

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OWR NO	1545-0047
(2	008

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

ָ י	_		Public ction
,	20	09	
_			

or the	2008 calen	dar year, d	or tax y	year b	æginnir	19			10-0	L , 2008, a	and end	ling_		09	-30 ,2	0 09
Check if a	pplicable	Please	C Nam	ne of org	ganization	BLAC	KHILLS	PARKS A	ND FO	REST AS:	SOC) Employe	r identification no
Address c	hange		Doin	ng Busin	ness As										46-601	7180
lame cha	ange	print or	Num	mber and	d street (or	PO box	t if mail is not	delivered to stre	et address)			Room	suite	1	Telephor	ne number
	=				•										(605)7	45-7020
		Specific														
		tions.	1			-								ľ		535,763
		F. Nome						מעשיי זקעי				T				3337703
фрисано	m penaing	1										H(a)	ls this a g	roup retu	ım tor	Yes X No
												1				= =
		<u>M</u> 501(c) (3)	_	(insert no	<u>) L</u>	4947(a)(1) o	or 527				- 1 `´	If "No," at	ach a lis	st (see instri	☐ Yes ☐ No uctions)
		<u> </u>											T -			
			<u>η Τι</u>	rust	Associat	tion	Other -			Year of format	ion 19	55	M State	of legal	domicile	SD
		<u> </u>														
1	=		ganızatı	tion's n	mission (or mos	t significan	it activities.		OPERATI	NG AS	SOCI.	ATION	<u>- s</u>	EE ATT	ACHMENT TO
	FORM 990															
}								<u> </u>								
								-								
2																
3	Number of v	oting mem	nbers of	of the g	jovernin	g body.	ار (Part VI, ا	qecta)						3		6
4	Number of I	ndependen	nt voting	ıg mem	nbers of	the ed	verning,bo	dy (Part VI, li	ne 1b)					4		6
5	Total number	er of emplo	oyees (F	Part V	Ming 25	? /	1.1.							5		13
6					• //		D							6		6
7a														7a	<u> </u>	0
														——		
							<u> </u>				Ť				Cur	rent Year
8	Contribution	e and aran	nte (Par	rt VIII	line 1h\						_					7,693
1 -		•	•		,						_					7,093
	•		•	•		•										598
1		-					=									
					-			•								256,556
													235	,937	 	264,847
			-				• • • • • • • • • • • • • • • • • • • •	•								0
1	· ·			•		•									 	
		-		-	•		•		-		_		49	,093	¥ -	110,438
1			_	•	-		. ,			• • • • •	• •				ļ.,	0
þ											_				ļ	
17				-	•						_		163	,804		123,221
18				-	-			• •			· ·		212	,897	<u>'</u>	233,659
19	Revenue le	ss expense	es. Sul	ıbtract	line 18 f	rom lin	e 12	<u></u>		<u></u>	••[_		23	,040	<u> </u>	31,188
											E	3eginn	ing of '	ear_	En	d of Year
^S 20	Total assets	s (Part X, I	ıne 16)										349	,982		396,456
21	Total liabiliti	es (Part X,	, line 26	6) .					<i>.</i> .		[89	,607		104,892
22	Net assets	or fund bala	lances.	Subtr	ract line	21 from	n line 20						260	,375		291,564
rt II	Signatu	re Bloc	:k													
	Under penals			o that Lh	DOVO 0205	uned this										
								an officer) is has		formation of wh	uch prepar	rer has a	ny knowle	dae		
		ies of perjury, is true, correc					parer (other th	ian omoon, 15 bas	ed on all in					-0-		
							parer (other th		ed on all in							
n	and belief, it						oarer (other th		ed on all in		<u></u>			Da	le .	
	and belief, it	ure of officer						·		· · · · · ·	4.10			Da		9-10
n e	and belief, it	is true, correc	ct, and co					utiv		irect	an			Da		9-10
	and belief, it	ure of officer	ct, and co					·		irect			Prans	Da	10-29	
'e 	Signate Type o	ure of officer	ct, and co	ald	Declaration	on of prep	Exec	utiv.	Date		Check if	. FO	1000	Da	IO- 20	
e	Signature	ure of officer	Rect, and co	ald	Declaration	on of prep	Exec	utiv	<u>e</u> D		Check if self- employe	_	1000	Da	IO- 20	
e parer's	Signature Firm's name	ure of officer Try e Try nonname a	and title	and earl	Declaration W () Hende	on of prep	Exec SEED CPA F	utiv	Date		Check if self- employe	ď ▶ X	1000	Da	IO- 20	
