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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

BLACK HILLS CHAPTER OF INTERNAT

SOCIETY OF EXPLOSIVES ENGINEERS

As Filed Data -

DLN: 93492166000041

D Employer identification number

76-0<u>776658</u>

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending 12-31-2010

Open to Public Inspection

In	ame ch itial ret erminat	turn	Number and street (or P O box, if mail is not delivered to street address) Roo 3213 W MAIN STREET STE 140	m/suite	E Telephone num	ber	
I Ar	nended	d return on pending	City or town, state or country, and ZIP + 4 RAPID CITY, SD 57702		F Group Exemption Number ►	on	
ΙWe	bsit e	N/A	Cash		Check F 7 i required to att (Form 990, 99	ach Sche	
\$5	0,000) A Form 990	anization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-post to file a return, be sure to file a complete return				
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to d of Form 990-EZ	tal assets	s (Part II, line 25, coli ► \$	umn (B) bel	low) are \$500,000 or 21,056
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Bala ne organization used Schedule O to respond to any question in this F		(See the instruct	ions for P	art I)
	1	Contribution	ıs, gıfts, grants, and sımılar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts			2	14,507
	3	Membership	dues and assessments			3	1,480
	4	Investment	ıncome			4	129
	5a	Gross amou	nt from sale of assets other than inventory	5a			
9	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
œ œ	6	Gaming and fundraising events					
	а	Gross income f	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	b		ne from fundraising events (not including \$ <u>4,940</u> of contributions from from fundraising events (not including \$ <u>4,940</u> of contributions from the first of the sum of such gross income and contributions from the first of the				
	c	Less direct	expenses from gaming and fundraising events	6с	3,347		
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6b a	ınd subt	tract line 6c)	6d	1,593
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b			
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other reven	ue (describe in Schedule O)	ı		8	
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	17,709
	10	Grants and s	similar amounts paid (list in Schedule O)	•	•	10	5,750
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	ner compensation, and employee benefits			12	
es de	13	Professional	fees and other payments to independent contractors			13	477
Expenses	14	Occupancy,	rent, utilities, and maintenance	•		14	
Ë	15	Printing, pub	olications, postage, and shipping			15	1,813
	16	Otherexpen	ses (describe in Schedule O)			16	4,855
	17	Total expens	ses. Add lines 10 through 16			17	12,895
<u>–</u>	18	Excess or (c	leficit) for the year (Subtract line 17 from line 9)			18	4,814
sters.	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (mu	st agree	e with		
NetA		end-of-year	figure reported on prior year's return)			19	26,083
Ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		▶	21	30,897

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in th	nis Part II		<u> </u>
(See the instruc	tions for Part II)	Γ	(A) Beginning of year	Τ	(B) End of year
22 Cash, savings, and investments .			26,083	3 22	30,897
23 Land and buildings		[·	23	·
24 Other assets (describe in Schedule O)	. [24	
25 Total assets		[26,083	25	30,897
26 Total liabilities (describe in Schedule	0)	Ī		26	
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21) .	26,083	3 27	30,897
Check if the organization used What is the organization's primary exempt ADVANCE THE SCIENCE, ART, AND SAN Describe what was achieved in carrying ou describe the services provided, the numbe	Schedule O to respond to purpose? FETY OF EXPLOSIVES EN t the organization's exemp	any question in the GINEERING t purposes In a c	lear and concise manner,	(c)(orga - 494	Expenses quired for section 501 3) and 501(c)(4) anizations and section 17(a)(1) trusts, ional for others)
29 ADVANCE THE SCIENCE, ART, AND S	INEERING s amount includes foreign	grants, check here	e ▶ ┌	28a 29a	1,627
31 O ther program services (describe in Sc (Grants \$) If the	s amount includes foreign	grants, check here	· · · · · · ·	30a 31a	44.22
32 Total program service expenses (add lin Part IV List of Officers, Directors, Tru	<u> </u>			32	11,229
Check if the organization used					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid enter -0)	ion (d) Contribution	lans &	(e) Expense account and other allowances
See Additional Data Table					

