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FORM 990-EZ Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

B	Check i	I O Nome of constant	IN E.		Identification number
_	Check i		100	npioyer	igenuncation number
느	Addre	ge labet or	_ [		
L	Name chang	print or RUSHMORE BOWL COMMITTEE OF RAPID CITY IN	<u> </u>	<u>80-0</u>	032285
	Initia	rn See   Walliage and Street (at 1.0. box, it main is not delivered to sheet dedicas)	Room/suite E T	elephon	e number
	Term ated	nin- Specific PO BOX 9734	1	605-	484-2907
		ended tions City or town state or country and 7IP + 4	F G	roup Ex	emption
		RAPID CITY, SD 57709-9734		umber <b>l</b>	•
_		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accounting		
		Schedule A (Form 990 or 990-EZ).	Other (spec		
ī	Wehei	ite: ►NA			the organization is not
			- 1		dule B_(form 990, 990-EZ, or 990-PF)
	Check				
N.	CHECK			e than \$	25,000. A FORM 990-EZ OF
_		Form 990 return is not required, but if the organization chooses to file a return, be sure to file			74 142
		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fi		<b>▶</b> \$	
LP	art i		(See the instruction	т.	ırt 1.)
	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less; cost or other basis and sales expenses 5b		╛	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
Ë	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming,	check here ► 🔙	][	
en/	a	Gross revenue (not including \$ of contributions		1	
Revenue	l	reported on line 1) 6a	74,142		
_	Ь	Less: direct expenses other than fundraising expenses 6b	7,500		
	C			7 6c	66,642.
	7a			<del></del>	
	Ь			7	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 <sub>7</sub> c	
	8	Other revenue (describe	,	8	
)	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	66,642.
	10	Grants and similar amounts paid (attach scheduk) STMT 2		10	67,000.
	11	Benefits paid to or for members WAR 3 0 2010		11	
ý	12	Salaries, other compensation, and employee benefits		12	
ıse	13	Professional fees and other payments to independent spin a to a second spin a second s	13		
Expenses	14	Occupancy, rent, utilities, and maintenance   OGDEN, U1		14	
ũ	15	Printing, publications, postage, and shipping		15	462.
	16	Other expenses (describe ► SEE STAT	EMENT 1	16	38.
	17	Total expenses. Add lines 10 through 16		17	67,500.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<del></del>	18	-858.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			<del></del>
SS	'`	(must agree with end-of-year figure reported on prior year's return)		19	2,901.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		20	• • • • • • • • • • • • • • • • • • • •
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	2,043.
P	art II		0 instead of Form 9		
نت.	41 ( 11		A) Beginning of yea	_	(B) End of year
22	Cas	sh, savings, and investments	2,90		2,043.
23		nd and buildings		23	
24		ner assets (describe )		24	<del> </del>
25		tal assets	2,90		2,043.
26		tal liabilities (describe		0 . 26	0.
27		t assets or fund balances (line 27 of column (B) must agree with line 21)	2,90		2,043.
	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	_,	-1-1	Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) RUSHMORE BOWL COMMITTEE C			80-	00322	85 Page 2
Part III Statement of Program Service Accomplishmen		Part III.)		E)	cpenses `
What is the organization's primary exempt purpose? SEE STATEMENT	1 4				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur			ıbe		i) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan				for others )	
28 FUNDS WERE RAISED FOR THE TWO PUBLI			D		
CITY, SD. \$67,000 WAS GIVEN TO THE	TWO HIGH SCH	OOLS.			
(Grants \$ 67,000 • ) If this amount includes foreign (	grants, check here		<u></u>	28a	<u>67,500.</u>
29		·			
(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	<u> </u>	29a	
30				[ ]	
				i l	
(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>		30a	
Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		31a	
32 Total program service expenses (add lines 28a through 31a)			lacksquare	32	67,500.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions f	or Part IV)
	(h) Title and sugrees hours	(a) Companyation		ntributions	
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee fit plans &	(e) Expense account and
(=) Name and Saurese	position	-0)		eferred	other allowances
		•		pensation	
BRYAN SCHNELL	PRESIDENT				
PO BOX 8151, RAPID CITY, SD 57709	0.00	0.		0.	0.
ROBYN BEAIRD	VICE PRESIDEN	Т			
3800 DYESS AVE, RAPID CITY, SD 57701	0.00	0.		0.	0.
LORI BACHMEIER, 131 ALTA VISTA DR,	SECRETARY				
RAPID CITY, SD 57701	0.00	0.		0.	0.
DAVE DIMARIA, 7984 COUNTRYSIDE DR,	TREASURER				
RAPID CITY, SD 57702	0.00	0.		0.	0.
DARREN PAULSEN, 1329 PONDEROSA	DIRECTOR				
PLACE, RAPID CITY, SD 57701	0.00	0.		0.	٥.
TYLER RACHETTO	DIRECTOR		<del></del>		<del> </del>
1200 44TH ST, RAPID CITY, SD 57701	0.00	0.		0.	0.
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9321/2	<u> </u>			Earm	990-EZ (2009)
02-08-10				LOLU)	<b>330-⊑</b> Æ (2009)