e	Signature	ure of officer Try print name a (or yours yed).	and tribe	ald carl in the control of the contr	Hende	rson	Exec Sees CPA P 5455 HW	utiv	Date		Check if self- employe	EIN	(see	Da'	IO- A ^C untifying num	
earer's Only	Type o Preparer's signature Firm's name if self-employ address, and	ure of officer Officer e r pnnt name a (or yours yed), at ZIP + 4	and trite Ca PC Es	cald cald carl i	Hende ox 451	rson 5	Exe(>2 Ey , CPA P 5455 Hw 80517	ntiv	Date		Check if self- employe	EIN	(see	Da'	untifying num	ber
earer's Only	and belief, it Signature Firm's name if self-employ address, and	ure of officer Officer er print name a (or yours yed), d ZIP + 4 s return with	and trite Ca PC Es ith the p	earl in the strength of the st	Hende ox 451 Park er shown	rson of preprint o	Exe(>2 Ey , CPA P 5455 Hw 80517 e? (see ins	ntiv	Date 12-02-		Check if self- employe	EIN	(see	Da'	IO- A ^C untifying num	ber
	check if a address of lame chantial return ermination mended application website: ype of or 1 1 2 3 4 5 6 7a b 8 9 10 11 12 13 14 15 16a b 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	theck if applicable address change lame change initial return remination amended return application pending lax-exempt status. Vetsite: N/A ype of organization law seems of the seems of	theck it applicable didress change lame lame lame lame lame lame lame lam	theck if applicable didress change didress change diame change diame change demination different different didress change didr	theck if applicable didress change didress change label or print or hyme. See Specific Instructions. HOT SPI City or town HOT SPI F Name and address of HC52 BOX 172 ax-exempt status Sol(c) (3) ▼ Websita: ► N/A Yepe of organization Summary 1 Briefly describe the organization's reform 990 2 Check this box ► if the organization's reform 990 2 Check this box ► if the organization's reform 990 2 Check this box ► if the organization's reform 990 3 Number of voting members of the grant voting mem 5 Total number of employees (Part V 6 Total number of volunteers (estimated business review Net unrelated business taxable incompleted by the program service revenue (Part VIII, 9 Program service revenue (Part VIII, 10 Investment income (Part VIII, column (Part VIII)	Theck if applicable iddress change lame change interest in the change in the chang	theck it applicable address change fame change fame change fame change for the c	The ck if applicable address change lame change are change are change at table to print or the properties of the south table to print or the properties of the south table to print or the	The chick it applicable didress change land change print or print	The character is applicable didress change larger change and a companies of the change print of the companies of th	The chart if applicable address change and each see and the change are chang	The chiral policitable and change and control in the change of the chan	These is applicable different in applicable of the standard and application of the standard and application of the standard and application pending of the standard and application pending of the standard application and standard application a	theck it applicable diddress change and diddress change better the print of year. As a continuous and print of year. As a company and print of year. As a continuous and year of PO box if mail is not delivered to street address) Room/suite team and address of print of year. As a continuous and year.	meck in applicable diddress change lather or part and according to the part of print or prin	The ck if applicable of the search application and the search and

