

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





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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)

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

OMB No 1545-0047 2009 Open to Public Inspection

B Dead Againation Addests dample Name of Againation Name change Interest Againation Name of Againation	A	For the 2009	9 cal <u>end</u> ar ye	ar, or tax year beginning 07/01/09, and er	nding 06/3	0/10		
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Name and apple Price Pri		Address change		ASSOCIATION			_	
byte		Name change	1 .	Doing Business As		· · · · · · · · · · · · · · · · · · ·	41-	1942405
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PO BOX 832 Yes Mel An ald affiliation Yes Mel Yes		Application pend	Jilly	• •			1 ''	
Tace-compit platus X			I				H(b) Are all	affiliates
Website:					01		ľ	
Name of logocation Trust Association Deer L Year of formation M State of legal denotice	ī	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or	527			
Summary 1 Borethy describe the organization's mission or most significant activities PROVIDE YOUTH HOCKEY PROGRAMS FOR THE BLACK HILLS AREA.	J	Website: ▶					H(c) Group	exemption number
Breifly describe the organization's mission or most significant activities PROVIDE YOUTH HOCKEY PROGRAMS FOR THE BLACK HILLS AREA. 2 Check this box	K	Type of organiz	ation X Co	poration Trust Association Other ▶		L Year of formation		M State of legal domicile
PROVIDE YOUTH HOCKEY PROGRAMS FOR THE BLACK HILLS AREA. 2 Check this box	F	~~~~						
2 Check this box			-			~~~		
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 Ta Total gross unrelated business taxable income from Form 990-T, line 34 Tb Total column (A) Total State Total Column (A)	g.	PF	ROVIDE	OUTH HOCKEY PROGRAMS FOR THE BLA	CK HILLS A	REA.		
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Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 Ta Total gross unrelated business taxable income from Form 990-T, line 34 To Total column (A) Total State	(eg)	7		,				
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 Ta Total gross unrelated business taxable income from Form 990-T, line 34 To Total column (A) Total State	8	2 Chec			sposed of more th	an 25% of its net as	1 1	
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Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 Ta Total gross unrelated business taxable income from Form 990-T, line 34 To Total column (A) Total State	ije	5 4 Num			ne 1b)		 	
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12 Ta Total gross unrelated business taxable income from Form 990-T, line 34 To Total column (A) Total State	ĭti.	5 Total					<u> </u>	
b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1 136, 841 1 25, 641 1 (Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 1 (Investment income (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 1 (Investment income (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investment income (Part VIII, column (A), lines 3, 4d, and 7d) 1 (Investm	Ă	70 Total			,		 	··· · · · · · · · · · · · · · · · · ·
State Contributions and grants (Part VIII, line 1h)		-	-		•			0
136,841 125,641		Z	3.11.010.00 00	mood takaba mooniga mo		Prio		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising expenses (Part IX, column (A), lines 13–17 (Total fundraising expenses (Part IX, column (A), lines 13–17 (must equal Part IX, column (A), lines 13–10 (must equal Part IX, colum	o(8 Cont	inbutions an	I grants (Part VIII, line 1h)				
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising expenses (Part IX, column (A), lines 13–17 (Total fundraising expenses (Part IX, column (A), lines 13–17 (must equal Part IX, column (A), lines 13–10 (must equal Part IX, colum	Ĕ	9 Prog	ram service	revenue (Part VIII, line 2g)				
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising expenses (Part IX, column (A), lines 13–17 (Total fundraising expenses (Part IX, column (A), lines 13–17 (must equal Part IX, column (A), lines 13–10 (must equal Part IX, colum	§	10 Inves	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)				945
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–5) 15 Salaries, other compensation, employee benefits Part IX, column (A), lines 15 16 Professional fundraising expenses (Part IX, column (A), lines 12) 17 Other expenses (Part IX, column (A), lines 11-10, 111-24) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 11-10, 111-24) 19 Revenue less expenses Subtract line 18 from line 20 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penyur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true-correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature A 46-025753 May the IRS discuss this return with the preparer shown above? (see instructions) X yes N	Œ	'' 0""	•					
14 Benefits paid to or for members (Part X-cetants FEE VED 15 Salaries, other compensation, employee benefits Part IX, column (A), lines 15. 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13–17 (must equal Part IX, polymon (A), lines 12b) 19 Revenue less expenses Subtract line 18 from lines 25b 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature Prepa					line 12)		243,498	218,874