Pa	Irt V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		<u> </u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	]		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A	]		
þ	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			٠,,
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		х
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ► SD  The organization's books are in care of ► DAVID DIMARIA Telephone no. ► 605-48	1-2	907	
42 a	The organization's books are in care of ► DAVID DIMARIA  Located at ► 7984 COUNTRYSIDE BLVD, RAPID CITY, SD  Telephone no. ► 605-48	770	201	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	770		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:		-	<del></del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
٠	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			<u> </u>
• •	Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	45		<b>X</b> _
		Form 9	90-EZ	(2009)

Form 990-EZ (2009) 80-0032285 RUSHMORE BOWL COMMITTEE OF RAPID CITY IN Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public No 46 Yes X 46 office? If "Yes," complete Schedule C, Part I  $\overline{\mathbf{x}}$ 47 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address of each employee paid more than \$100,000 per week devoted to account and benefit plans & position deferred other allowances NONE compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiging over \$100,000 refurn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, er) is based on all information of which preparer has any knowledge Sign Here Treasurer Type or print name and t Date Check if self-Paid Preparer's signature Preparer's identifying number (See instr.) 02/25/10 employed ▶ Preparer's P00008915 Use Only 46-0403496 EIN > Firm's name (or yours

Form 990-EZ (2009)

(605)348-1930

Yes

Phone >

if self-employed),

address, and ZIP + 4

KANSAS

RAPID CITY,

May the IRS discuss this return with the preparer shown above? See instructions

CITY ST

SD 57701

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of	the organizat	ion		•				E	mployer i	identificatio	n number
		RUSHMOR	E BOWL COMMI	TTEE	OF RA	PID C	I YTI	N	80	0-00322	285
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.			
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🔲			s, or association of chur	_				).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).				
4 🔲	•		operated in conjunction					(b)(1)(A)(i	iii). Enter t	he hospital's	name,
	city, and stat	e.									
5 🗀	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	nt describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗀	A federal, sta	ite, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(	1)(A)(v).				
7 🗔	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general p	oublic descri	bed in
		b)(1)(A)(vi). (Comple									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	np fees, ar	nd gross rece	eipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	s support	from gross ir	nvestment
	income and i	unrelated business to	axable income (less sec	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the org	anization a	after June 30	), 1975.
	See section	<b>509(a)(2).</b> (Complete	Part III)								
10	An organizat	ion organized and or	perated exclusively to te	st for publ	ıc safety. S	See <b>sec</b> tio	n 509(a)(4	<b>\$</b> ).			
11 📖	An organizat	on organized and or	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to can	ry out the	purposes of	one or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	tion 509	(a)(3). Che	ck the box t	hat
	describes the	e type of supporti <u>ng</u>	organization and compl	lete lines 1	1e through	11h.			_	1	
	a LLL Type		71		e III - Func	-	•		d L	Type III - Ot	
e L	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	squalified p	persons othe	er than
		•	han one or more publicl		_				9(a)(1) or s	section 509(a	a)(2).
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check th							_		
9	_		organization accepted ar			-				Г	
	• • •	<u> </u>	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and	(III) below,		Yes No
	-	<b>-</b> -	upported organization?							11g(i)	
			n described in (i) above?		•					11g(ii)	
		-	person described in (i)							11g(iii)	
h	Provide the t	ollowing information	about the supported or	ganization	(S).						
		Γ''	(iii) Type of	Viva to the	organization	(v) Did voi	u notify the	(vi) !	s the		
	of supported	(ii) EIN	organization	r ,	sted in your			organizáti	ion in col.	(vii) Amo	
orga	anization		(described on lines 1-9		document?			U.S	zed in the S.?	suppo	JIL
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
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•									1		
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Total											

Form 990 or 990-EZ.