	990 (2008) BLACK HILLS PARKS AND FOREST ASSOC	46-6017180	Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission:		
	COOPERATING ASSOCIATION - SEE ATTACHMENT TO FORM 990		
	<u> </u>		
2	Did the organization undertake any significant program services during the year which were not listed on	П.,	
	the prior Form 990 or 990-EZ?	∐ Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	П.,	
	services?	∐ Yes	X No
_	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	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
_			
4a	(Code) (Expenses \$ 101,953 including grants of \$) (Revenue	9 \$)
	SCHEDULE ATTACHED		
	···		
			•
- 4b	(Code) (Expenses \$ including grants of \$) (Revenue	9 \$)
_			
			
-	(Only)	- ^	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ө \$)
			- · · -
		-	
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ \$ 101,953 (Must equal Part IX, Line 25, column (B).)		

Part IV | Checklist of Required Schedules

			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?	2	Λ	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ť		
	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		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		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		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	441		37
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
13	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, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ.
	\$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. If "No," go to question 25	24a		Х
þ	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 any tax-exempt bonds?	24c		
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			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			٠,
20	person from a prior year? If "Yes," complete Schedule L, Part I	25Ь		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			٦,
27	disqualified 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	27		. v
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	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 person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28ь		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional 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		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		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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
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)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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		Х
_	EEA	Form	990 (2	2008)
			•	

Form 990 (2008) BLACK HILLS PARKS AND FOREST ASSOC 46-6017180 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 0 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 1c Х 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 2b Х 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 3a 3ь 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 Х 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ь Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity 5c 6a Did the 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 6b Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Χ d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h X 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 X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter.

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

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

If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

12a

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

Sec	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			
b	Enter the number of voting members that are independent			
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		X
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		X
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	ŧ		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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?	9ь		
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	X	
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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	Ì		
	rise to conflicts?	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	1		
а	The organization's CEO, Executive Director, or top management official?	15a		X
Ь	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)	1		
16a	,	I		
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (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.			
	Own website			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► STEVE BALDWIN (605)745-7020			
	26611 US HIGHWAY 385 HOT SPRINGS, SD 57747			

46-6017180

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

Section A. 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 not compensate any officer, director, trustee, or key employee (A) (B) (C) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated Hce om gmp hpi compensation compensation amount of hours per l t d o f vicits vicits vicits vicits deoue r week from from related other the organizations compensation . Ө г e m organization (W-2/1099-MISC) from the s n y t s e a e (W-2/1099-MISC) organization P and related organizations e JOHN CULBERSON TREASURER X X 0 2 0 0 JACK LINAHAN Х MEMBER 0 0 ٥ COLLEEN HENNESY X MEMBER 2 0 0 0 DON YOUNG VICE PRESIDENT 2 X Х 0 0 0 JOHN SCHELTENS 2 Х Х 0 0 0 PRESIDENT KAREN MEYER Х MEMBER 2 ۵ 0 0

Pa	rt VII Section A. Officers, Directors, Trustees, K	ey Employe	es, ar	nd H	lighe	est C	Compe	ensa	ted Employees (continued)			_
	· (A)	(B)	(C) (D) (E)						(E)		(F)		
	Name and title	Average	Positio		eck a	di that	t		Reportable	Reportable	Es	timated	
		hours	apply)						compensation	compensation	an	nount of	
	•	per	I t d	1,1	0		Нсе	F	from	from		other	
		week	d ur	s r t u	1	e m y p	ı m n	o r	the	related	соп	pensation	
	•		! se	ı ş	1		g p p h e l	m	organization	organizations		from the	
			v t c	1 t	C	O y	en o s s y	e r	(W-2/1099-MISC)	(W-2/1099-MISC)	٥	rganization	
			0 8 0	; ₽		9	lt , e					nd related	
			a _o '	o n	1	6	e e					ganizations	
			r	a								,	
		1			 	<u> </u>	<u> </u>						_
								ŀ					
			+		\vdash	╁┈	<u> </u>						_
				1					1				
					╁-	-	-						_
				┢	╁	-	<u> </u>				. —		_
			i							1	į		
_		+			+-		 	<u> </u>					
		ĺ											
			+	H	-	\vdash		\vdash	-				_
			+	 	-	┼─	+	\vdash					_
			Ì										
			 			1	†						_
		1		1	T			1			· · ·		Τ
				ŀ									
			1		1	1-							_
-													
					1								_
				1	1								
								1	-				_
				Τ	1								
1b	Total							>	C	0		0	
2	Total number of individuals (including those in 1a) who	received mo	ore tha	n \$1	100,0)00 ı	n repo	rtabl	e compensation fro	om the			
	organization >								_				0
												Yes No)
3	Did the organization list any former officer, director or												
	employee on line 1a? If "Yes," complete Schedule J fo	or such indivi	dual								3	X	
4	For any individual listed on line 1a, is the sum of repor												
	the organization and related organizations greater than												
	ındıvıdual										4	X	
5	Did any person listed on line 1a receive or accrue con	npensation fr	om any	y un	relat	ed o	organız	atıor	n for				
_	services rendered to the organization? If "Yes," compl	lete Schedule	J for	sucl	h pei	rson				· · · · · · · · ·	5	X	
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensated	l ındependen	t contra	acto	rs th	at re	eceive	d mo	ore than \$100,000 c	of			
	compensation from the organization.												_
	(A)								(B)			(C)	
	Name and business address	<u> </u>		_					Description of a	services	Compe	ensation	
	· · · · · · · · · · · · · · · · · · ·		_									_	
_													_
													_
												_	_
_													
2	Total number of independent contractors (including the	ose in 1) who	o recei	ved	mor	e tha	an \$10	0,00	U IN				
	compensation from the organization ▶											200 (222	_
		EEA									Form '	990 (2008)