15 Salares, other compensation, employee benefit Part X column (A), line 119 b Total fundraising expenses (Part IX, column (A), line 119 b Total fundraising expenses (Part IX, column (A), line 119 17 Other expenses (Part IX, column (A), line 119 18 Total expenses (Part IX, column (A), line 119 19 Revenue less expenses Subtract line 18 from line 25 19 Revenue less expenses Subtract line 18 from line 25 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Vertical liabilities (Part X, line 26) 24 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's Signature Preparer's signature Preparer's Signature Preparer's signature Preparer's Signature Preparer's s					ţ.	·		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 21e) 17 Other expenses (Part IX, column (A), line 21e) 18 Total expenses Add lines 13–17 (must equal Part IX column (A), line 21e) 19 Revenue less expenses Subtract line 18 from line 25e 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete declaration of preparer (other than officer) is based on all information of which preparers and knowledge Preparer's signature Preparer's signatu					5 10	<u> </u>		
17 Other expenses (Part IX, column (A), lines 1a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part X, press (A) line 25) 19 Revenue less expenses Subtract line 18 from line 19 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penjur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's Use Only Firm's name (or yours first Thorstenson, LLP) Po Box 3140 RAPID CITY, SD 57709-3140 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Note 18	SeS							
17 Other expenses (Part IX, column (A), lines 1a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, presses (A) lines 25) 19 Revenue less expenses Subtract line 18 from line 20 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Part II Signature Block Under penalties of penur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature Preparer's signat	ä	h Total	l fundraising	expenses (Part IX, column (A), line 1 15, 2013	21			· · · · · · · · · · · · · · · · · · ·
18 Total expenses Add lines 13–17 (must equal Part Scategor (A) line 25) 19 Revenue less expenses Subtract line 18 from line 25 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II 24 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Paid Preparer's signature Preparer's dentifying number (see instructions) Preparer's signature Preparer's sig	X		r evnenses	(Part IX column (A) lines 11a-11d 11f-24f)	e\		273.800	261,335
19 Revenue less expenses Subtract line 18 from line 22 19 1, 247, 96				And the second s	-1			
Beginning of Current Year End of Year 1,320,219 1,247,969 738,711 708,922 22 Net assets or fund balances Subtract line 21 from line 20 Part ii Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true-correct, and complete declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Paid Preparer's signature Paid Preparer's signature Preparer's signature Preparer's dentifying number self-employed property first is name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Beginning of Current Year 1, 247, 969 738,711 708,922 581,508 539,04* Total liabilities (Part X, line 26) 738,711 708,922 Total assets (Part X, line 26) 738,711 708,922 Total liabilities (Part X, line 26) 738,711 708,922 Total assets (Part X, line 26) 738,711 708,922 Total liabilities (Part X, line 26) 738,711 708,922 Total liabilities (Part X, line 26) 738,711 708,922 Total assets (Part X, line 26) 738,711 708,922 Total liabilities (Part X, line 26) 738,711 708,922 Total assets (Part X, line 26) 738,711 708,922 Total liabilities (Part X, line 26) 738,711 738,711 738,711 738,711 738,711					=			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature Signat	et A	21 Total	•	·				
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature Strict Date Date							281,208	539,047
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Here Signature stofficer JEFFREY PARTRIDGE TREASURER								
Here Signature stofficer JEFFREY PARTRIDGE TREASURER	Si.	an		Mhu Cax			1	
Paid Preparer's signature Firm's name (or yours of self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) TREASURER Preparer's Type or print name and ditte. Date / Check if self-employed Preparer's identifying number (see instructions) Proparer's identifying number (see instructions) Prop		_	Signat	ire districted			Date	
Preparer's Signature Preparer's Signature Firm's name (or yours of self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Type or print name and titte Preparer's identifying number (see instructions) Phone no 605-342-563	• • • • • • • • • • • • • • • • • • • •				T.	REASURER	01.0	
Preparer's signature Preparer's Signature Collection Collection					•			
Preparer's Use Only Firm's name (or yours f self-employed), address, and ZIP + 4 RAPID CITY, SD 57709-3140 RAPID CITY, SD 57709-3140 RAPID CITY RAPID			Drenararia	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1			Preparer's identifying number
Preparer's Use Only Firm's name (or yours of self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) KETEL THORSTENSON, LLP PO BOX 3140 RAPID CITY, SD 57709−3140 Phone no ▶ 605−342−563		1		P JAKI LXV	1	عدا		
Use Only Firm's name (or yours' f self-employed), address, and ZIP + 4 PO BOX 3140 Phone no ▶ 605-342-563 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N		- 1	Con-1-	KETEL THORSTENSON, I	LP	/		46-0257538
address, and ZIP + 4 RAPID CITY, SD 57709-3140 no ▶ 605-342-563 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N	Us	se Only		DO BOY 2140			Phone	
	_		address, ar	d ZIP + 4 RAPID CITY, SD 5770	9-3140		no	605-342-5630
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA Form 990 (200			ct and Pape	rwork Reduction Act Notice, see the separate instruc	tions.	_		Form 990 (2009)

