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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.

**A** For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization29-90 Sportsman's Club

Number and street (or P.O. box, if mail is not delivered to street address)

5208 W. Emmitt Circle

Room/suite

City or town, state or country, and ZIP + 4

Sioux Falls, South Dakota 57106**D** Employer identification number91 1823803**E** Telephone number(605)-362-9827**F** Group ExemptionNumber ► N/A**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ► \_\_\_\_\_**I** Website: ► N/A**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ N/A**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

SCANNED REVENUE 16 2011	1	Contributions, gifts, grants, and similar amounts received	1	\$ 640.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	\$ 2575.00
	4	Investment income	4	\$ 10.99
	5a	Gross amount from sale of assets other than inventory	5a	\$ 867.00
	5b	Less: cost or other basis and sales expenses	5b	\$ -279.34
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	\$ 587.66
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule O if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule O if the sum of such gross income and contributions exceeds \$15,000)	6b	\$ 10,867.00
	6c	Less: direct expenses from gaming and fundraising events	6c	\$ 10,800.79
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	\$ 66.21
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$ 3879.86
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	\$ 1320.00
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	\$ 1961.93
	16	Other expenses (describe in Schedule O)	16	\$ 765.59
	17	<b>Total expenses.</b> Add lines 10 through 16	17	\$ 4047.52
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	- 167.66
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9161.96
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	\$ 8994.30

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	\$9161.96	<b>22</b> \$8994.30
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>
<b>25</b> Total assets	\$9161.96	<b>25</b> \$8994.30
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$9161.96	<b>27</b> \$8994.30

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

<b>28</b> Everything we do is either aimed at educating people on resource issues by providing experts or professionals on these issues as speakers at our meetings, or (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	These expenses are part of our
<b>29</b> providing educational opportunities for our area youth, we accomplish this by cooperating with governmental agencies, other organizations, clubs and private (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	Operating Expenses see lines
<b>30</b> individuals who have similar interests (28-30 are all together) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	68, 11, 15 + 16
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(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
Phil Langer - President 623 W. WATTS, SE, SD 57104	1.5 hrs/month	0	0	0
Marv. Stoterau - Vice President 6200 N. CLIFF AVE Lot 160, SE SD 57104	1.5 hrs/month	0	0	0
Charles Rokusek (Sec. - Treas.) 5208 W. Emmitt Circle, SE, SD 57106	20.0 hrs/month	0	0	0
<b>Board members</b>				
Bin Clayton 2314 S. Van Buren Ave, SE SD 57105	3 hrs/month	0	0	0
Mark Willadsen 7713 W. Benelli Circle SE, SD 57106	1.0 hrs/month	0	0	0
Lynn Bennett 47179 26th Ave, SE, SD 57107	1.0 hrs/month	0	0	0
Steve Bertrand 3401 S. 1st Ave SE, SD 57105	1.0 hrs/month	0	0	0

**Part V 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. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .		<input checked="" type="checkbox"/>
<b>35</b> 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 on Form 990-T.		
<b>a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		<i>N/A</i>
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<i>N/A</i>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> <i>N/A</i>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <i>N/A</i>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <i>N/A</i>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <i>N/A</i> ; section 4912 ▶ <i>N/A</i> ; section 4955 ▶ <i>N/A</i>		
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ <i>N/A</i>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <i>N/A</i>		
<b>e</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <i>None</i>		
<b>42a</b> The organization's books are in care of ▶ <i>Charles Rokuszek</i> Telephone no. ▶ <i>605-362-9827</i> Located at ▶ <i>5208 W. Emmett Circle SF 50</i> ZIP + 4 ▶ <i>57106-2192</i>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
If "Yes," enter the name of the foreign country: ▶ . . . . .		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . . <input type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>

- |   |            | Yes | No                                  |
|---|------------|-----|-------------------------------------|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?   | <b>45</b>  |     | <input checked="" type="checkbox"/> |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | <b>45a</b> |     | <input checked="" type="checkbox"/> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <b>46</b>  |     | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- |  |            | Yes | No                                  |
|--|------------|-----|-------------------------------------|
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II           | <b>47</b>  |     | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <b>48</b>  |     | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?           | <b>49a</b> |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization?                                    | <b>49b</b> |     | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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.