EEA

Page 9

Part	K 111	Statement of Revenue				
		• • •	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections
Cgoa	1a	Federated campaigns 1a		1010100		512, 513, or 514
oit m	b	• • • • • • • • • • • • • • • • • • • •				
tteu			240			
rs, rn i t	C	Fundraising events 1c	 [
bgss uri	d	Related organizations 1d				
tam in:	е	Government grants (contributions) 1e 7,4	153			
ot I nsa	f	All other contributions, gifts, grants, and				
s, r a		similar amounts not included above	<u> </u>			
n d	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f	. ▶ 7,693			
	_	Business Coo	<u>ta</u>			
PSR	2a					
гее	b					
g v e	С					
r i n a c u	d					
m e e	е.					
	1	All other program service revenue				
	<u>g</u>	Total. Add lines 2a-2f	· • · · · · · · · · · · · · · · · · · ·			
	3	Investment income (including dividends, interest, and				
	4	other similar amounts)		598		
	5	Income from investment of tax-exempt bond proceeds				
	,	Royalties				
	6a	Gross Rents (i) Real (ii) Persona	al .			
		Less rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
		Gross amount from sales of (i) Secunties (ii) Other		W - AA	IN .	,
	Ь	assets other than inventory Less: cost or other basis				
o		and sales expenses			-	
h		Net gain or (loss)	_			
e		Gross income from fundraising		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
r		events (not including \$	[]			
R		of contributions reported on line 1c)				
e v		See Part IV, line 18 a		1		
e	ь	Less direct expenses b	 [-		
n		Net income or (loss) from fundraising events	_		1	
u e		Gross income from gaming activities				
	Ja	See Part IV, line 19				
	ь	Less: direct expenses b	 !			
l		Net income or (loss) from gaming activities	•			
	10a	Gross sales of inventory, less returns and allowances	950			
	ь	Less cost of goods sold b 270,				
		Net income or (loss) from sales of inventory		247,934	İ	
ļ		Miscellaneous Revenue Business Code		22//339		
ľ	11a	MISC 451211	8,622	8,622	Ì	
	Ь					
	С					
		All other revenue				
	е	Total. Add lines 11a-11d	▶ 8,622			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
	_	9c, 10c, and 11e	▶ 264,847	257,154		0

Part IX Statement of Functional Expenses

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

ther organizations must complete column (A) but are not required to complete columns (B) (C) an

