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SCANNED JAN 0 6 2010

832001 12-18-08

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	\simeq 2008 calendar year, or tax year beginning ${ m SEP}$ 1 , 2008 and ending	AUG 31, 2009	
В	Check if	Please C Name of organization	D Employer identific	cation number
а	ipplicable	use IRS SOUTH DAKOTA HIGH SCHOOL RODEO		
	Addres	ss label or ASSOCIATION		
	Name change	type	46-0	374473
F	Initial	See Number and street (or P 0 box if mail is not delivered to street address) Room/s		
F	retum Termin	Specific C / O ANINI CLINIDEDMANI	(605	
=	⊒atıoл]Ameno			219,002.
늗	iretum ∏Applic	City or town, state or country, and zir + 4	G Gross receipts \$	
	tion pendin	DALITE, BD 37003	H(a) Is this a group re	
		F Name and address of principal officer	for affiliates?	Yes X No
_			H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		e: ► WWW.SDHSRA.COM	H(c) Group exemptio	
		organization Corporation Trust X Association Other ► L	ear of formation 1951 N	1 State of legal domicile SD
Pa	art I	Summary		
Ð	1	Briefly describe the organization's mission or most significant activities: COLLECT	FUNDS FOR AND	PROMOTE
2		HIGH SCHOOL RODEOS IN SOUTH DAKOTA		
Activities & Governance	2	Check this box Fig. if the organization discontinued its operations or disposed of r	nore than 25% of its assets	3.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
Ğ			4	
တ္	5	Number of independent voting members of the governif@body(PartV), fine 1b) Total number of employees (Part V, line 2a)	5	1
iţie	6	Total number of volunteers (estimate if necessary)	6	
Ę	7a	Total gross unrelated business revenue from Part VIII, line 1:2 country (5) 9	7a	578.
ĕ		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1b)	81,426.	101,263.
Revenue		Contributions and grants (Cart VIII) into Tri)	12,926.	101,203.
Ver		Program service revenue (Part VIII, line 2g)	859.	578.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,708.	52,771.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,919.	154,612.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		······································
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,800.	14,912.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
χbe	b.	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24f)	146,054.	143,794.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	159,854.	158,706.
	19	Revenue less expenses. Subtract line 18 from line 12	27,065.	-4,094.
Net Assets or Fund Balances			Beginning of Year	End of Year
ets	20	Total assets (Part X, line 16)	128,279.	124,107.
Ass	21	Total liabilities (Part X, line 26)	624.	546.
e e	22	Net assets or fund balances Subtract line 21 from line 20	127,655.	123,561.
	art II	Signature Block	20,7000.	123/3011
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	nts, and to the best of my knowledge	pe and belief, it is true, correct.
		and complete. Peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	dge	,
0:-	_ [A SIMOVIANCE	111 -14	5-1009
Sig		Signature of officer	Date	J 900 I
Her	e		Sucretan	, SMILEPA
		Ann Junalimann Executive	<u>Jecle I al</u>	4 JUMOM
		Type or print name and title	Chack if	/
Palo	ı	Preparer's Shala Jackson CPA 10/19/09	colf_ (see ins	er's identifying number structions)
_	arer's			
•	Only	yours if CASEL FELENBON & ABBOC	EIN ►	
-	´	self-employed), address, and 505 KANSAS CITY ST		
		ZIP+4 RAPID CITY, SD 57701	Phone no 🕨 (605)348-1930
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			۱
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		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			١.,
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			,,
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	17	Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	17
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			v
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
2 5 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
_		234		
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25b		Х
26	prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		 ^
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
_,	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
	Complete Confeder Confederation to Confederation in Tea, Complete Confederation In Confederation I		990 (

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

If "Yes," complete Schedule R, Part V, line 2

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Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? Х 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional Х corporation) doing business with the organization? 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х 35 If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х

Х

36

37

	SOUTH DAKOTA HIGH SCHOOL RODEO			
		<u> 374473</u>	Р	age (
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	1		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibite	ed		
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	<u> </u>	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f		7f	-	X
_		<u>7g</u>		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			v
	excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			v
a	Did the organization make any taxable distributions under section 4966?	9a		X
. b	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A	9b	-	┼^
10				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11	Section 501(c)(12) organizations. Enter: N/A			
11	Gross income from members or shareholders			
Œ	Orosa moone non memoria or anarenousia	1	1	t

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

12a

11b

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Form 990 (2008) ASSOCIATION Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	14		
b	Enter the number of voting members that are independent	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	X
6	Does the organization have members or stockholders?	_6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Does the organization have local chapters, branches, or affiliates?	9a		X
	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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Х	
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ī	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
2	The organization's CEO, Executive Director, or top management official?	15a		х
	Other officers or key employees of the organization?	15b		X
J	Describe the process in Schedule O. (see instructions)	130		<u> </u>
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
···a	taxable entity during the year?	16a	1	х
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
b	·			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	1	
800	tion C. Disclosure	[100	·	
	List the states with which a copy of this Form 990 is required to be filed ▶SD			
17 10		blo for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these excludes. Check all that each	iole lor		
	public inspection. Indicate how you make these available. Check all that apply. X Own website			
	· ·			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	y, and fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nization:	_	
	ANN SUNDERMANN - 605-529-5868 PO BOX 303, BALTIC, SD 57003			
	LO DOV 202' DUTITO' OD 21002			

