

COMMITTEE ON NATURAL RESOURCES
Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

[Insert title and date of hearing]

For Individuals:

1. Name:

2. Address:

3. Email Address:

4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

1. Name: Nort Johnson

2. Name of Organization(s) You are Representing at the Hearing:

Black Hills Badlands & Lakes Association

3. Business Address: 1851 Discovery Circle
 Rapid City, SD 57701

4. Business Email Address: [Information redacted for privacy]

5. Business Phone Number: (605) 355-3600 [Information redacted for privacy]

Name/Organization Nort Johnson, Black Hills Badlands & Lakes Association

Title/Date of Hearing Impact of the Mountain Pine Beetle Epidemic in the Black Hills July 10th, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

College Degree – Business and Liberal Arts - MN

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

19 Chamber and CVB memberships with our association

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

1. Current Occupation – President/CEO BHB&L Tourism Association
2. Former Economic Development Director and Consultant

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

N/A

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Our Tourism Association represents nearly 500 businesses representing thousands of staff in the region. Deteriorating forest conditions are of great concern to our membership.

Name/Organization Black Hills Badlands & Lakes Association

Title/Date of Hearing Impact of the Mountain Pine Beetle Epidemic in the Black Hills July 10th, 2011

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

N/A

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See included attached 990 documents.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2009

Department of the Treasury
Internal Revenue Service

For calendar year 2009 or other tax year beginning 10/01/09, and
ending 09/30/10 See separate instructions.

Open to Public Inspection
for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section
 501(C)(6)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year
383,484

Name of organization (Check box if name changed and see instructions.)
BLACK HILLS BADLANDS & LAKES ASSOC. ASSOCIATION, INC.

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions
1851 DISCOVERY CIRCLE

City or town, state, and ZIP code
RAPID CITY SD 577017900

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)
46-0111395

E Unrelated business activity codes
(See instructions for Block E on page 9.)
541860

H Describe the organization's primary unrelated business activity.
▶ **ASSOCIATE MEMBERSHIP DUES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **NORT JOHNSON** Telephone number ▶ **605-355-3600**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10	10,242	1,708
11	Advertising income (Schedule J)	11		
12	Other income (See page 10 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	10,242	1,708
				8,534

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	0
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	8,534
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	8,534
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	7,534

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2008

For calendar year 2008 or other tax year beginning **10/01/08**, and ending **9/30/09** ▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (<input type="checkbox"/> 6)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p style="text-align: right;">462,938</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>BLACK HILLS BADLANDS & LAKES ASSOC. ASSOCIATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.</p> <p>1851 DISCOVERY CIRCLE</p> <p>City or town, state, and ZIP code</p> <p>RAPID CITY SD 577017900</p> <p>F Group exemption number (See instructions for Block F on page 9.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.)</p> <p>46-0111395</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.)</p> <p>541860</p>
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H Describe the organization's primary unrelated business activity.

▶ **ASSOCIATE MEMBERSHIP DUES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **BILL HONERKAMP** Telephone number ▶ **605-355-3600**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10	5,031	5,728
11 Advertising income (Schedule J)	11		
12 Other income (See page 11 of the instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	5,031	5,728

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	21	22a	22b
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		0
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		5,728
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		5,728
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		4,728

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.

A For the 2007 calendar year, or tax year beginning **10/01/07**, and ending **9/30/08**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BLACK HILLS BADLANDS & LAKES ASSOCIATION, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1851 DISCOVERY CIRCLE

City or town, state or country, and ZIP + 4
RAPID CITY SD 57701-7900

D Employer identification number
46-0111395

E Telephone number
605-355-3600

F Accounting method: Cash
 Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶**

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.BLACKHILLSBADLANDS.COM**

J Organization type
(check only one) 501(c) (**6**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **▶**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **1,939,867**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1a	1b	1c	1d	1e
Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds					
	b Direct public support (not included on line 1a)					
	c Indirect public support (not included on line 1a)					
	d Government contributions (grants) (not included on line 1a)				60,625	
	e Total (add lines 1a through 1d) (cash \$ 60,625 noncash \$ _____)					60,625
	2 Program service revenue including government fees and contracts (from Part VII, line 93)					1,214,310
	3 Membership dues and assessments					455,918
	4 Interest on savings and temporary cash investments					16,562
	5 Dividends and interest from securities					
	6a Gross rents					
	b Less: rental expenses					
c Net rental income or (loss). Subtract line 6b from line 6a						
7 Other investment income (describe _____)						
8a Gross amount from sales of assets other than inventory	(A) Securities					
	(B) Other					
	8a					
	8b					
c Gain or (loss) (attach schedule)						
d Net gain or (loss). Combine line 8c, columns (A) and (B)						
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a Gross revenue (not including \$ _____ of contributions reported on line 1b)						
b Less: direct expenses other than fundraising expenses						
c Net income or (loss) from special events. Subtract line 9b from line 9a						
10a Gross sales of inventory, less returns and allowances						
	10a			64,481		
	10b			35,999		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					28,482	
11 Other revenue (from Part VII, line 103)					127,971	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11						1,903,868
Expenses	13 Program services (from line 44, column (B))					
	14 Management and general (from line 44, column (C))					
	15 Fundraising (from line 44, column (D))					
	16 Payments to affiliates (attach schedule)					
	17 Total expenses. Add lines 16 and 44, column (A)					1,925,490
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12					-21,622
	19 Net assets or fund balances at beginning of year (from line 73, column (A))					279,717
	20 Other changes in net assets or fund balances (attach explanation)					
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20					258,095