	All other organizations must complete colu	mn (A) but are not re	quired to complete co	olumns (B), (C), and (D)
	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			Borrera exherises	- VAPORISES
	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	J			
	U.S. See Part IV, lines 15 and 16		ļ		
4	Benefits paid to or for members			***************************************	Hafaiaha
5	Compensation of current officers, directors,				**********
	trustees, and key employees	36,702	18,351	18,351	
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	52,294	26,147	26,147	
8	Pension plan contributions (include section 401(k)	32,23			
-	and section 403(b) employer contributions)	2,277	1,138	1,139	
9	Other employee benefits	3,907	1,954	1,953	
10	Payroll taxes	15,258	7,629	7,629	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):	13,230	7,023	1,023	
 а	Management			ļ	
ь	Legal				
c	Accounting	3,827		3,827	
ď	Lobbying	3,027		3,021	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	-			
13	Office expenses	6,357		6,357	
14	Information technology	0,337		0,337	
15	Royalties				
16	Occupancy				_
17	Travel	1,149		1,149	
18	Payments of travel or entertainment expenses	1,113		1,149	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,021		14,021	
20	Interest	14,021		14,021	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,747		5,747	
23	Insurance	6,119		6,119	
24	Other expenses. Itemize expenses not	0,113		0,117	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	SCHEDULE ATTACHED	86,001	46,734	39,267	<u></u>
b	COMBOUR ATTACABL		10,/34	33,401	<u> </u>
c				·	
d					
-					
e f	All other expenses				
	All other expenses	055 555			
25 26	Total functional expenses. Add lines 1 through 24f	233,659	101,953	131,706	0
20	Joint Costs. Check here ► 🔀 If following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation · · · · · · · · · · · · · · · · · · ·				

Form 990 (2008) BLACK HILLS PARKS AND FOREST ASSOC 46-6017180 Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 100,558 1 117,405 2 2 59,488 58,915 3 Pledges and grants receivable, net 3 4 4 2,695 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Α 7 Notes and loans receivable, net 7 s 170,140 8 201,540 е 9 Prepaid expenses and deferred charges 9 3,035 2,985 t Land, buildings, and equipment cost basis | 10a | 10a Less, accumulated depreciation. Complete 16,761 10c 12,916 11 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 349,982 16 396,456 17 89,607 17 104,892 18 18 19 19 L 20 20 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable 25 25 26 89,607 104,892 Organizations that follow SFAS 117, check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34. F u 27 27 220,381 258,550 n 28 39,994 28 33,014 d 29 29 В Organizations that do not follow SFAS 117, check here ▶ □ а ī and complete lines 30 through 34. e а 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 260,375 33 291,564 Total liabilities and net assets/fund balances 34 349,982 396,456 Part XI Financial Statements and Reporting Yes No X Accrual Other Were the organization's financial statements compiled or reviewed by an independent accountant? X 2Ь Х Were the organization's financial statements audited by an independent accountant? 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 Х As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Х

the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A

(Porm 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number BLACK HILLS PARKS AND FOREST ASSOC 46-6017180 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c X Type III-Functionally integrated Type III-Other 🗵 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iu) Provide the following information about the organizations the organization supports. (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (va) Amount of organization in col organization (described on lines 1-9 ın col (i) listed in your the organization in col support (i) organized in the above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes No DEPT OF INTERIOR NPS Х Х X GOVERNMENTAL 57,909 STATE OF SOUTH DAKOT Х Х GOVERNMENTAL Х 25,546 DEPT OF AG USFS GOVERNMENTAL Х Х 18,498

