts,	d	Related organizations · · · ·		1d					
grants and	8	Government grants (contribution	ons) • •	1e	9,748				
other	f	All other contributions, gifts, gr	ants,			一种的现代			
similar amounts		and similar amounts not includ		1f	<u> </u>	Harris C. (4-424)			
	g	Noncash contributions include				11,288			
	h	Total, Add lines 1a-1f · · ·		· · · · ·		20.000	ACTOR OF THE PROPERTY OF THE PARTY OF THE PA	ALALI ELDES PE	STATE OF STATE OF
	20			ŀ	Business Code	1933921212121392121212	<u> British in Delegal delegan</u>	Self Alex SETTEMENT TOTAL SELF	Sala de la esta la compania de la compania de la compania de la compania de la compania de la compania de la c La compania de la co
	2a b								
Program	c			-					
Service Revenue	d	***************************************							
	е	**************************************		— j				,	
	f	All other program service reven	ue · · · ·	$\overline{\cdots}$.					
	g	Total. Add lines 2a-2f · · · ·		• • • -	• • • • • • •		學的學術等語言	· · · · · · · · · · · · · · · · · · ·	Shirt this can be
	3	Investment income (including dother similar amounts)		• • •		68,932			68,932
	4	Income from investment of tax-							
	5	Royalties · · · · · · · · · · · · · · · · · · ·					3	Caterography (1975) and the control of the control	
]_	(i) Rea	31	(ii) Personal				
	1	Gross Rents · · · · · · ·							
		Less: rental expenses · · · ·							44,431,041,041,041,041
		Rental income or (loss) • • • [THE RESERVE OF THE PARTY OF THE	WAR LEND RICH
	ł	Net rental income or (loss)				ANGERS STREET	Sail sign and price And Sail Sail	AMMERICANIA	
	7a	Gross amount from sales of	(I) Securil 1,241		(ii) Other				
	١.	assets other than inventory	2,232	-,	~~				
	b	Less: cost or other basis and sales expenses	1,239	780					
0	_	Gain or (loss)		1,488					
t In	1	Net gain or (loss) · · · · ·				1,488	.1		SALES AND SALES
e	1	Gross income from fundralsing					· "怎么没糊馋猪儿		
r		events (not including \$							
R		of contributions reported on line	e 1c).	~~~					
e v		See Part IV, line 18 · · · ·							
e		Less: direct expenses · · ·						Ediablosado	
n U	1	Net income or (loss) from fund		nts •		water West and a second		Windship APC 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	9a	Gross income from gaming act							
		See Part IV, line 19 · · · ·		·a				Miles a	
		Less: direct expenses • • • •					la delati provanci encanda		16.2 (4.2%) 2003.86
	C	Net income or (loss) from gam	ing activitie	es • •		SCHOOLS STATE OF STAT	S SGLOS CLEAR STAR		The second second
	10a	Gross sales of Inventory, less				400			
		returns and allowances · · ·							
		Less: cost of goods sold • • Net income or (loss) from sale					THE PROPERTY OF THE PARTY OF TH	E PORTOCO SE SE SE SE SE SE SE SE SE SE SE SE SE	1925年1877年中国共和国国际企
	<u>c</u>		O OI HINGING	. y	Business Code	550 Salvium 186.2			THE THE THE TANK
	11a	Miscellaneous Revenue			Transcoa Cone	grand that had to	A CAS CONTRACTOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	for an effectively to a half-contact of 1997.
	b						1		
	C								
	1	All other revenue · · · · ·							
	e	Total. Add lines 11a-11d •							
2	1	Total revenue See instruction				81.70	1.48	31	d 68,932

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22. Grants and other assistance to governments, 3 organizations, and individuals outside the Compensation of current officers, directors, 5 42,650 42,650 trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 6,000 6,000 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) Q 3,722 3,722 10 Fees for services (non-employees): 11 a 10 10 Legal b 3,328 3,328 C d 古文論語 Professional fundraising services. See Part IV, line 17 · e Investment management fees · · · · · · · · 10,275 10,275 . 124 124 Advertising and promotion · · · · · · 395 395 Office expenses 13 Information technology · · · · · · · 14 15 7,582 7,582 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 50 50 Conferences, conventions, and meetings · · · · · · 19 20 Payments to affiliates 21 826 826 Depreciation, depletion, and amortization 22 2,451 2,451 Insurance 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24f. If 中海南 line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 1,000 1,000 SUPPLIES 637 637 TELEPHONE POSTAGE AND SHIPPING 264 264 260 260 PRINTING AND PUBLICATIONS DUES & MEMBERSHIPS 140 140 137 137 66,238 13,613 0 79,851 Total functional expenses. Add lines 1 through 24f · · 25 Joint Costs, Check here | if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

46-6008615

Part X **Balance Sheet** (B) (A) End of year Beginning of year 13,427 16,067 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing A employers and sponsoring organizations of section 501(c)(9) voluntary S employees' beneficiary organizations (see instructions) ĥ s e 7 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D · · · · · 10a 9,444 7,487 2,998 Less: accumulated depreciation · · · · · · · · · · 10b 1,811,977 1,913,291 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · 13 13 14 14 15 15 1,831,042 1,934,205 16 16 Accounts payable and accrued expenses 17 17 18 18 Deferred revenue 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 25 Total Ilabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here▶ 🗓 and NF complete lines 27 through 29, and lines 33 and 34. 1,934,205 1,831,042 27 u 27 n Temporarily restricted net assets 28 28 29 В Organizations that do not follow SFAS 117, check here ▶ 發劇的:形色出口: Market Deposit S a ſ STATE OF THE STATE е and complete lines 30 through 34. t а Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 0 6 Retained earnings, endowment, accumulated income, or other funds 32 32 1,934,205 1,831,042 33 33 1,831,042 1,934,205 Total liabilities and net assets/fund balances 34

m 990 (2010) MINNILUSA HISTORICAL ASSOCIATION	46-0	3008615	Pag	je 1:
art XI Peroposition of Not Assets				X
Total revenue (must equal Part VIII, column (A), line 12) • • • • • • • • • • • • • • • • • • •			81,70	
Total expenses (must equal Part IX, column (A), line 25)		2	79,8	
Revenue less expenses. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·		3	1,8	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1 1,	831,04	42
Other changes in net assets or fund balances (explain in Schedule O)		5	101,30	06
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
column (B))		8 1,	934,20	05
Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				· 🗀
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain i Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		· · · · · 2a	Yes X	No
D Mele file didulization a support agreement of an unasharrant and an unasharrant		· · · · · <u>2b</u>		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, exschedule O.	tant? · · · · · ·	2c	x	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?		<u>3</u> a		<u> </u>
b If "Yes." did the organization undergo the required audit or audits? If the organization did not under	go the			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits • • • • •	- · · · · 3b		0010
EEA		For	n 990 (2	2010