<b>Sign Here</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="font-family: cursive;">Charles Rokusek</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="font-family: cursive;">Charles Rokusek, Sec-Trea</span> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="font-family: cursive;">4/13/11</span> </div>
	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

29-90 Sportsman's Club

Employer identification number

91 1823 803

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
    - (ii) A family member of a person described in (i) above? ☐
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33<sup>1</sup>/<sub>3</sub>% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$2605	\$3425	\$3370	\$3315	\$3215	\$15930
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 . . . .	\$1301	\$425	\$964	\$939	\$867	4496
3 Gross receipts from activities that are not an unrelated trade or business under section 513	None	None	None	None	None	None
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	None	None	None	None	None	None
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	None	None	None	None	None	None
6 <b>Total.</b> Add lines 1 through 5 . . . .	\$3906	\$3850	\$4334	\$4254	\$4082	\$20,426
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	None	None	None	None	None	None
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 . . . .	None	None	None	None	None	None
c Add lines 7a and 7b . . . .	None	None	None	None	None	None
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . .	\$3906	\$3850	\$4334	\$4254	\$4082	\$20,426

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . .	\$3906	\$3850	4334	4254	4082	\$20,426
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	<del>\$103.28</del>	<del>\$131.49</del>	\$35.22	\$15.22	\$10.99	296.20
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	None	None	None	None	None	None
c Add lines 10a and 10b . . . .	\$103.28	\$131.49	\$35.22	\$15.22	\$10.99	296.20
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .	None	None	None	None	None	None
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	None	None	None	None	None	None
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	\$4009.28	\$3981.49	\$4369.22	\$4269.22	\$4092.99	20841.99
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	15	98.06%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	16	98.44%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . .	17	1.42%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . .	18	1.69%

- 19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☐
- b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☒
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐



## Part IV

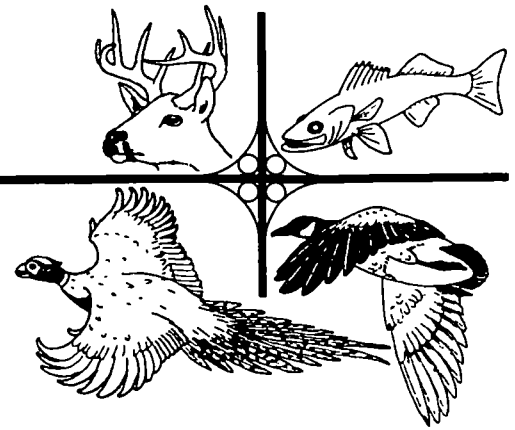
**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

# 29 - 90

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## SPORTSMAN'S CLUB



SCHEDULE A for FORM 990 EZ for 2010

Line item 7 a – Disqualified persons

Our organization is small in comparison to others and we have our by-laws set up to prevent any one individual from making the decisions and policy of our club. We did this to prevent any one individual from having too much control or power within the club.

Therefore, we believe that we do not have any disqualified persons in our organization.

PAGE: 1  
ACCOUNT: XXXXXXXXXXXXX104 02/28/2011

1 - 573

29-90 SPORTSMAN'S CLUB  
CAMP FUND  
5208 W. EMMITT CIRCLE  
SIOUX FALLS SD 57106

<T> 30-0  
0  
0

Our cash management experts support businesses in utilizing banking tools to control cash flow, liquidity and convenience while maximizing investment returns and interest savings. Contact Home Federal today.  
605-336-2470\* Outside Sioux Falls: 800-244-2149 \* info@homefederal.com

Community Checking ACCOUNT XXXXXXXXXXXXX104

AVERAGE BALANCE	2,496.05	LAST STATEMENT 01/31/11	1,716.59
		4 CREDITS	1,675.08
		DEBITS	.00
		THIS STATEMENT 02/28/11	3,391.67

DEPOSITS			
REF #	DATE	AMOUNT	REF #
	02/14	250.00	
	02/14	600.00	
	02/18	825.00	

OTHER CREDITS			
DESCRIPTION	DATE	AMOUNT	
INTEREST	02/28	.08	

I N T E R E S T

AVERAGE LEDGER BALANCE:	2,496.05	INTEREST EARNED:	.08
AVERAGE AVAILABLE BALANCE:	2,496.05	DAYS IN PERIOD:	28
INTEREST PAID THIS PERIOD:	.08	ANNUAL PERCENTAGE YIELD EARNED:	.04%
INTEREST PAID 2011:	.12		
INTEREST PAID 2010:	1.36		