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the o	organization's	mission
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P	ROVIDE YO	OUTH HOCK	EY PROGRAMS FOR THE BLAC	K HILLS AREA.	
2	Did the organizat	ion undertake any	significant program services during the year which	were not listed on	
_	the prior Form 99		organisani program convicto canng the year man		Yes X No
			es on Schedule O		
3			ting, or make significant changes in how it conduct	s, any program	
	services?				Yes X No
	If "Yes," describe	_			
4		• • •	evements for each of the organization's three large		
			ganizations and section 4947(a)(1) trusts are require		
	allocations to oth	ers, the total expe	nses, and revenue, if any, for each program service	e reported	
P		INDIVIDUA	258,980 including grants of \$ OR YOUTH THROUGH HIGH SC LS WHO HAVE BENEFITED FR		\$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue	\$
					•
	•				
Ac	(Code) (Expenses \$	including grants of \$) (Revenue	ę ,
40	(0000	/ (Expenses w	modeling grants of \$\psi\$, (Nevenue	,
4d	Other program s	ervices (Describe	in Schedule O)		
	(Expenses \$		including grants of \$) (Revenue \$)
40	Total program s	service expenses			

	atta Onechist of Required Ochedules		V	NI-
			Yes	_No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		
	complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ι,		x
_	Schedule C, Part II	4	-	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	١_		
	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 similar funds or accounts where donors have	1		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	١.		₹.
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١_		v
	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			1
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			x
	complete Schedule D, Part IV	9		_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1	x	
	VII, VIII, IX, or X as applicable	11	^	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		1	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	 	X
424	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	1	<u> </u>	
144	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No. If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			I
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization maintain an onice, employees, or agents obtaine of the Officer States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.44	1	† <u> </u>
U	business, and program service activities outside the United States? 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	1.4.0	<u> </u>	†
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		 	 -
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	1
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
.,	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X
		_	m 991	(2009)

Checklist of Required Schedules (continued)

7 7			_	
	Della control de la control de		Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			x
_	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	<u> </u>
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	-	X
4a	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 lines	1		₹.
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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		<u> </u>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
5a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	рпог year, and that the transaction has not been reported on any of the organization's pпог Forms 990 or			}
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
6	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		!	1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?]] .]
	If "Yes," complete Schedule L, Part III	27	ļ	X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		ļ
	Schedule L, Part IV	28b	<u> </u>	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	ļ		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ļ
	Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ì	1	
	Schedule N, Part II	32	<u> </u>	X
3	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		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			1
	III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ł	1	
	Schedule R, Part V, line 2	35		X
16	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	[[1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	<u> </u>	X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38		X
		For	m 990	ranna

Pai	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	1				
•	U.S. Information Returns. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?	. ,		1c		<u> </u>
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	2a		_		į
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					ĺ
	instructions)					į
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				
	this return?			3a		X
	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 authors.					1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				•
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	nk				Ė
_	and Financial Accounts					7
	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		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
_	Prohibited Tax Shelter Transaction?			5c		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		x
	organization solicit any contributions that were not tax deductible?	or		- 0a		
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	OI		6ь		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de				
а	and services provided to the payor?			7a	[ĺ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	required to file Form 8282?			7c	ł	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal		7		İ
•	benefit contract?			7е_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?		7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	S			1	
	required?			7h	Ļ	↓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					1
	organization, have excess business holdings at any time during the year?			8	 	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9a	1	┼
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 -	
10	Section 501(c)(7) organizations. Enter	1	ı			1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	-		1
11	Section 501(c)(12) organizations. Enter	1	I			1
а	Gross income from members or shareholders	11a		-		I
b	Gross income from other sources (Do not net amounts due or paid to other sources against					1
	amounts due or received from them)	11b	<u> </u>			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		1	12a	+-	-
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	_ <u>.</u>	400) (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management		Т	
			Yes	No
1a	Enter the number of voting members of the governing body		1	
ь	Enter the number of voting members that are independent 1b	 	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	x
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customanly performed by or under the direct	,		x
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3 4		$\frac{\mathbf{x}}{\mathbf{x}}$
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		$\frac{\mathbf{x}}{\mathbf{x}}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	х	
	of the governing body?	7b		<u>x</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	''		
8	-			
_	the year by the following:	8a	x	:
a	The governing body?	8b	X	
ь	Each committee with authority to act on behalf of the governing body?	100		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		x
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O etion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
IVE	relide Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	70-		
J	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	111		
••	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	Ī
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	ĺ	x
b				
-	its participation 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	L _	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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 Another's website Upon request			
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 ▶ JODI ANDERSON 2800 3RD STREET			
R	APID CITY SD 57702	605-34	1-2	000
				. – – – –

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

K Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B) Average			((-	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LYNN TUCKER										•
PRESIDENT	1.00	X		X		\vdash		0	0	0
DOUG PHELPS	1.00	x		x				0	0	0
JENI LEBERKNIGHT			ŀ							•
SECRETARY	1.00	X	_	х	<u> </u>			0	0	0
JODI ANDERSON	1 00			.,				o	o	0
TREASURER	1.00	X		X	 	\vdash		<u> </u>	0	<u> </u>
DAN FRENCH BOARD MEMBER	1.00	x						o	o	0
JERRY TREINEN	1.00	┢	\vdash	_						
BOARD MEMBER	1.00	x						o	o	0
LANETTE OLSON	1 2.00	 ••			 	†			<u> </u>	
BOARD MEMBER	1.00	x						o	o	0
					-			<u></u>	· · · · · · · · · · · · · · · · · · ·	
		\vdash			<u> </u>	ļ				
	-						-			,