101,953

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer identification number
BLA	ACK HILLS PARKS AND FOREST A		46-6017180
Par	T Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fund	s or Accounts. Complete if
	the organization answered "Yes" to Form 990, Pa	art IV, line 6.	
		(a) Donor advised funds	(b) Funds 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 advisor	s in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization	anization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and dor		
	used only for charitable purposes and not for the benefit	of the donor or donor advisor or other	
	ımpermissible private benefit?		
Pal	Till Conservation Easements. Complete	f the organization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation of	or pleasure)	orically important land area
	Protection of natural habitat	☐ Preservation of certified	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified	conservation contribution in the form of a conser	vation easement
	on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements $\ \ .$		2b
c	Number of conservation easements on a certified history	* *	
_ d	Number of conservation easements included in (c) acqu		
3	Number of conservation easements modified, transferre	d, released, extinguished, or terminated by the o	rganization during
	the taxable year ▶		
- 4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding th	•	
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting		<u> </u>
7	Amount of expenses incurred in monitoring, inspecting,		\$
8	Does each conservation easement reported on line 2(d)		
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cons	•	
	balance sheet, and include, if applicable, the text of the		s that describes
Do	the organization's accounting for conservation easemen	ແຣ ions of Art, Historical Treasures, or	Other Similar Accets
F		-	Other Sillinar Assets.
10	Complete if the organization answered "Yes" to		non about works of
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for processing the second seco	·	
	provide, in Part XIV, the text of the footnote to its financi		rance of public service,
b	If the organization elected, as permitted under SFAS 11		shoot works of art
	historical treasures, or other similar assets held for publ	•	
	provide the following amounts relating to these items:	ic exhibition, education, or research in turblerance	de of public service,
	(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, historic		
_	following amounts required to be reported under SFAS		שמויו, אוסיונוס נווס
a	Revenues included in Form 990, Part VIII, line 1	•	
b	Assets included in Form 990, Part X		
	Asserts infolution in Form 550, Fall A		· · · · · · · · · · · · · · · · · · ·

Pa	rt III Organizations Maintaining				reasures	or Ot	her Similar As			aye z
3	Using the organization's accession and other re							3013 (00	Jillilue	u)
-	items (check all that apply)	ocordo, oricon arry or	410 10110411	ig a lat al o	a organioant a	130 OI 14	3 CONECTION			
a	Public exhibition	d [] lo	an or excha	ngo progr	ame					
ь	Scholarly research	e 🗍 Otl		inge progra	ZIIIS					
c	Preservation for future generations	€ [] Oi			_					
4		ations and ovalous to			!					
7	Provide a description of the organization's colle Part XIV	ctions and explain n	ow they lun	ner trie org	ganization's ex	kempt p	urpose in			
5				.1 4						
•	During the year, did the organization solicit or re								,	٦.,
Pa	assets to be sold to raise funds rather than to b rt IV Trust, Escrow and Custod							<u>. ∐Y</u>	es _	No
7,55	Part IV, line 9, or reported an amour	_	-	nete ii orga	ii iizalion answ	rered t	es to rom 990,			
	Is the organization an agent, trustee, custodian			utions or o	ther accete no					
	included on Form 990, Part X?							. 🗆 Y	, r	7 N.
ь	If "Yes," explain the arrangement in Part XIV an								es L	_ No
	in 165, explain the arrangement in Part AtV an	ia complete trie tollo	wing table:				T			
_	Beginning balance					-		ount		
ر. د	•									
d	Additions during the year					_	+			
e f	Distributions during the year									
2a	Ending balance									
	Did the organization include an amount on Form	1 990, Part X, IIN e 21	?					. 🗆 Y	es L	J No
	If "Yes," explain the arrangement in Part XIV. The value of the complete of t	if a second second			20. 5 11/. 1					
Fa	rt V Endowment Funds. Complete	I								
1.	Degraping of year balance	(a) Current Year	(b) Pn	or Year	(c) Two Years	Back	(d) Three Years Back	(e) Four	Years Ba	ack
1a 	Beginning of year balance		ļ					ļ		
b	Contributions		<u> </u>		!' '''''''		· · · · · · · · · · · · · · · · · · ·	<u> </u>		-,,
C	Investment earnings or losses	<u> </u>	ļ							······
d	Grants or scholarships		-{	•••	} ************************************			. 	'1 ' .11	
е	Other expenditures for facilities		[:]		<u> </u>		
	and programs	ļ	<u> </u>		······································			<u> </u>		-111
f	Administrative expenses		<u> </u>							
_9	End of year balance		<u>. </u>		<u> </u>			<u> </u>		
2	Provide the estimated percentage of the year er									
a	Board designated or quasi-endowment	%								
Ъ	Permanent endowment >%									
C	Term endowment ▶ %									
3a	Are there endowment funds not in the possession	on of the organization	n that are h	eld and ad	mınistered for	the				
	organization by								Yes	No_
	(i) unrelated organizations						• • • • • • • • •	3a(i)		
	(ii) related organizations						• • • • • • • • • •	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations lis	•		?	• • • • • • •		• • • • • • • • • • • • • • • • • • • •	3ь		
4	Describe in Part XIV the intended uses of the or									
Pa	rt VI Investments - Land, Build	ings, and Equi	oment. Se	e Form 99	0, Part X, line	10				
	Description of investment	(a) Cost or oth	er basis	(b) Cos	t or other	(c) (Depreciation	(d) Book	value	
1.	Land	(investm	ent)	basis	(other)					
1a	Land									
b	Buildings									
С.	Leasehold improvements									
d	Equipment									
e	Other			<u> </u>	44,165		31,249		12,	916
ota	 Add lines 1a-1e. (Column (d) should equal For 	m 990, Part X, colum	າກ (B), line ໍ	10(c))			▶		12,	916