				rage
Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			1
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed		Yes	No
33	description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Νo
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, explain in Schedule O why the organization did not report the income or Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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			
d	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 transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ► KEVIN HACHMEISTER Telephone no	► (60	5) 673	-4681
	12103 CHICKADEE LANE Located at CUSTER, SD ZIP + 4	5	7730	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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			▶ Г
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	Instead of Form990-EZ	44Ь		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			

orm 990-	EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle 'Form 990 and Schedule R must be		_	fsection 5	12(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		 N -
16 Dıd t	the organization engage, directly idates for public office? If "Yes,"	or indirectly, in political o	ampaign activities on b			45a		No
Part VI				evemnt	charitable tri	46	nlv	No
rait vi	All section 501(c)(3) organ		` ' ` '	•			-	stions
	47-49b and 52. Check if the organization used	l Schedule O to respond	to any question in this F	art V I .				
		·					Yes	No
7 Dıd t	he organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
8 Isth	e organization a school described	d in section 170(b)(1)(A))(II)? If "Yes," complete S	Schedule E		48		
9a Didit	the organization make any transfe	ers to an exempt non-cha	ritable related organiza	tion?		49a		
b If "Y	es," was the related organization	a section 527 organizati	on?			49b		
0 Com	plete this table for the organization	on's five highest compen	sated employees (other	than office	rs, directors, trus	steesa	nd key	•
empl	oyees) who each received more t		nsation from the organiz					
	e and address of each employee	(b) Title and average hours per week	(c) Compensation	employee	ntributions to benefit plans &	a	e) Exper count a	and
		devoted to position		deferred	compensation	othe	rallowa	ances
0(f) Tot	tal number of other employees pa	ıd over \$100,000 .				·		
1 Compofico	cal number of other employees pa plete this table for the organization impensation from the organization ame and address of each indepen	on's five highest compen n Ifthere is none, enter '	None "	1	each received n		an \$10 compen	
1 Compofico	plete this table for the organization	on's five highest compen n Ifthere is none, enter '	None "	1			-	
1 Compofico	plete this table for the organization	on's five highest compen n Ifthere is none, enter '	None "	1			-	
61 Compofico	plete this table for the organization	on's five highest compen n Ifthere is none, enter '	None "	1			-	
61 Compofico	plete this table for the organization	on's five highest compen n Ifthere is none, enter '	None "	1			-	
(a) N	plete this table for the organization	on's five highest compen If there is none, enter ' Indent contractor paid mo contractors each receiving	none " re than \$100,000 g over \$100,000	(b) ⊤yp	pe of service	(c) C	ompen	sation
1 Composition of composition (a) N 1(d) Tot 2 Did mu nder penalowledge a	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and completed schedule	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	aritable (es	trusts
1 Composition of composition (a) N 1(d) Tot 2 Did mu nder penalowledge a	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule and belief, it is true, correct, and complete it is true, correct.	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	7 (a)(1) nonexen	npt cha	aritable (es	trusts
1 Composition of composition (a) N 1(d) Tot 2 Diagram owledge a owledge.	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and completed schedule	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	aritable (es	trusts
of composition (a) Note (b) Total (c) Total (c	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete. Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and continued to the organization complete.	on's five highest compen If there is none, enter indent contractor paid monomerator paid monomerators each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service (1) (1) nonexen (2) (3) (1) nonexen (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	npt cha	aritable (es	trusts
61 Composition of composition (a) No. 61(d) Total composition of composition (b) Total composition (c) Total	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete Schedule lities of perjury, I declare that I have a lities of perjury and the organization complete Schedule	on's five highest compen If there is none, enter indent contractor paid monomeration of present and the properties of th	g over \$100,000 g over \$100,000 on 501(c)(3) organization on companying sch parer (other than officer)	(b) Typ	e of service (1) (1) nonexen (2) (3) (1) nonexen (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	npt cha	aritable /es st of my prepare	trusts No r has a
61 Composition of composition (a) N	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete. Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contains the signature of officer KEVIN HACHMEISTER TREASURER Type or print name and title Preparer's signature LONNIE J HOSMAN Firm's name (or yours DESMET & BESMET &	on's five highest compen of If there is none, enter indent contractor paid motor on tractors each receiving the second of the se	g over \$100,000 g over \$100,000 on 501(c)(3) organization on companying sch parer (other than officer)	(b) Typ	Preparer's taxpay (See instructions)	npt cha	aritable /es st of my prepare	trusts No r has ar
51 Composition of composition (a) N 51(d) Total formulation of the composition of the co	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete. Schedist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete. The correct of the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the corre	on's five highest compen of If there is none, enter indent contractor paid motion of present and the second of the	g over \$100,000 g over \$100,000 on 501(c)(3) organization on companying sch parer (other than officer)	(b) Typ	oe of service 17 (a)(1) nonexen 18 (a)(1) nonexen 19 (a)(1) nonexen 10 (a)(1) nonexen 10 (a)(1) nonexen 11 (a)(1) nonexen 12 (a)(1) nonexen 13 (a)(1) nonexen 14 (a)(1) nonexen 15 (a)(1) nonexen 16 (a)(1) nonexen 17 (a)(1) nonexen 18 (a)(1) nonexen 18 (a)(1) nonexen 19 (a)(1) nonexen 19 (a)(1) nonexen 10 (a)(1) nonexen	npt cha	aritable /es st of my prepare	trusts No r has ar