				•	 		
			[
2	Total number of independent contractors (including but not limite more than \$100,000 in compensation from the organization ▶	ose listed above)	who received		0	,	
AA						Form 990 (20	009)

Pa	rt VI	Statement of Revenue 11	nue						
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax
							function	business revenue	under sections
			,,,,,,				revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a			1			
E S		Membership dues	1b			Ī			
a,	C	Fundraising events	1c			1			
<u>igia</u>	d	Related organizations	1d			1			
ž.E	e	Government grants (contributions)	1e			1			
흥심	f	All other contributions, gifts, grants,				1			
들됨		and similar amounts not included above	1f		11,735	1			•
풀	9	Noncash contributions included in lines 1a-	-1f	\$		Į			
<u>ن ۾</u>	h	Total. Add lines 1a-1f			<u> </u>	11,735			
e	-				Busn. Code				
le l	2a	REGISTRATION				80,247	80,247		
Se	b	TOURNAMENT FEE				25,291	25,291		
.5	С	ADMISSION INCOME			_	15,032	15,032		
ا چ	d	SKATE RENT				2,280	2,280		
E	•	HOCKEY CAMP				1,335	1,335		
Program Service Revenue	f	All other program service reve	nue			1,456	1,456		
5	g	Total. Add lines 2a–2f		,	•	125,641			
	3	Investment income (including	dividen	ds. interest	. and		<u> </u>	·	
	•	other similar amounts)		,	•	945			945
- 1	4	Income from investment of tax	-exemr	t bond nro	ceeds				
	5	Royalties	CACIII	r Borio pro				***	
- 1	•	(i) Real		(II) P	ersonal		······································	•••••••••••••••••••••••••••••••••••••••	
	6a	Gross Rents				I	į		
	Va L	Less rental exps				1			
	D	Rental inc or (loss)				1			
	ن	Net rental income or (loss)					ĺ		Ī
	d 7a	Gross amount from (i) Securities		[(11)	Other				
		sales of assets		 					
		other than inventory				1			
	D	Less cost or other				1			1
		basis & sales exps			-				
		Gain or (loss)				Ī			†
		· · · · · · · · · · · · · · · · · · ·			> _				
Θ	8a	•	ents						
E		(not including \$							
§		of contributions reported on line 10			150 005				
Other Revenue		See Part IV, line 18	а		150,805				
돭		Less direct expenses	b		70,252	00 550			90 553
_		Net income or (loss) from fund	_	events		80,553			80,553
	9a	Gross income from gaming activities	es	1					1
		See Part IV, line 19	а						1
	ı	Less direct expenses	þ						<u> </u>
	ı	Net income or (loss) from gan	_	ivities					<u> </u>
	10a	Gross sales of inventory, less							
		returns and allowances	а	<u></u>					
		Less cost of goods sold	b						•
	c	Net income or (loss) from sale	es of inv	rentory	<u> </u>				
		Miscellaneous Revenu	16		Busn. Code				‡
	11a								
	ь						<u></u>		
	c								
	d	All other revenue							
	9	Total. Add lines 11a-11d			•				<u> </u>
	12	Total Revenue. See instruction	ons		<u> </u>	218,874	125,641		81,498

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Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b,		(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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								
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 salanes and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)			1					
а	Management	- ··· ·							
b	Legal								
С	Accounting	**							
d	Lobbying								
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees	 							
9	Other	-		-					
12	Advertising and promotion	2,355		2,355					
13	Office expenses	2,333		2,333					
14	Information technology		<u> </u>	·					
15	Royalties	47,309	47,309						
16 17	Occupancy Travel	2,169			''				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	5,661	5,661						
20	Interest	49,611							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	80,594	80,594						
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)		18.050						
а	REFEREE EXPENSE	17,878							
b	TOURNAMENT EXPENSE	15,355							
C	INSURANCE	7,000							
d	UNIFORMS	6,034 5,884							
e	REPAIRS	21,485							
f	All other expenses	261,335							
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following	201,333	250,550	2,333					
26	SOP 98-2 Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation								
DAA		<u> </u>	-		Form 990 (2009)				

RUSHMORE HOCKEY AND SKATING Page 11 Part X **Balance Sheet** (B) (A) End of year Beginning of year 76,203 75,521 1 Cash—non-interest bearing 2 2 Savings and temporary cash investments 7,075 8,088 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 4,421 4,371 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,573,476 10a other basis Complete Part VI of Schedule D 413,206 1,232,239 1,160,270 10c 10b b Less, accumulated depreciation 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 14 15 Other assets See Part IV, line 11 15 1,247,969 1,320,219 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 738,711 708,922 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 708,922 738,711 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ |X| and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 539,047 581,508 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32