46-6017180

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	on
(including name of security)	(4)	Cost or end-of-year market	
		Cost of cita of your market	<u> </u>
Financial derivatives and other financial products		<u> </u>	
Other			
			<u> </u>
			
		-	
11 11 11 11 11 11 11 11 11 11 11 11 11			
-			 .
Total (Column (b) should equal Form 990, Part X, col (B) line 12)			
	as Form 000 Bort V line 12	<u> </u>	
			<u></u>
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
T. 1. (0.1. (1) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Total (Column (b) should equal Form 990, Part X, col (B) line 13)	45		
Part IX Other Assets. See Form 990, Part X, line			
(a) C	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 X, lir			<u> </u>
(a) Description of liability	(b) Amount		
Federal income taxes		4	
		_	
		_	
		1	
		7	
		-	
Total (Column (b) should as all Form 000 D (V) 1 (D) 1 0D		- 	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	financial atstances to the target	the organization's lightly for	
In Part XIV, provide the text of the footnote to the organization's	imanciai statements that report	s uie organization s liability tor	
uncertain tax positions under FIN 48.			

	ule D (Form 990) 2008 BLACK HILLS PARKS AND FOREST ASSOC	46-6017180	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	264,847
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	233,659
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	31,188
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	···
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	31,188
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	284,587
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	그	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	19,740
3	Subtract line 2e from line 1	3	264,847
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
ь	Other (Describe in Part XIV)	- <u>-</u>	
_ C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		264,847
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	253,399
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a L	Donated services and use of facilities	<u>'-</u>	
b	Prior year adjustments		
ب 5	Losses reported on Form 990, Part IX, line 25 2c Other (Describe in Part XIV) 2d	-	
d	Add lines 2a through 2d		10 740
. е З	Subtract line 2e from line 1	3	19,740
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	233,659
-		1 1	
a		-	
	Add lines 4a and 4b	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4c 5	233,659
	rt XIV Supplemental Information		_ 233,639
	plete 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		
	2b, Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
anu.	20, 1 att V, iiile 4, 1 att X, 1 att XI, iiile 6, 1 att XII, iiiles 20 aliu 40, aliu 1 att XIII, iiiles 20 aliu 40		
			
			
	- 		

Black Hills Parks and Forests Association Form 990, Part I, Line I Form 990, Part III, Line 1

The Association is organized solely for public, charitable and educational purposes, including such purposes as the making of distributions to the United States Government for the benefit of its national parks, and the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code. The Association exists for the following purposes:

To provide the traveling public accurate information concerning the Black Hills and adjacent territory.

To inform friends of the Black Hills Areas of the educational and interpretive activities carried on therein.

To acquaint scientists with results of research accomplished by the staff and friends of the Black Hills Areas.

To stimulate and encourage scientific research and investigation in the fields of geology, zoology, botany, history and related subjects in the Black Hills Areas and in that territory related to them.

To assist the Black Hills Areas in the establishment, preparation and further development of museums, observation stations, trail-aide exhibits and other interpretive and educational devices.

To publish, in cooperation with the National Park Service, various popular and technical papers and booklets dealing with the various fields of related science as may be needed for better public understanding.

To assist in the development and maintenance of library facilities for the use of Park Service personnel, students and interested persons.

To assist in obtaining photographs, slides, movie film and other materials or explaining and exhibiting facts related to history, earth sciences and life sciences.