Software ID: Software Version:

EIN: 76-0776658

Name: BLACK HILLS CHAPTER OF INTERNAT

SOCIETY OF EXPLOSIVES ENGINEERS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DOUG HOY 20 2732 S AVONDALE COURT SIOUX FALLS, SD 57110	PRESIDENT 1 00	0		
DARCEY BAKER 2201 ARROYO DRIVE RAPID CITY, SD 57702	1ST VP 1 00	0		
MIKE WATSON DO BOX 440 RAPID CITY,SD 57709	SECRETARY 1 00	0		
KEVIN HACHMEISTER 12103 CHICKADEE LANE CUSTER, SD 57730	TREASURER 2 00	0		
CHARLIE BRUMBAUGH 23646 QUARTZ CANYON CIR RAPID CITY,SD 57702	DIRECTOR 1 00	0		
MARLYN KING 3208 FITZPATRICK GILLETTE, WY 82718	DIRECTOR 1 00	0		
MARK DEAN PO BOX 94 HILL CITY, SD 57745	DIRECTOR 1 00	0		
JACK ATWATER 4625 EASY STREET RAPID CITY, SD 57702	DIRECTOR 1 00	0		
JOE WOOD 1209 CARDINAL COURT SPEARFISH, SD 57783	DIRECTOR 1 00	0		
SHASHI KANTH 5 5594 BARBERRY CIR RAPID CITY,SD 57702	DIRECTOR 1 00	0		
KEVIN MORGAN 716 CEDER LANE SPEARFISH, SD 57783	DIRECTOR 1 00	0		
PAUL STERK® 3213 PALMER COURT RAPID CITY,SD 57702	DIRECTOR 1 00	0		

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As Filed Data -

DLN: 93492166000041

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization BLACK HILLS CHAPTER OF INTERNAT SOCIETY OF EXPLOSIVES ENGINEERS **Employer identification number**

76-0776658

ldentifier	Return Reference	Explanation
OTHER EXPENSES	1	BEST IN THE WEST CONFERENCE COST OF GOODS SOLD 16 EXPENSES OFFICE 1,189 TRAVEL 1,296 CONFERENCES/MEETINGS 727 DUES 1,520 BANK CHARGES 27 MISCELLANEOUS 80 TOTAL 4,855

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	ADVANCE THE SCIENCE, ART, AND SAFETY OF EXPLOSIVES ENGINEERING

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	ADVANCE THE SCIENCE, ART, AND SAFETY OF EXPLOSIVES ENGINEERING

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TY 2010 Compensation Explanation

Name: BLACK HILLS CHAPTER OF INTERNAT

SOCIETY OF EXPLOSIVES ENGINEERS

EIN: 76-0776658

Person Name	Explanation
DOUG HOY	
DARCEY BAKER	
MIKE WATSON	
KEV IN HA CHMEISTER	
CHARLIE BRUMBAUGH	
MARLYN KING	
MARK DEAN	
JACK ATWATER	
JOE WOOD	
SHASHIKANTH	
KEVIN MORGAN	
PAUL STERK	