1,247,969 Form **990** (2009)

539,047

581,508

320,219

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3h

SCHEDULE A. (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

RUSHMORE HOCKEY AND SKATING ASSOCIATION

Employer Identification number 41-1942405

P	irt l	Reaso	on for Public Charity	Status (All organization	s must co	mplete	this p	<u>art.) S</u>	<u>ee ins</u>	tructio	ons.		
he	orgar	ization is not a	private foundation because	it is (For lines 1 through 11, c	heck only or	e box)							
1	\Box	A church, con	vention of churches, or associate	ciation of churches described i	n section 1	70(b)(1)(<i>A</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			e organization described in sec	tion 170(b)	(1)(A)(iii).							
4	H	•	•	in conjunction with a hospital of				(A)(iii).	Enter th	e hospit	tal's name.		
•	ш	city, and state								•			
5	\Box	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
ŭ	ш	section 170(b)(1)(A)(iv). (Complete Part II)											
6	\Box	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	H			ubstantial part of its support fro				the ger	neral nu	blic			
•	ш	-	section 170(b)(1)(A)(vi). (Co		an a gotom			90.	.о.а. ра				
8	\Box			/0(b)(1)(A)(vi). (Complete Part	11.5								
9	X	•		more than 33 1/3 % of its sup	· ·	ntabution	s memh	ershin fe	es and	l arnee			
,		-		ot functions—subject to certain									
				d unrelated business taxable in									
			-	, 1975 See section 509(a)(2).				O 200					
10			•	xclusively to test for public safe		•	a)(4).						
11		Ū	•	xclusively for the benefit of, to	-	•		carry ou	t the				
••	ш	•	•	d organizations described in se				•		tion			
				e type of supporting organizati									
		a Type		c Type III-Functio			di [e III-Otl	ner			
0		· ·	<u> </u>	nization is not controlled direct	, ,		or more						
_	ш			and other than one or more put						tion			
			ection 509(a)(2)	·		_							
f				mination from the IRS that it is	a Type I, Ty	pe II, or T	ype III s	upportin	9				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contrib	ution from a	ny of the							
		following pers	sons?										
		(i) A person	who directly or indirectly cor	ntrols, either alone or together	with persons	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g	0	
		(ii) A family	member of a person describe	ed in (i) above?							11g	ii)	1
		(iii) A 35% c	ontrolled entity of a person de	escnbed in (i) or (ii) above?							11g	iii)	
h		Provide the f	ollowing information about the	e supported organization(s)									
(i)	Name	of supported	(iı) EIN	(iii) Type of organization	1	organization		ou notify		s the		mount o	f
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	zed in the		pport	
				(see instructions))	governing	- COCUMENT		port?		S?			
					Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 RUSHMORE HOCKEY AND SKATING Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support **(b)** 2006 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Amounts from line 4 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 or 10 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 instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Part III

	tion A. Public Support				•							
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include	66 160	E 044	30,954	13,752	11,735	127,654					
•	any "unusual grants.")	66,169	5,044	30,954	13,752	11,735	127,034					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	75,207	105,994	122,333	136,841	125,641	566,016					
3	Gross receipts from activities that are not an unrelated trade or business under section 513	61,070	172,098	173,276	176,616	150,805	733,865					
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											
6	Total. Add lines 1 through 5	202,446	283,136	326,563	327,209	288,181	1,427,535					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	20,000		2,500			22,500					
b	Amounts included on lines 2 and 3 received											
	from other than disqualified persons that											
	exceed the greater of \$5,000 or 1% of the	:										
	amount on line 13 for the year											
C	Add lines 7a and 7b	20,000	,	2,500	, ,, ,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,		22,500					
8	Public support (Subtract line 7c from line 6)						1,405,035					
	tion B. Total Support				(1) 2000	() 0000	(D. T. t.)					
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
9	Amounts from line 6	202,446	283,136	326,563	327,209	288,181	1,427,535					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,740	2,298	2,002	945	7,985					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975											
С	Add lines 10a and 10b		2,740	2,298	2,002	945	7,985					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		: :			0						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)											
13	Total support. (Add lines 9, 10c, 11,]						
	and 12)	202,446	285,876				1,435,520					
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourtl	n, or fifth tax year a	is a section 501(c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percent	age									
15	Public support percentage for 2009 (line 8,			(f))		15	97.88%					
<u>16</u>	Public support percentage from 2008 Sche				- ,	16	96.43%					
	tion D. Computation of Investme				·	727	- 0/					
17	Investment income percentage for 2009 (lii			olumn (†))		17	1%					
18	Investment income percentage from 2008				Ab 22 4/2 0/		%					
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this bo	ox and stop here . T	he organization qu	alifies as a publicly	supported organiz	ation	▶ [X					
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											
							!					
<u>20</u>	Private foundation. If the organization did	not check a box on	une 14, 19a, or 19	D, Check this box a	ina see instructions	<u> </u>						