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

	edule A (Form 990 or 990-EZ) 2009					134271777777	Page 2
Pa	rt II Support Schedule for	_			)(b)(1)(A)(iv) an	id 170(b)(1)(A)(i	<b>/</b> 1)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
	ction A. Public Support		<del></del>	,		<del>,</del>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				1	1	
	membership fees received. (Do not	ļ				1	
	include any "unusual grants.")				<u> </u>	<del> </del>	
2	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to						
	or expended on its behalf					ļ	
3	The value of services or facilities						
	furnished by a governmental unit to	•	i			1	
	the organization without charge		<u>.</u>				
4	Total. Add lines 1 through 3					<del> </del>	
5	The portion of total contributions					1	
	by each person (other than a						
	governmental unit or publicly			ĺ	]		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				<u> </u>	<u> </u>	
	Public support. Subtract line 5 from fine 4			<u> </u>	<u> </u>	<u> </u>	
Se	ction B. Total Support	······································	-		·	<u></u>	
Cal	e <b>ndar year</b> (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the				]		
	business is regularly carried on				<u> </u>		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here		**			▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		·		
14	Public support percentage for 2009 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו			▶□
b	33 1/3% support test - 2008.If the o	rganization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop	here. Explain in Pa	art IV how the orgai	nization
	meets the "facts-and-circumstances"	_	•		-		▶∟
b	10% -facts-and-circumstances tes	t - 2008.If the orga	anization did not d	heck a box on lin-	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	janization	▶∟
40	Private foundation, If the organization	on did not chack a	hox on line 13, 16	a 16b 17a or 17	h check this hox	and see instruction	ıs 🕨 📗

Schedule: A (Form 990 or 990-EZ) 2009 RUSHMORE BOWL COMMITTEE OF RAPID CITY IN80-0032285 Page 3 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 Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006(c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 70,694. 75,577. 71,980. 74,142. 367,702. 75,309. organization's tax-exempt purpose 3 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 75,309. 70,694. 75,577. 71,980. 74.142. 367,702. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0 amount on line 13 for the year c Add lines 7a and 7b 367,702. 8 Public support (Subtractine 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (b) 2006 (c) 2007(e) 2009 71.980. 74.142 75.309. 70.694. 75.577. 367.702. 9 Amounts from line 6 10a Gross income from interest dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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.) 75,309. 70,694. 75,577. 71,980. 74,142. Total support (Add lines 9, 10c, 11, and 12) 14 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 Section C. Computation of Public Support Percentage 100.00 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 100.00 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\mathbf{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and 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 Schedule A (Form 990 or 990-EZ) 2009

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19. or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Inspection

Name of the organization

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

**Employer identification number** RUSHMORE BOWL COMMITTEE OF RAPID CITY IN 80-0032285

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part | required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants C Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ... No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Vas 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. (v) Amount paid (iii) Did (vi) Amount paid (i) Name of individual (iv) Gross receipts (or retained by) have custody or control of (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser 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) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events RUSHMORE (add col. (a) through BOWL FOOTBAI 1 col. (c)) (event type) (total number) (event type) Revenue 74,142. 74,142. Gross receipts 2 Less: Charitable contributions 74,142. 74,142. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 7,500. 7,500. Other direct expenses 7,500 10 Direct expense summary. Add lines 4 through 9 in column (d) 66,642. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash pnzes Rent/facility costs Other direct expenses Yes Yes % Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?

Schedule G (Form 990 or 990-EZ) 2009 RUSHMORE BOWL COMMITTEE OF RAPID CITY IN0-0032285 Page 2

Schedule G (Form 990 or 990-EZ) 2009 RUSHMORE BOWL COMMITTEE OF RAPID CITY IN 0-00	<u> 3228</u>	<b>5</b> _₽a	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			,
a The organization's facility	_		
b An outside facility 96		ĺ	
14 Enter 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 of the third party.			:
Name			
Address >			
16 Gaming manager information			
Name ▶			
Gaming manager compensation > \$			'
Description of services provided			
Director/officer Employee Independent contractor			
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			٠ .
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			

Schedule G (Form 990 or 990-EZ) 2009

### RUSHMORE BOWL COMMITTEE OF RAPID CITY IN

FORM·990-EZ	00-EZ OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
LICENSES/PERMITS MISC				20.
TOTAL TO FORM 990-EZ, LINE	16			38.
FORM 990-EZ CA	SH GRANTS AND ALLOCA	ATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S N	AME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN	T
STEVEN'S HIGH SCHOOL 1200 44TH ST RAPID CITY, SD 57702		NONE	33,5	00.
CENTRAL HIGH SCHOOL 433 MT RUSHMORE RD RAPID CITY, SD 57701		NONE	33,5	00.
TOTAL INCLUDED ON FORM 990-	EZ, LINE 10		67,0	00.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S'	TATE	MENT	, 3
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	Į	]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	]	YES	[X]	NO

990-EZ PG 2 STATEMENT 4

RAISING FUNDS FOR THE TWO PUBLIC HIGH SCHOOLS IN RAPID CITY, SD.