ASSOCIATION

46-0374473

Form 990 (2008) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours	(6)	Position (check all that apply)				hA.	Reportable compensation	Reportable compensation	Estimated amount of
	per week	director	Institutional frustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANN SUNDERMANN			_	-	-				<u>-</u>	
EX SEC	20.00	х		x				13,800.	0.	0.
DOUG DOLL	20.00	73		1		 		13,000.	<u> </u>	•
PRESIDENT				x				0.	0.	0.
MARK THIEL	-		\vdash					<u> </u>	· · · · · · · · · · · · · · · · · · ·	•
VICE-PRESIDENT				X				0.	0.	0.
CAROLE HOLLERS				<u> </u>				3.		
NATIONAL DIRECTOR				Х			ļ	0.	0.	0.
SUSAN DEWEY				 	-		-			
QUEEN COORDINATOR				X			ŀ	0.	0.	0.
LON DREYER									- · -	
RIVER DIRECTOR		1		X		1		0.	0.	0.
KENT CLARKE				ļ						
PR DIRECTOR				X				0.	0.	0.
ROD KUSSER				Π						
E DIR AT LARGE			1	X				0.	0.	0.
STEVE SUTTON										
RIVER DIRECTOR		<u>L</u>		Х				0.	0.	0.
PATRICK AUER										
SW DIRECTOR			<u> </u>	X				0.	0.	0.
DAN CURR										i
SW DIRECTOR		<u> </u>		X				0.	0.	0.
KELLY SHOEMAKER										
NW DIRECTOR		_		X		<u> </u>		0.	0.	0.
DOUG YOUNG										
W DIR AT LARGE				X	<u> </u>	ļ		0.	0.	0.
CLAY BIRKELAND										1
HOST COM			_	X	_	_	<u> </u>	0.	0.	0.
PHIL KISSACK			1	l						
HOST COM	<u> </u>	<u> </u>	_	X	<u> </u>			0.	0.	0.
MARK THIEL				1			1		_	_
HOST COM		<u> </u>	_	X	<u> </u>		<u> </u>	0.	0.	0.
DANE KISSACK				,,					_	_
ST PRES		1		X	L	L	l	0.	0.	0.

ARRI CABLE ST SEC KOURTNEY HAUGE QUEEN BRET HEALY EAST DIRECTOR X O. O. O PAUL SUNDERMAN EAST DIRECTOR X O. O O O Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and celated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to	SOUTH DAY Form 990 (2008) ASSOCIAT		GН	s	СНС	001	L I	२०:	DEO	46-03	744	73	Pa	age 8
Name and title Average hours per week Begin and title Average hours per week Begin and title Average hours per week Begin and title check all that apply compensation from related organizations (W-2/1099-MISC) CALLY THOMAS TO A D. D. D. D. Total AVERAGE ST V PRES AVERAGE VALUE ST V PRES AVERAGE VALUE	Part VII Section A. Officers, Directors, Tru	istees, Key E	mple	oyee	es, a	nd ł	ligh	est	Compensated Employ	ees (continued)				
week	(A)	(B) Average			(C Posi	C) tion			(D) Reportable compensation	Reportable compensation		Esti amo	mate ount	
ST V PRES		· ·	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations		composition from from from from from from from from	ensa m the nizati relate	ed
ARRI CABLE ST SEC X 0.0.0.0.0 BRET HEALY QUEEN X 0.0.0.0.0 BRET HEALY X 0.0.0.0.0 PAUL SUNDERMAN EAST DIRECTOR X 0.0.0.0 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization its any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual Total number of individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000' If "Yes,' complete Schedule J for such individual Total number of individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000' If "Yes,' complete Schedule J for such individual Total number of individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000' If "Yes,' complete Schedule J for such individual Source of the organization of "Yes,' complete Schedule J for such individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)			-											_
ST SEC KOURTNEY HAUGE QUEEN X O. O. O. DRET HEALY EAST DIRECTOR X O. O. O. PAUL SUNDERMAN EAST DIRECTOR X O. O. O. Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization and related organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual The organization is the organization is a profession secure compensation from any unrelated organization from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person 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)			<u> </u>	ļ	X	ļ			0.		0.			0
Note			1											^
DUEEN X 0. 0. 0. 0 BRET HEALY EAST DIRECTOR X 0. 0. 0. 0 PAUL SUNDERMAN EAST DIRECTOR X 0. 0. 0. 0 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization from the organization the organization or the organization or services rendered to the organization Security (*Yes,** complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)			╁	-	X		ļ	_	0.		0 - 			0
BRET HEALY EAST DIRECTOR PAUL SUNDERMAN EAST DIRECTOR X 0.0.0.0 DIRECTOR X 0.0.0 0.00 1b Total 1 Total 1 Total 1 Total 1 Total 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)					v	ļ					١			Λ
EAST_DIRECTOR X	- -		+		^	-			0.		- 			0
PAUL SUNDERMAN EAST DIRECTOR X 0.0.0.0 1b Total 1 Total 1 Total 1 Total					x		1		0.		ا ـ ٥			0
Total Notal 13,800. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		 	+-	\vdash				-	<u> </u>		*			
1b Total 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)					х				0.		0.			0
The organization from the organization The organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual The organizations greater than \$150,000? If "Yes," complete Schedule J for such individual The organizations greater than \$150,000? If "Yes," complete Schedule J for such individual The organization or lif "Yes," complete Schedule J for such person The organization? If "Yes," complete Schedule J for such person The organization or services rendered to		e in 1a) who re	ecely	red r	nore	tha	▶ n \$1	00.	· · · · · · · · · · · · · · · · · · ·		0.			0
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)						.,,,	•							(
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	line 1a? If "Yes," complete Schedule J for s	such individua	1										Yes	No X
the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	and related organizations greater than \$15	0,000 <i>? If</i> "Yes	s, " cc	mpl	ete l	Sch	edul	e J	for such individual		Ļ	4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	5 Did any person listed on line 1a receive or	accrue compe	ensat	tion	from	any	/ uni	ela	ted organization for servi	ices rendered to				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)		lule J for such	pers	son								5		X
the organization. (A) (B) (C)														
	the organization.	empensated in	ndep	ende	ent c	ont	racto	ors		\$100,000 of comp	oensa 			
			-		 -							•		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