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

9CHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009

Inspection

Name of the organization Employer identification number RUSHMORE HOCKEY AND SKATING **ASSOCIATION** 41-1942405 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009 RUSHMORE H	OCKEY ANI	SKATING		41-194	12405	Page 2
Pa	rt III Organizations Maintaining (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records	, check any of the fol	lowing that are a	significant us	se of its	
а	Public exhibition	d 🗍	Loan or exchange p	orograms			
b	Scholarly research	ө 🗍	Other				
C	Preservation for future generations						
4	Provide a description of the organization's collect Part XIV	ctions and explain	how they further the	organization's exe	empt purpos	e ın	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	e maintained as pa	irt of the organization	n's collection?			Yes No
Pa	et IV Escrow and Custodial Arrai	ngements. Co	mplete if the org	ganization ans	swered "Y	es" to Form 99	0, Part
	IV, line 9, or reported an amo	ount on Form	990, Part X, line	21.			
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contributions	or other assets no	t		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the foll	owing table				
							Amount
C	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Form	n 990, Part X, line	21?				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV	 		. ". =		D / P 40	
Pa	rt V Endowment Funds. Comple	T					
		(a) Current yea	r (b) Pnor	year (c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,				l		
	and losses	···				<u></u>	
	Grants or scholarships					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	Other expenditures for facilities						
_	and programs						
	Administrative expenses						
g	End of year balance					<u></u>	
2	Provide the estimated percentage of the year el		•				
	Board designated or quasi-endowment ► Permanent endowment ► %	%					
	Term endowment ▶ %						
	Are there endowment funds not in the possessi	on of the organizat	tion that are held and	t administered for	the		
Ja	organization by	on or the organizat	non marare nelo and	administred for			Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
h	If "Yes" to 3a(ii), are the related organizations lis	sted as required or	n Schedule R?				3b
4		•					
	rt VI Investments—Land, Buildir			m 990. Part >	K. line 10.		
	Description of investment	(a) Cost or othe		Cost or other		umulated	(d) Book value
		(investmer	nt) ba	sıs (other)	depre	eciation	
1a	Land			159,000			159,000
	Buildings	·		878,188	:	134,961	743,227
	Leasehold improvements						
	Equipment			536,288		278,245	258,043
	Other						
	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part	X, column (B), line 1	0(c))		>	1,160,270

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

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

organization's liability for uncertain tax positions under FIN 48

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Sched	dule D (Form 990) 2009 RUSHMORE HOCKEY AND SKATING		41-194240	5	Page 4
.,	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities		5		
6	Investment expenses			6	
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _	I		
а	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c	<u> </u>	-	
đ	Other (Describe in Part XIV)	_2d		┨	
8	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	ı	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 .			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		-	
b	Other (Describe in Part XIV)	40	L	4c	
C	Add lines 4a and 4b Takely and 4a (This Trust agost Form 800, Part I, line 12)			5	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XIII Reconciliation of Expenses per Audited Financial Statement	nte V	With Expenses per F		1
1	Total expenses and losses per audited financial statements		Vitil Expellede pol I	1	<u>. </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	
a	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d		1	
8	Add lines 2a through 2d	•		2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIV)	4b]	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	d 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	d 4b Also complete		
this p	art to provide any additional information				
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Sched	rt X	IV	Su	lagi	em	ent	al l	nfo	rma	atio	n (c	ontir	nuec	<u>d)</u>																		
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SCHEDULE G . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

RUSHMORE HOCKEY AND SKATING Employer identification number Name of the organization 41-1942405 **ASSOCIATION** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fund-(v) Amount paid to (iv) Gross receipts (vi) Amount paid to (i) Name of individual (II) Activity raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? 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

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through CONCESSION INCO MERCHANDISE SAL 4 (total number) ∞i (c)) (event type) (event type) 59,807 150,805 50,543 40,455 Gross receipts 2 Less Charitable contributions Gross revenue (line 1 59,807 150,805 50,543 40,455 minus line 2) Cash prizes Noncash pnzes Rent/facility costs Direct Expenses Food and beverages Entertainment 16,594 70,252 34,563 19,095 Other direct expenses 70,252 Direct expense summary Add lines 4 through 9 in column (d) 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. (d) Total gaming (Add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col (a) through col (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes % Yes % Yes No Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain Does the organization operate gaming activities with nonmembers? 11 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming?

