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0	000 EE (2000)					rage z
Par	Statement of Program Service Accom	plishments (See the instri	uctions for Part III	.)		Expenses
What is the organization's primary exempt purpose?						ired for section
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise)(3) and 501(c)(4) zations and section
manner, describe the services provided, the number of persons benefited, and other relevant information for						a)(1) trusts; optional
each	program title				for ot	hers)
28	Sponsorèd and conducted seasonal, year round, and	d daily volkssport walking, bi	king, and swimmin	g events		
	to more than 11,000 participants		····			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	28961.06
29						
	(Grants \$) If this amount	. ▶ 🗆	29a	0		
30						
						·
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	0
31	Other program services (attach schedule)				1	
~•	, ,	includes foreign grants, che		. ▶ □	31a	0
32	Total program service expenses (add lines 28a				32	28961.06
	t IV List of Officers, Directors, Trustees, and Key					
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances
Joh	n Moranti	devoted to position	Citter 0 .,	delened compe	13ation	other allowances
	Enchantment Road, Rapid City, SD	President 6 hours/week	0		0	0
	orie Littlefield					-
	E. College, Rapid City, SD	Vice President 5 hrs/week	0	1	0	0
	r Frame					
		Treasurer 3 hours/week			^	
	Gypsey Rd, Rapid City, SD		0		0	0
	y Holter	Secretary 1 hour/week				
5920	Northdale, Black Hawk, SD		0		0	0
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Part	Other information (Note the statement requirements in the instructions for Part V.)				
	·		Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			100	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?			1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<u>36</u>	,·	,	
b	Did the organization file Form 1120-POL for this year?				
38a					
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		, (, °, »	- 12.	
39	Section 501(c)(7) organizations. Enter:),2 (1)		
а	Initiation fees and capital contributions included on line 9	7/2	3	yau i	
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Farmer 2000 at 2000 F70 K W/s - 7 a a seed at a Cabra data	40b			
С				2,	
d					
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	· · · · · · · · · · · · · · · · · · ·	1	
41	List the states with which a copy of this return is filed. South Dakota				
42a			6-2105	 5	
	Located at ► 3030 Gypsey Rd, Rapid City, SD	577	03_		
¯ b ¯	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		Yes	No	
		42b		✓	
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			,	
c		42c			
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				
		ſ	Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	_	163	-110	
	Form 990-EZ	44		1	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	•	<u> </u>	
			LEZ	(0000)	

Part VI

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char ad 51.	exempt charitab ritable trusts mus	le trusts only. A t answer questio	II section ns 46–4	 9b		
	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					s No		
	•				46	1		
	Did the organization engage in lobbying activities				47 48	+		
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	If "Yes," was the related organization a section 5		-		49a 49b	+		
50	Complete this table for the organization's five his employees) who each received more than \$100,0	ghest compensated empl	oyees (other than o	fficers, directors, t	rustees a			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans 8 deferred compensation	(e) Expense			
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five I \$100,000 of compensation from the organization	nighest compensated ind		ors who each rece	eived mo	ore than		
	(a) Name and address of each independent contractor				(c) Compe	nsation		
	Total number of other independent contractors e	each receiving over \$100,0		-	· · · · · ·			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes	t of my kno any knowle	wledge dge		
Sign Here	Signature of officer Lora Frame Type or pnnt name and title							
Paid Prepare	Preparer's signature Firm's name (or	Date	Check if self- employed ▶ □	Preparer's identifying nun	nber (See inst	ructions)		
Use Onl	y yours if self-employed),							
May the	address, and ZIP + 4 Per IRS discuss this return with the preparer shown	above? See instructions	Ph	one no ▶	Yes [l No		

Black Hills Volkssport Assn.

Donation Itemized Report

For the Period 1 July 2009 to 30 June 2010

4-Sep-09 Wild Horse Sanctuary \$1,000.00 17-Jun-10 Crazy Horse Memorial \$6,734.40

Total Donations \$7,734.40

Black Hills Volkssport Assn.

Other Changes in Net Assets or Fund Balances
For the Period 1 July 2009 to 30 June 2010

Checks not cashed last period 6211.86

Checks not cashed this period

\$16 54 \$42.00 \$15.90 \$6,734.40 \$59.90 \$6,868.74

Net Change \$656.88

0425867059 Jan. 13, 2011 LTR 2695C 0 R 46-0411015 201006 67 00019400

AMERICAN VOLKSSPORT ASSOCIATION INC 274 BLACK HILLS VOLKSSPORT PO BOX 2046 RAPID CITY SD 57709



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee Date

Treusurer

Title