46-0374473 Form 990 (2008) ASSOCIATION Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from business exempt function tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 21,764. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 79,499. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 101,263. h Total. Add lines 1a:1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 578. 578. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) ▶ d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See a 117,161 Part IV, line 18 64,390. b Less: direct expenses 52,771. 52,771. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 578. 154,612. 52,771. \triangleright

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

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

	All other organizations must compl				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	13,800.	6,900.	6,900.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	1,112.	556.	556.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 0 6 0		500	
С	Accounting	1,062.	531.	531.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees		,		
g	Other				
12	Advertising and promotion	100	0.5		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	190.	95.	95.	
14	Information technology	1,918.	959.	959.	
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	201			
22	Depreciation, depletion, and amortization	201.		201.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	RODEO FINALS	51,572.	51,572.		··
b	AWARDS	31,773.	31,773.		
	RODEO STOCK	25,688.	25,688.		
d	JUDGES	15,213.	15,213.		
e	POSTAGE	3,871.	1,936.	1,935.	· - · · · · · · · · · · · · · · · · · ·
f	All other expenses	12,306.	11,510.	796.	
25	Total functional expenses. Add lines 1 through 24f	158,706.	146,733.	11,973.	0.
26	Joint Costs. Check here Inf following				
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Constitution and the contraction of the contraction				Carry 000 (0008)

	•	SOUTH DAKOTA	HIGH	SCHOOL RODEO					
				- 	<u> </u>	46-0	374473	Pa	ige 1
Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of		
	1	Cash - non-interest-bearing			114,634.	1	113	3,0	55
	2	Savings and temporary cash investments							
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, of	directors	s, trustees, key			-		
4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis b Less: accumulated depreciation Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities	5								
	6	Receivables from other disqualified persons (a							
		4958(f)(1)) and persons described in section 49							
		Part II of Schedule L				6			
Section Sect									
SSe	8	Inventories for sale or use				8			
⋖	9	Prepaid expenses and deferred charges			-	9			
	10a	Land, buildings, and equipment: cost basis	10a	2,006.					
	ь	Less: accumulated depreciation Complete							
		Part VI of Schedule D	10b	1,122.	1,085.	10c		8	84
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line	11			12			
	13	Investments - program-related. See Part IV, line	11			13			
	14	Intangible assets	Reginning of year Regin Reginning of year Regin Reginning of year Reginnin						
	15	Other assets. See Part IV, line 11							
	16	Total assets. Add lines 1 through 15 (must eq	ual line :	34)			124		
	17	Accounts payable and accrued expenses			624.	17		5	46
	18	Grants payable				18			
i	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities				20			
S	21	Escrow account liability. Complete Part IV of S	D		21				
≅	22	Payables to current and former officers, director	ors, trus	tees, key employees,					
iab		highest compensated employees, and disquali	fied per	sons. Complete Part II					
-1		of Schedule L				22			
	23	Secured mortgages and notes payable to unre	lated th	ird parties .		23			
i	24	Unsecured notes and loans payable		_		24			
	25	Other liabilities Complete Part X of Schedule D)			25			
	26	Total liabilities. Add lines 17 through 25			624.	26		5	46
		Organizations that follow SFAS 117, check h	nere 🕨	and complete					
S		lines 27 through 29, and lines 33 and 34.							
Net Assets or Fund Balances Liabilities	27	Unrestricted net assets		<u></u>		27			
	28	Temporarily restricted net assets				28			
P	29	Permanently restricted net assets		-		29			
Ŀ		Organizations that do not follow SFAS 117, or	check h	ere X and					
0		complete lines 30 through 34.			_				_
ets	30	Capital stock or trust principal, or current funds	3			30			
Ass	31	Paid-in or capital surplus, or land, building, or e	quipme	nt fund					
let ,	32	Retained earnings, endowment, accumulated i	ncome,	or other funds		-			
2	33	Total net assets or fund balances		<u> </u> _					
	34	Total liabilities and net assets/fund balances			128,279.	34	124	$\frac{1}{1}, \frac{1}{1}$	<u>07</u>
Pai	t XI	Financial Statements and Reporting	g				· · · · · · · · · · · · · · · · · · ·		T 6 =
								Yes	No
1		ounting method used to prepare the Form 990:							
2a		•		· ·	ccountant?		2a		
		the organization's financial statements audited	-	•			2ь		<u> X</u>
С						e audıt,			
	revie	w, or compilation of its financial statements and	selection	n of an independent accou	ntant?		2c		