Indicate the percentage of gaming activity operated in a The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? If "Yes," enter name and address of the third party. Name Address Gaming manager information Name Gaming manager compensation \$ Description of services provided □ □ Director/officer □ Employee □ Independent contractor The Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming incense? Enter the amount of distributions required under state law distributed to other exempt organizations or spent	Sche	dule G (Form 990 or 990-EZ) 2009 RUSHMORE HOCKEY AND SKATING	41-194240		_	age 3
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent		The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books			Yes	No_
revenue? 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 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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
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 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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	15a			15a		
Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		amount of gaming revenue retained by the third party ▶ \$	and the			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	C					
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Address ►				
Gaming manager compensation \$ Description of services provided Director/officer	16	Gaming manager information				
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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent		Name ►				
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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	17					
ł ł +		Is the organization required under state law to make charitable distributions from the gaming proceeds to		17a		
in the organization's own exempt activities during the tax year ▶ \$	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 ▶ \$	Schodulo G (Form 00	0 01 99	0-E7\	2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RUSHMORE HOCKEY AND SKATING ASSOCIATION

Employer identification number 41-1942405

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE MEMBERS ELECT THE OFFICERS ON THE BOARD.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THIS IS A VOLUNTEER ORGANIZATION AND NO SALARIES ARE PAID.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THIS IS A VOLUNTEER PROGRAM AND NO SALARIES ARE PAID.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

RUSHMORE HOCKEY AND SKATING Identifying number Name(s) shown on return **ASSOCIATION** 41-1942405

	ess or activity to which this form relates NDIRECT DEPRECIATI	ON			-				
	rt l Election To Expens	se Certain Prop	•						
	Note: If you have a				fore you	complete P	art I.		
1	Maximum amount See the instruction	•		ses				1_	250,000
2	Total cost of section 179 property pl							2	3,086
3	Threshold cost of section 179 prope	=		structions)			3	800,000
4	Reduction in limitation Subtract line		•					4	050 000
5	Dollar limitation for tax year Subtract line		less, enter -0 If mar					5	250,000
6_	(a) Description	of property		(b) Cost (business use	<u> </u>) Elected cost		
	MITE EQUIPMENT					602		602	
	GRIMM PUMP			l	1,	484		484	
7	Listed property Enter the amount from				Į	7			2 006
8	Total elected cost of section 179 pro		in column (c), lines	s 6 and 7				8	3,086
9	Tentative deduction Enter the small	ller of line 5 or line 8						9	3,086
10	Carryover of disallowed deduction fi	•						_10_	
11	Business income limitation Enter th		•			ee instructions)	11	0
12	Section 179 expense deduction Ad-	d lines 9 and 10, but	do not enter more	than line	11			12	0
13_	Carryover of disallowed deduction to					13	3,	086	
	: Do not use Part II or Part III below for								
	rt II Special Depreciation						ted prope	rty.)	(See instr.)
14	Special depreciation allowance for o	qualified property (oth	er than listed prop	erty) place	ed in service	•			
	during the tax year (see instructions		14						
15	Property subject to section 168(f)(1)	election						15	
16	Other depreciation (including ACRS		_					16	45,124
P	Irt III MACRS Depreciati	on (Do not inclu		erty.) (S ion A	<u>ee instru</u>	ctions.)			
		T							
17	MACRS deductions for assets place	•						17	32,384
18	if you are electing to group any assets pla							<u> </u>	
	Section B—	Assets Placed in Se			r Using the	General Dep	eciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depri (business/investmonly–see instruc	ent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	·							
b	5-year property						<u> </u>		ļ
С	7-year property								
<u>d</u>	10-year property				_				
ее	15-year property								
f	20-year property						_		
g	25-year property				25 yrs	ļ 	S/L		
h	Residential rental			1	27 5 yrs	MM	S/L	<u> </u>	
	property				27 5 yrs	MM _	S/L		
i	Nonresidential real				39 yrs	ММ	S/L		
	property					MM	S/L	<u> </u>	
	Section C—A	ssets Placed in Sen	vice During 2009	Tax Year	Using the A	Alternative De	preciation S	System	<u> </u>
20a	Class life						S/L		
b	12-year	<u> </u>			12 yrs		S/L		
	40-year				40 yrs	ММ	S/L	-	
	art IV Summary (See ins	tructions.)					_		
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lir		es 19 and 20 in co	olumn (g),	and line 21	Enter here			
	and on the appropriate lines of your	-						22	77,508
23	For assets shown above and place								
	portion of the basis attributable to s			_		23			

Forms 990 / 990-PF	Mor	tgages and Oth	ner Notes Pay	/able		2009
	For calendar year 2009, o	or tax year beginning	07/01/09	, and ending	06/30/10	
lame	VEV AND CHAMING	,			Employer Ide	entification Number
ASSOCIATION	ŒY AND SKATING		·		41-194	2405
FORM 990, PAI	RT X, LINE 23 -	ADDITIONAL	INFORMATION	ON		
	Name of lender			Relationship to	o disqualified perso	n
·	COMMUNITY BAN	IK	1			
	ERN BANK LOAN		-			
3) DACOTAH BAN 4)	IN DOM		 			
(5)					-	
6)						
(7)					•	
(8)			<u> </u>		·	
(9)					-	
(10)			1	······································		······································
			T	••••••••		T
Onginal amount borrowed	Date of loan	Matunty date		Repayment tern	ns	Interest rate
708,9		05/15/20	5921.58	PER MON		5.750
22,9		06/30/10	1265 PE			
3) 780,0	00 07/26/07	07/26/10	5 PAYME	NTS/YEAR	15,200	7.500
(4)			-			
(5)						
(6)						
(7) (8)		 				
(9)						
(10)						
(1) HOCKEY RIN	Security provided by borrower		FINANCE	HOCKEY R	ose of loan INK	
(2)	·				1	
(3)						
(4)						
(5)						
(6)						
(7) (8)			 			
(9)	.					
(10)						
Consid	eration furnished by lender			ce due at ling of year	B	Balance due at end of year
<u>(1)</u>			-	2 262		708,922
(2)				3,363 735,348		
(3)		<u> </u>		133,345		
(5)						
	*		1			
(5) (6) (7)						