To assist in obtaining land or buildings where an emergency exists and immediate action is necessary to acquire desirable property. This property will be held by the Association for the National Park Service until funds are made available for its purchase.

To buy, sell and handle government and private publications dealing with informational and interpretive subjects related to the Black Hills region; the profit from these transactions to be used for printing, stationery, miscellaneous supplies connected therewith and to assist in obtaining equipment, materials and supplies to accomplish the purposes of this Association.

	Federal Supporting	g Statements	2008	PG01
Name(s) as shown on return			FEIN	
BLACK HILLS PARKS AND	FOREST ASSOC		46-	6017180
FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER				
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE
EQUIPMENT	0	44,165	31,249	12,916
TOTAL	0	44,165	31,249	12,916

44,165 31,249

12,916

990 . Overflow Statement Page 1 Name(s) as shown on return BLACK HILLS PARKS AND FOREST ASSOC 46-6017180

FORM 990, PART III, LINE 4A, INTERPRETATION EXPENSES

Description		Amount
WIND CAVE		\$ 16,244
JEWELL CAVE		7,417
CUSTER STATE PARK		14,020
BLACK HILLS NATIONAL FOREST		8,122
INTERPRETATION OTHER		 931
INTERPRETATION WAGES, ALL LOCATIONS		 55,219
	Total:	\$ 101,953

FORM 990, PART IX, LINE 24A, INTERPRETATION EXPENSES

Description	1	Amount
BLACK HILLS NATIONAL FOREST	\$	8,122
CUSTER STATE PARK		14,020
JEWELL CAVE		7,417
OTHER	-	931
WIND CAVE		16,244
Total:	\$	46,734

FORM 990, PART IX, LINE 24A, COLUMN (C), OTHER EXPENSES

Description	;	Amount
CREDIT CARD DISCOUNTS	\$	11,994
FREIGHT		8,859
MISC, SALES		131
AUTO		8,623
DUES		787
MEETINGS		726
MISC, GENERAL		1,299
POSTAGE		2,444
PRINTING		376
TELEPHONE		4,028
Total:	\$	39,267

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB	No.	1545-0	172

2008

Attachment Department of the Treasury ► See separate instructions. ▶ Attach to your tax return. Sequence No. 67 Internal Revenue Service Business or activity to which this form relates Name(s) shown on return Identifying number BLACK HILLS PARKS AND FOREST ASS FORM 990 -46-6017180 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filling (a) Description of property 6 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 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 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.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service Property subject to section 168(f)(1) election 15 5,557 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 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 (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property year placed in (business/investment use (e)Convention (g)Depreciation deduction only-see instructions) 19a 3-year property HY S/L 190 1,901 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27.5 yrs. MM S/L MM S/L 27.5 yrs. property MM S/L Nonresidential real 39 vrs. MM S/I property 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 40-year 40 yrs. MM Part IV Summary (see instructions) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.

5,747

22

SCHEDULE O (Form 990)

Department of the Treasury

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.

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service Name of the omanization Employer identification number 46-6017180 BLACK HILLS PARKS AND FOREST ASSOC 01. Form 990 governing body review (Part VI, line 10) FORM 990 IS SUPPLIED TO THE PRESIDENT AND THE TREASURER OF THE BOARD OF DIRECTORS PRIOR TO FILING FORM 990. ALL THE OTHER BOARD MEMBERS CAN REVIEW THE 990 IN THE OFFICE OF THE ASSOCIATION PRIOR TO IT'S FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) AT THE TIME THE BOARD SEATS A NEW MEMBER, THE CONFLICT OF INTEREST POLICIES ARE REVIEWED WITH THE NEW MEMBER. THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR CONTINUE TO MONITOR THE CURRENT MEMBERS FOR POSSIBLE CONFLICT OF INTEREST PROBLEMS. 03. Governing documents, etc, available to public (Part VI, line 19) THE BUDGET, AUDIT AND FORM 990 WITH ALL ATTACHMENTS ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS OR BY APPOINTMENT WITH THE EXECUTIVE DIRECTOR OF THE ASSOCIATION.