1	Accounting method used to prepare the Form 990: X Cash Accrual Other									
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?									
b	Were the organization's financial statements audited by an independent accountant?									
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
	review, or compilation of its financial statements and selection of an independent accountant?	2c								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
	Act and OMB Circular A-133?	3a		Х						
b	b If "Yes," did the organization undergo the required audit or audits?									

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization SOUTH DAKOTA HIGH SCHOOL RODEO
ASSOCIATION Employer identification number 46-0374473

Pa	rtl	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) (see ins	tructions)			
Γhe	organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)		
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,	
		city, and stat										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in	
		section 170	(b)(1)(A)(iv). (Compl	ete Part II)	·							
6				ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7				eives a substantial part					or from the	general p	oublic described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	X			eives (1) more than 33			rom contri	butions, m	nembershi	p fees, ar	nd gross receipts from	
		_	•	nctions · subject to certa								
			•	axable income (less sect	•	•	•				-	
			509(a)(2). (Complete			•		,			·	
10		An organizati	on organized and o	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	4). (see ins	tructions)	
11				perated exclusively for the								
		more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	eck the box that	
		describes the	e type of supporting	organization and comple	ete lines 1	ie through	11h					
		a Type I	l b □	Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		а <u> </u>	Type III - Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons other than	
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	a)(1) or s	section 509(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting of	rganization, check th	nis box								
9		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		
		(i) A person	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ii) and (III) below,	Yes No	
		the gove	erning body of the s	upported organization?							11g(i)	
		(ii) A family	member of a person	n described in (i) above?							11g(ii)	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h		Provide the fe	ollowing information	about the organizations	the organ	ızatıon sup	oports.					
												
(i)		of supported	(ii) EIN	(iii) Type of organization		irganization sted in your			(vi) Is organizatio	the	(vii) Amount of	
	orga	inization		(described on lines 1-9		document?		support?	(i) organiz U S	ed in the	support	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
				(000							 	
	-										· · · · · · · · · · · · · · · · · · ·	
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									1			
									 			
					1							
					<u> </u>							
Γota	nt											

Schedule A (Form 990 or 990-EZ) 2008						Page 2
Part II Support Schedule for C (Complete only if you checked	_		Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	ri)
Section A. Public Support	the box on line					
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and		12/2				
membership fees received (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities				Ì		
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 · 3				ļ	ļ	
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,					*	
column (f)						
6 Public Support. Subtract line 5 from line 4		<u> </u>	1	<u> </u>	1	
Section B. Total Support	(-) 0004	(L) 0005	(-) 000C	(-0.0007	(-) 0000	(6 Tatal
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business		•				
activities, whether or not the						
business is regularly carried on						
Other income Do not include gain				 		7
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	······					
2 Gross receipts from related activities,	etc. (see instruct	ions)	1		12	-
13 First five years. If the Form 990 is for	•		d, fourth, or fifth t	ax vear as a secti	·	
organization, check this box and stop	~					>
Section C. Computation of Publi		ercentage				
4 Public support percentage for 2008 (li	ne 6, column (f) o	divided by line 11,	column (f))		14	
5 Public support percentage from 2007			•		15	
6a 33 1/3% support test - 2008. If the o			n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
stop here. The organization qualifies a						▶
b 33 1/3% support test - 2007. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3°	% or more, check th	nis box
and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a 10% -facts-and-circumstances test	- 2008. If the or	ganization did not i	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fact	s-and-circumsta	nces" test, check t	his box and stop l	here. Explain in Pa	art IV how the organ	nization
meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	publicly supporte	d organization		▶∟