738,711

708,922

(8) (9) (10)

Totals

	Financial Statements 8/31/2010		8/31/2011	AJE 01	AJE 02	Financial Statements 8/31/2011
Investments	0.51,2010		5.51.5511			
Guaranteed Investment Contract						
AUL Fixed Income	\$ 1,415,320		\$ 1,375,305.52			1,375,305.52
Money Market						
One America Money Market	30,224		35,240.39			35,240.39
Mutual Funds						
Large Cap			51 000 C1			£1.000.41
T Rowe Price Equity Income	51,418		51,903 61			51,903 61
SSGA S&P 500 Index	22,165		25,974 43			25,974 43
Fidelity VIP Contrafund	3,454 32,669		4,873 06 32,059 56			4,873 06 32,059 56
Alger American Large Cap Growth American Century Ultra	5,350		5,808 07			5,808 07
Fidelity VIP Growth	2,429		4,237 06			4,237 06
Total Large Cap	117,484		124,855.79			124,855.79
Mid Cap	,		121,000.75			12 1,000177
Invesco Mid Cap Core Equity	1,499		3,161.29			3,161.29
Small Cap	-,					.,
Vanguard Vif Small Comp Growth	•		6,557 16			6,557 16
Vanguard Explorer	1,806		-			-
Goldman Sachs Small Value	1,192		2,140 50			2,140 50
Total Small Cap	2,998		8,697.66			8,697.66
Bonds						
Fidelity VIP High Income	13,260		15,844.20			15,844 20
Balanced						
Fidelity VIP Asset Manager	5,725		9,915.27			9,915.27
Managed Asset Allocation						
Fidelity Freedom 2015 Fund	79,057		104,400 29			104,400 29
Fidelity Freedom 2040 Fund	50,518		79,178 83			79,178 83
Fidelity Freedom 2010 Fund	45,159		9,128 69			9,128 69
Fidelity Freedom 2020 Fund	10,884		5,832 88			5,832 88
Fidelity Freedom 2025 Fund	31,452		33,603 80			33,603 80
Fidelity Freedom 2030 Fund	26,166		16,135 59			16,135 59
Fidelity Freedom 2035 Fund	14,074		18,595 35			18,595 35
Total Managed Asset Allocation	257,311		266,875 43			266,875.43
World Stocks	4.440		6,768 82			4 740 02
Templeton Growth American Funds Capital World Growth and Income	6,660 626 84		4,269 37			6,768 82 4,269 37
Total World Stocks	7,287		11,038 19			11,038 19
Total Investments	1,851,107		1,850,933.74			1,850,934
i vai in estinetto	1,051,107		***************************************			1,000,000
Receivables						
Participant Notes Receivable	389,444	C1	385,226 32			385,226 32
Employer Receivable	-		-		135,160 00	135,160 00
Other Receivable	1,410	S	<u> </u>			
Net Assets available	2,241,962	S	2,236,160 06 1	400		\$ 2,371,320 06
			1300			1300
Recogning balance	2,079,054	PY \$	2,240,551 18	1,410 42		\$ 2,241,961 60
Beginning balance Contributions	2,079,034	F1 3	2,240,331 10	1,410 42		3 2,241,901 00
		C1.1	196,675 00		135,160 00	331,835 00
Employer Employee	481,513	Ci.i	214,197 00	(1,410 42)	133,100 00	212,786 58
Rollover	401,515		214,157 00	(1,410 42)		212,700 30
Konover	481,513	CI	410,872 00			544,621 58
	,		,			
Income						
Interest and Dividend Income	23,162	C1	24,130 05			24,130 05
Market value gam/loss	67,426	C1	99,338 95			99,338 95
	90,588		123,469 00			123,469 00
T . 11 (7)	00.500		624.241			122 460 00
Total Income (Loss)	90,588		534,341			123,469 00
Benefit payments	(407,724)	CI	(537,010 34)			(537,010 34)
immaterial difference	(407,724)	٠.	0 22			0 22
Expenses	(1,470)		(1,722 00)			(1,722 00)
—··p	(1,170)		(.,,-= 00)			
Ending balance	2,241,962		2,236,160 06			\$ 2,371,320 06
	S -	S	-			S -

AJE 01 To reverse 8/31/10 contributions receivable

AJE 02 To record the corrective amounts due to the plan for deferrals not being calculated on proper eligible compensation