DAILY BALANCE			
DATE	BALANCE	DATE	BALANCE
02/14	2,566.59	02/18	3,391.59
		02/28	3,391.67

3-17-2011  
09:58:13

Checking Account Inquiry Next display: 02 20-0700-1  
Basic Account Data SANG105A1

Account number: 41002970 IBA 29-90 SPORTSMANS CLUB  
Short name: 29-90 SPORTSMANS 3 CHARLES ROKUSEK  
TIN: XXX-XX-3803 TIN Crt: C BR: 4 5208 W EMMITT CIR  
SIOUX FALLS SD 57106

\*-----Balance Data-----\*

Current balance: 4,943.21  
Avail balance: 4,943.21  
Avail tomorrow: 4,943.21  
Memo balance: 4,943.21  
Hold amount: 0  
Check CR balance: .00  
Interest due: .19  
Int pd this year: 1.92  
Int pd last year: 9.63  
Acct current rate: .15000

\*-----Customer Activity-----\*

Stops/holds active:  
Date last contact: 3-14-11  
Date last active: 3-14-11  
Date last deposit: 3-14-11  
Amount last deposit: 190.00

\*-----Previous Statement Data-----\*

\*-----Account Data-----\*

Last stmt date: 3-06-11  
Last stmt balance: 4,753.21  
Checks/deposits since: 0 / 1  
Service charge type/plan: R 6  
Combined stmt/nbr copies: Y 0

Stat: 1 Prod type: 6  
Statement code/cycle: C / 34  
Date opened: 12-08-98  
Processed thru: 3-16-11

F3=Exit F10=Acct inquiry charge F13=Inquiry window F15=Restart

3/17/11

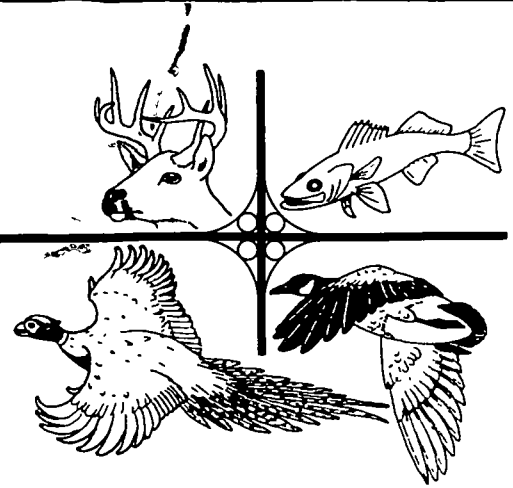
DACOTAH BANK  
Silver Valley  
1707 S. Marion  
Sioux Falls, SD 57106

by Mandy Hife  
Mtg Loan Proc

# 29 - 90

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## SPORTSMAN'S CLUB



2010 Financial records for the 29 – 90 Sportsman's Club

### Checking

Ending amount from 2009	\$3713.21
All 2010 membership funds	\$2575.00
Donations from Donors	\$ 640.00
09-10 Winter/Spring Sweepstakes (10 part)	\$ 439.00
10-11 Winter/Spring Sweepstakes (10 part)	\$ 428.00
Sioux Empire Sportsman/Cons. Of the Year	<u>\$1300.00</u>
<b>TOTAL</b>	<b>\$9095.21</b>

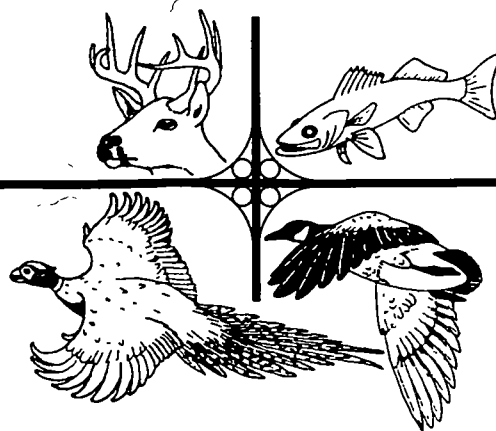
### EXPENSES-GENERAL-2010

Printing, Postage, cards and other office supplies	\$1455.60
Secretary of State	\$ 10.00
Membership Promotion	\$ 25.00
Greater SF Outdoor Show	\$ 50.64
Major Print Jobs	\$ 506.33
Harland Checks	\$ 11.30
Sweepstakes Expenses	\$ 279.84
Membership Dues SDWF	\$1320.00
SDWF Legacy	\$ 400.00
SD Parks & Wildlife Foundation	\$ 100.00
Sioux Empire Sport./Cons. Of the Year	\$1196.39
Endowment with the Sioux Falls Area Community Foundation	
-Direct payment to clubs endowment	\$ 85.00
-Endowment Promotion Expenses	<u>\$ 83.65</u>
<b>TOTAL</b>	<b>\$5523.75</b>