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

SOUTH DAKOTA HIGH SCHOOL RODEO 46-0374473 Page 3 Schedule A (Form 990 or 990-EZ) 2008 ASSOCIATION 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) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 102,663. 102,316. 94,352. 101,263. 475,786. 75,192. include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 118,436. 125,004. 117,161. 572,797. 106,597. 105,599. organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 181,789. 208,262. 220,752. 219,356. 218,424. 1048583. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 1048583. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 181,789 208,262. 220,752 219,356. 218,424 1048583. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 929. 1,066. 1,544 859 578. 4,976. and income from similar sources b Unrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 929. 1,066. 1,544 859. 578. 4,976. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1053559 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

ъe	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.53	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.48	%
Se	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.47	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.52	%
19	a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is mo	re than 33 1/3%, and	line 17 is not	

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **20 Private foundation**. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Section C. Computation of Bublic Support Parcentage

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

SOUTH DAKOTA HIGH SCHOOL RODEO ASSOCIATION

Employer identification number 46-0374473

Pa	11 Organizations Maintaining Donor Advise		is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6 (a) Donor advised funds	(b) Funds and other accounts
_	Tak I a large datasan	(a) Bener advised felicis	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		└ Yes
6	Did the organization inform all grantees, donors, and donor a	• •	· — —
Pai	for charitable purposes and not for the benefit of the donor of		
1		•	Part IV, line 7.
•	Purpose(s) of conservation easements held by the organizat		untaria lla compania de la compania del compania del la compania del compania de la compania de la compania de la compania del compania
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	Preservation of certi	ified historic structure
_	Preservation of open space	and the second s	
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation easement on the last day
	of the tax year.		Hald ship Fad ship Van
	Total acceleration of a consequence and a		Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	weakens as already day (A)	2b
C	Number of conservation easements on a certified historic sti	` '	2c
ď	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguisned, or terminated by ti	ne organization during the taxable
	year -		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations,	
•	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	∪(n)(4)(b)(l) Yes
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza conservation easements.	tion's financial statements that describe	s the organization's accounting for
Dai	t III Organizations Maintaining Collections o	of Art Historical Treasures or 6	Other Similar Assets
1 21	Complete if the organization answered "Yes" to Form		other ominar Assets.
	Complete in the organization answered 103 to 1011	330,1 41(14,1116 3.	
4	If the example to pleated as permitted under SEAS 116 as	at to report in its revenue statement and	halanaa ahaat warka af art historiaal
ıa	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		and all and works of art breakers at the second
D	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		.
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		iai gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
ь	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2008 ASSOCIA	TION					46	5-03	74473	3 <u>P</u> a	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Other	Similar	Asse	ts (conti	nued)	
3	Using the organization's accession and other										
	that apply):										
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progra	ams					
b	Scholarly research	•	, 🔲	Other							
С	Preservation for future generations			· · · · · ·							
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exemp	t purpose	ın Par	t XIV		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Trust, Escrow and Custodial	Arrangements	. Compl	lete if organ	ization answe	ered "Yes"	to Form 9	90, Par	t IV, line 9	9, or	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	lowing	table							
	-	•	_						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f	•			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	212			•	<u> </u>		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIV.		,							•	
Par			ered "Ye	s" to Form 9	990. Part IV. I	ine 10.				-	
		(a) Current year	T	rior year	(c) Two year		Three yea	rs back	(e) Four	vears	hack
1a	Beginning of year balance	1-7	\\ 		101	<u> </u>		0 0001	(0) : 00:	700.0	
Ь	Contributions			••••••	1						
c	Investment earnings or losses										*******
d	Grants or scholarships				 			•			
	Other expenditures for facilities			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 		······			**********	*********
·	and programs										
4	Administrative expenses			~~~~							
'	End of year balance				1			••••			·····
2	Provide the estimated percentage of the year	r and balance held :			1				1		
	Board designated or quasi-endowment	r end balance neld a	45. %								
_	Permanent endowment	%	— ⁷⁰								
b		% %									
		• •	-4								
Ja	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are neio a	ino aoministe	rea for the	organizat	ion	Г	V	N.
	(i) upreleted example to an									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		O . h	dula Do					3a(ii)		
	If "Yes" to 3a(ii), are the related organizations	•							3b		
Do:	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Dort V. Iron	10					
Fai									(-0. DI		
	Description of investment	(a) Cost or o			t or other (other)	(c) Dep	reciation		(d) Bool	value)
4 -	l and	Dasis (investi	nem)	Vasis	(Ottiel)						
	Land							-			
	Buildings	-			-		_	+			
	Leasehold improvements										
	Equipment	2	006.				1,122	, -			84.
e	Other	1 4,	~ U U •		I		1,124	5 • I		0 (U 1 •

► 884 . Schedule D (Form 990) 2008

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

70.0	\sim	\sim	F 70	m	$r \sim$	3.7
$\Delta \sim$	ടവ			, , ,		(VI

Part VII Investments - Other Securities.	See Form 990, Part X, I	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of valua ost or end-of-year man	
Financial derivatives and other financial products				
Closely-held equity interests				
Other			·	
				<u> </u>
Total. (Col (b) should equal Form 990, Part X, col (B) line 12)			***************************************	
Part VIII Investments - Program Related.		line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	ation.
(a) Description of investment type	(b) book value	C	ost or end-of-year mar	ket value
		·		-
-				
				·
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)			***************************************	
Part IX Other Assets. See Form 990, Part X, III			<u> </u>	
	a) Description			(b) Book value
		,		
Total. (Column (b) should equal Form 990, Part X, col (B)) line 15.)		>	
Part X Other Liabilities. See Form 990, Part 3				
(a) Description of liability		(b) Amount		
Federal income taxes			7	
			7	
			7	
			1	
			7	
			1	
Total. (Column (b) should equal Form 990, Part X, col (B)) line 25)		1	
In Part XIV. provide the text of the footnote to the organi		nents that reports the or	roanization's liability fo	or uncertain tax positions

46-0374473 Page 4 ASSOCIATION Schedule D (Form 990) 2008 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 154,612. Total revenue (Form 990, Part VIII, column (A), line 12) 158,706. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) -4,094.3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 7 Prior period adjustments Other (Describe in Part XIV) 8 8 9 Total adjustments (net). Add lines 4-8 -4,094Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Losses reported on Form 990, Part IX, line 25 2c d Other (Describe in Part XIV) **2**d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X: Part XI, line 8: Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

SOUTH DAKOTA HIGH SCHOOL RODEO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Inspection
Employer identification number

Schedule G (Form 990 or 990-EZ) 2008

46-0374473 ASSOCIATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e Solicitation of non-government grants X Email solicitations f Solicitation of government grants X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (v) Amount paid (iii) Did (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2008 ASSOCIATION

4	6-	n	3	74	4	7	3	Page 2	,

Pa	rt I	<u> </u>	•		· ·	t IV, line 18	, or reporte	d mor	e than \$	15,000)
		on Form 990-EZ, line 6a. List events with			000. b) Event #2	151 OH	er Events	ſ			
			(a) Event #1	,	b) Event #2				(d) Tota	l Even	ts
			CALENDER	1		NO	ONE	(A	dd col (a) thro	ugh
			SALES	<u> </u>						(c))	•
<u>a</u>			(event type)	(event type)	(total	number)				
Revenue											
Şe,	1	Gross receipts	116,961.	<u>. </u>					11	6,9	<u>61.</u>
_											
	2	Less. Charitable contributions				_					
						ŀ					
	3_	Gross revenue (line 1 minus line 2)	116,961.		<u></u>				11	6,9	<u>61.</u>
						}					
	4	Cash prizes	4,960.	ļ	. <u> </u>					4,9	<u>60.</u>
				1							
es	5	Non-cash prizes	22,200.						2	<u>2,2</u>	<u>00.</u>
ens											
ង្គ	6	Rent/facility costs		Į							
Direct Expenses											
Dire	7	Other direct expenses	20,422.			<u> </u>			2	0,4	22.
_											
	8	Direct expense summary. Add lines 4 through	h 7 ın column (d)				•	_ ال	4	7,5	82 _{•)}
											79.
	9 Net income summary Combine lines 3 and 8 in column (d)										
Pa	rt I		answered "Yes" to Form	990, P	art IV, line 19, or	reported m	ore than				
		\$15,000 on Form 990-EZ, line 6a	7			· · · · · · · · · · · · · · · · · · ·				_	
ne			(a) Bingo		Pull tabs/Instant	(c) Oth	er gamıng		Total ga		
Revenue				Dingo/	progressive bingo			COL	. (a) thro	ugn co)i. (C))
Re											
	1	Gross revenue				ļ					
			1								
es	2	Cash prizes						_			
Sue											
X.	3	Non-cash prizes		-		ļ					
Direct Expenses		-									
Ore	4	Rent/facility costs						_			
_											
	5	Other direct expenses									
			Yes %		/es %			%			
	6	Volunteer labor	No	י ו	No						
	_						_	1.			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		-		•	, 上)
	_										
	8_	Net gaming income summary. Combine lines	1 and / in column (d)							Yes	No
			A							162	140
9		ter the state(s) in which the organization opera		-1-1-0			_	-			
		he organization licensed to operate gaming ac	ctivities in each of these s	states?					9a		
b	IT "	No," Explain:									
		· · · · · · · · · · · · · · · · · · ·						-			
40-	14/-	are any of the organizations are the service because	wokod suspended at the	rmin -*	ad duma a 45 a 45 ··			-	40-	1	
		ere any of the organization's gaming licenses re	evoked, suspended of te	::::::::::::::::::::::::::::::::::::::	eu during the tax	year r			10a		
0	11	Yes," Explain:									
	_							-			
11		es the organization operate gaming activities v	with nonmembers?					-	11	ĺ	
12		he organization a grantor, beneficiary or truste		r of a na	artnership or othe	er entity for	ned to				
12		minister charitable gaming?	o o, a tract of a morniber	o a pa	a thereinp or othe	a county ton	1.00 10		12]	
		Time to the meaning gerning									