# 29 - 90

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## SPORTSMAN'S CLUB



Income from 2010 and beginning amount  
In checking from end of 2009  
Total Expenses for 2010

\$9095.21  
-5523.75

**ENDING BALANCE IN CHECKING  
ON DECEMBER 31, 2010**

**\$3571.46**

SDWF Youth Conservation Camp Fund 2010  
as of December 31, 2009  
2010 Sponsors  
2010 SDWIFYCC Sweepstakes  
2011 SDWIFYCC Sweepstakes (raised in 2010)  
Interest for 2010

\$2377.09  
\$8012.50  
\$ 900.00  
\$ 30.00  
\$ 1.36

**TOTAL**

**\$11,320.95**

**SDWF Youth Conservation Camp Expenses for 2010**

SDWF Youth Cons. Camp Fees  
SDWF General Expenses  
Camp Awards and Recognition  
Print Right Printing  
Dale Chell Memorial Award  
Individual Recognition Award for camp promotion

\$8850.00  
\$ 416.41  
\$ 28.51  
\$ 144.16  
\$ 65.32  
\$ 100.00

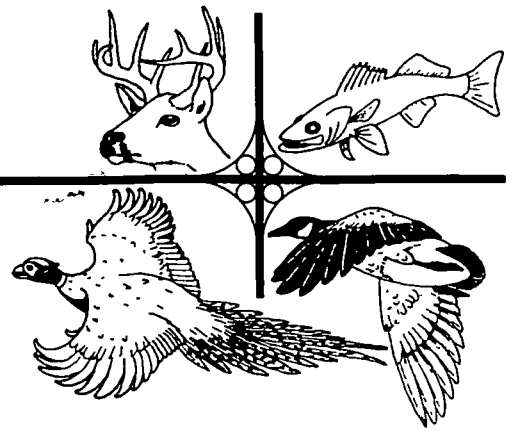
**TOTAL**

**\$9604.40**

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## SPORTSMAN'S CLUB



Income from 2010 and beginning amount  
In checking from end of 2009  
Total Expenses for 2010  
**ENDING BALANCE IN CAMP FUND**  
**ON DECEMBER 31, 2009**

\$11,320.95

- 9604.40

**\$1716.55**

**Net funds**

**Camp Fund**  
**Checking**  
**Savings**

**\$1716.55**

**\$3571.46**

**\$3706.29**

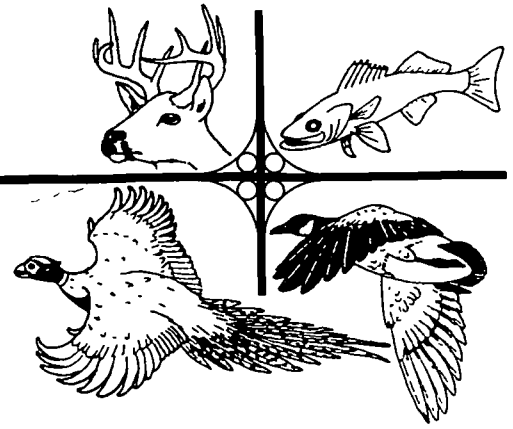
**TOTAL**

**\$8994.30**

# 29 - 90

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## SPORTSMAN'S CLUB



### SAVINGS ACCOUNT RECONCILIATION FOR 2010

Ended 2009 with	\$3071.66
Sponsors & Supporters collected in 2010	<u>+ 575.00</u>
	\$3646.66
2010 Membership funds collected in 2010	<u>+1625.00</u>
	\$5271.66
2011 Memberships collected in 2010	<u>+1150.00</u>
	\$6421.66
2011 Sponsors/Donors collected in 2010	<u>+ 315.00</u>
	\$6736.66
Interest earned in 2010	<u>+ 9.63</u>
	\$6746.29
Private Individual donation	<u>+ 75.00</u>
	\$6821.29
Transferred to checking all 2009 Sponsors/Donors	<u>- 640.00</u>
	\$6181.29
Transferred to checking all 2009 memberships	<u>-2475.00</u>
	\$3706.29
<b>SAVINGS ACCOUNT BALANCE ON DECEMBER 31, 2010</b>	<b>\$3706.29</b>