Schedule G (Form 990 or 990 EZ) 2008 ASSOCIATION 46-	03/4	<u> 14/.</u>	<u> 3 Pa</u>	<u>ige 3</u>
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%			
b An outside facility	- %			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount				
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address				
Name				
Address	— l			
16 Gaming manager information:				
Name				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?	[17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the				
organization's own exempt activities during the tax year 🕨 \$				

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

SOUTH DAKOTA HIGH SCHOOL RODEO ASSOCIATION

Employer identification number 46-0374473

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS MAILED TO
SECRETARY/TREASURE THEN FORWARDED ON TO THE PRESIDENT FOR APPROVAL
FORM 990, PART VI, SECTION C, LINE 19: THE SOUTH DAKOTA HIGH SCHOOL RODEO
ASSOCIATIONS CONTITUTION AND BYLAWS, BY LAW CHANGES, BOARD MEETING MINUTES
ARE PUBLISHED ON THE WEBSITE. FINANCIAL RECORDS ARE AVAILABLE AT THE MID
WINTER MEETING, STATE FINALS AND ANNUAL MEETING.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
DOUG DOLL - RT 2 BOX 23A
PRAIRIE CITY, SD 57649
MARK THIEL - 35 N 5TH AVENUE
BELLE FOURCHE, SD 57717
CAROLE HOLLERS - 13334 PLEASANT VALLEY ROAD
STURGIS, SD 57785
ANN SUNDERMANN - PO BOX 303
BALTIC, SD 57003
SUSAN DEWEY - 22066 ANTELOPE CR. ROAD
BOX ELDER, SD 57719
LON DREYER - 27680 THUNDER CR RD
WINNER, SD 57580

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

SOUTH DAKOTA HIGH SCHOOL RODEO Employer identification number Name of the organization 46-0374473 ASSOCIATION KENT CLARKE - 20261 374TH AVENUE WESSINGTON, SD 57381 ROD KUSSER - 34294 205TH STREET HIGHMORE, SD 57345 STEVE SUTTON - PO BOX 313 ONIDA, SD 57564 PATRICK AUER - 20353 AUER ROAD WHITEWOOD, SD 57793 DAN CURR - PO BOX 36 SCENIC, SD 57780 KELLY SHOEMAKER - PO BOX 541 FAITH, SD 57626 DOUG YOUNG - BOX 363 DUPREE, SD 57623 CLAY BIRKELAND - PO BOX 729 BELLE FOURCHE, SD 57717 PHIL KISSACK - 19460 CREEKSIDE LOOP

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury internal Revenue Service

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

SOUTH DAKOTA HIGH SCHOOL RODEO **Employer identification number** Name of the organization 46-0374473 **ASSOCIATION** SPEARFISH, SD 57783 MARK THIEL - 35 N 5TH AVENUE BELLE FOURCHE, SD 57717 DANE KISSACK - 19460 CREEKSIDE LOOP SPEARFISH, SD 57783 CALLY THOMAS - 18441 CAPRI PLACE HARROLD, SD 57536 KARI CABLE - 26447 ROCKY ROAD PUKWANA, SD 57670 KOURTNEY HAUGE - 37386 252 ST WHITE LAKE, SD 57446 BRET HEALY - PO BOX 167 PUKWANA, SD 57370 PAUL SUNDERMAN - 47045 249TH ST BALTIC, SD 57003

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Sequence No 67

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

990

Business or activity to which this form relates identifying numbe Name(s) shown on return SOUTH DAKOTA HIGH SCHOOL RODEO FORM 990 PAGE 10 46-0374473 ASSOCIATION Part | Election To Expense Certain Property Under Section 179 Note. If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If mamed filing (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (g) Depreciation deduction (a) Classification of property 3-year property 19a 5-year property h 7-year property 10-year property d 15-year property e 20-year property f S/L 25 yrs. g 25-year property 27.5 yrs. MM S/L h Residential rental property MM S/L 27.5 yrs 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b 40 yrs ММ S/L 40-year c Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 0. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2008)

ASSOCIATION

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P	art V Listed Propert			s, certair	other ve	hicles,	cellu	ılar tele	phone	s, certain	comput	ers, and	property	used fo	or entert	ainment
	Note: For any	ehicle for w	hich vou a	re usıng	the stanc	ard m	ileage	e rate oi	r dedu	cting leas	e expens	se, comp	olete onl	y 24a, 2	4b, colui	nns (a)
	through (c) of S	Section A, all	of Section	n B, and	Section (If app	olicat	ole.								
	ction A - Depreciation a						uctio	ns for li	mits fo	or passeng	ger autoi	nobiles.)		-,	
<u>24a</u>	Do you have evidence to s			stment us	e claimed'	<u> </u>	<u> </u>	es L	_ No	24b If "Y	es," is t	<u>he evide</u>	nce writ	ten? L	_ Yes L	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busini investri use perci	nent	(d) Cost o other ba			(e) s for depri iness/inve use only	stment	(f) Recovery period	Me	(g) thod/ vention	(h) Depreciation deduction		Ele section	(i) cted on 179 ost
25	Special depreciation allo	wance for o	ualified lis	ted prop	erty place	ed in s	ervic	e durino	the t	ax year ar	nd					
	used more than 50% in	'			,				.	,		25	İ			
26	Property used more tha				ise:		-							* *	<u> </u>	
=-				%												
				%			 				 		1		1	
_				/0			1			-			1			
27	Proporty used 50% or k		fied busin				!				.1		٠			
21	Property used 50% or le	ess in a quai	llied ousin				Τ			T	Ton		1		Γ	
				- %			 -				S/L·		-		1	
		 	ļ	%			╂				S/L·		 	-	-	
				%			1				S/L·		1		4	
	Add amounts in column						e 21,	page 1				28	<u> </u>			
<u>29</u>	Add amounts in column	(ı), line 26_E	nter here	and on l	ne 7, paç	<u>e 1</u>								29	<u>. </u>	
				Secti	on B - In	forma	tion (on Use	of Vel	nicles						
lf y	mplete this section for ve ou provided vehicles to y se vehicles													ing this :	section f	or
					(2)		/١-	-	Ι	(=)	1	(d)		۵۱	1	
20	Total husiness (investment	mulaa dewaa d	usiaa tha		(a)		-	o)	١,	(c)	• • • • • • • • • • • • • • • • • • • •		1	e)	1	f)
30	Total business/investment		uring the	-	Vehicle	+-	Veh	ICIE	 '	/ehicle	ve	hicle	_ ver	Vehicle		ncle
•	year (do not include comm	• .				+			 						-	
	Total commuting miles of	-	•	-					<u> </u>		- 				 	
32	Total other personal (no	ncommuting	ı) mıles										1			
	driven			<u> </u>					ļ		-		ļ. <u></u>		ļ	
33	Total miles driven during	the year.														
	Add lines 30 through 32	?				_ _			ļ	·	ļ		<u> </u>		ļ	
34	Was the vehicle availab	le for person	al use	Y	es No	<u> </u>	'es	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?											<u> </u>	<u> </u>			
35	Was the vehicle used p	rımarıly by a	more			- 1							1			
	than 5% owner or relate	ed person?								ļ						
36	Is another vehicle availa	ble for perso	onal									1			1	
	use?						- 1								l	
		Section C	- Questio	ns for F	molovers	Who	Prov	ide Vel	hicles	for Use b	v Their	Employ	ees			
Δne	swer these questions to										-			re not n	nore that	5%
	ners or related persons.	determine ii	you meet a	in excep		Jilipie	ing c	COLIOII	D 101 ¥	ernoles a.	sed by e	mployee	es will a	ie not n	iore trial	1 3 70
_	Do you maintain a writte	n naliou ata	tomont the	t probib	to all par	2020		f vabial	00 100	ludina aa					Voc	T No.
31		on poncy sta	tement the	it promo	is an per	SUITAL	use o	n venici	es, iiic	luding co	mmunig	, by you	11		Yes	No
	employees?			A			.				A					
38	Do you maintain a writte			•	•							your				
	employees? See the ins			•	•	office	rs, a	irectors	, or 1%	6 or more	owners				 	
	Do you treat all use of v	•		•											-	<u> </u>
40	Do you provide more the	an five vehic	les to you	employ	ees, obta	ın ınfo	rmati	ion from	ı your	employee	s about				ŀ	
	the use of the vehicles,	and retain th	ne informat	ion rece	ved?											
41	Do you meet the require	ements conc	erning qua	lified au	tomobile	demo	nstra	tion use	?						ļ	
	Note: If your answer to	37, 38, 39, 4	0, or 41 is	"Yes," d	o not con	nplete	Sect	tion B fo	or the c	covered v	ehicles					
P	art VI Amortization															
	(a)			(b)			(c)		- 1	(d)		(e)			(1)	
	Description of	fcosts		Date amortiz begins	ation	Am	ortizab mount	ile	_	Code section		Amortiz period or pe		A f	mortization or this year	
42	Amortization of costs th	at begins du	ring your	2008 tax	year:											
		 							T							
_																
43	Amortization of costs th	at began be	fore your 2	2008 tax	vear		-						43			201
						e to re	port						44			201
	44 Total. Add amounts in column (f). See the instructions for where to report															