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Form 990 Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

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)

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

A For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☒ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

WHITEFISH SPORTS FACILITIES FOUNDATION

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

P.O. BOX 1726

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

WHITEFISH, MT 59937

D Employer identification number

84-1418978

E Telephone number

(406) 862-3230

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).

G Website: N/A

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return

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 ☐ N/A

H(c) Are all affiliates included? ☐ N/A ☐ Yes ☐ No (If "No," attach a list.)

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

I Group Exemption Number ☐ N/A

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

201,643.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	141,147.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 131,300. noncash \$ 9,847.)	1d	141,147.	
	2	Program service revenue including government fees and grants (from Part VII, line 93)	2	32,000.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	701.	
	6a	Gross rents	6a		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	27,795.	8a
	b	Less: cost or other basis and sales expenses	26,743.	8b	
	c	Gain or (loss) (attach schedule)	1,052.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	1,052.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	174,900.		
Net Assets	13	Program services (from line 44, column (B))	13	1,637,222.	
	14	Management and general (from line 44, column (C))	14		
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,637,222.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<1,462,322.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,256,678.		
20	Other changes in net assets or fund balances (attach explanation)	20	<23,724.>		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<229,368.>		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>1,608,940</u>) If this amount includes foreign grants, check here ☐	22 1,608,940.	1,608,940.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 0.	0.	0.	0.
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 1,260.	1,260.		
32 Legal fees	32 1.	1.		
33 Supplies	33			
34 Telephone	34 656.	656.		
35 Postage and shipping	35 31.	31.		
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 4.	4.		
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 24,369.	24,369.		
42 Depreciation, depletion, etc. (attach schedule)	42 1,766.	1,766.		
43 Other expenses not covered above (itemize):				
a ADVERTISING AND	43a			
b PROMOTION	43b 180.	180.		
c LICENSES & PERMITS	43c 15.	15.		
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,637,222.	1,637,222.	0.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

FUND RAISING FOR PUBLIC BENEFIT PROJECTS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a TO BUILD AND MAINTAIN A MULTI-PURPOSE SPORTS COMPLEX FOR YOUTH ACTIVITIES AND PUBLIC BENEFIT FOR THE CITY OF WHITEFISH MONTANA. DONATED MULTIPURPOSE BUILDING TO CITY OF WHITEFISH.

(Grants and allocations \$ 1,608,940.) If this amount includes foreign grants, check here ☐

1,637,222.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 1,637,222.

Form 990 (2005)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	9,735.	1,206.
	46 Savings and temporary cash investments	36,943.	34,058.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities STMT 4 ☐ Cost ☒ FMV	17,081.	0.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other SEE STATEMENT 5	0.	11,063.	
57 a Land, buildings, and equipment: basis			
b Less: accumulated depreciation			
58 Other assets (describe)			
59 Total assets (must equal line 74). Add lines 45 through 58	1,698,004.	46,327.	
Liabilities	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	441,326.	275,695.
	65 Other liabilities (describe)		
66 Total liabilities. Add lines 60 through 65)	441,326.	275,695.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.
	72 Retained earnings, endowment, accumulated income, or other funds	1,256,678.	<229,368.>
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,256,678.	<229,368.>
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,698,004.	46,327.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(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 plans	(E) Expense account and other allowances
M. CASEY MALMQUIST 335 SPOKANE AVENUE WHITEFISH, MT 59937	PRESIDENT	0.00	0.	0.
JIM ARCHER 240 MALLARD LOOP WHITEFISH, MT 59937	VICE PRESIDENT	0.00	0.	0.
MURRAY CRAVEN 2810 REST HAVEN WHITEFISH, MT 59937	SEC/TREASURER	0.00	0.	0.

Yes	No
-----	----

C

75b

x

75c

x

75d

x

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

	Yes	No
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76

X

77

X

78a

X

N/A

78b

79

X

80a

X

N/A

818

0

81b

x

81b

Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	10,000.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.			
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.	
90 a	List the states with which a copy of this return is filed		NONE	
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0	
91 a	The books are in care of CATHERINE WORKMAN Telephone no. (406) 862-6995 Located at 102 SECOND STREET EAST, WHITEFISH, MT ZIP + 4 59937			
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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue:

a **SPONSORSHIPS**

b _____

c _____

d _____

e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a _____

b _____

c _____

d _____

e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A **SPONSORSHIPS PROVIDE FUNDS TO OPERATE AND MAINTAIN SPORTS FACILITIES.****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here 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 of officer: *[Signature]* Date: *11/19/10* Type or print name and title: *X Murray Craven Owner*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *10/1/10* Check if self-employed: ☐ Preparer's SSN or PTIN: *P00087287*

Firm's name (or yours if self-employed), address, and ZIP + 4: **JUNKERMIER, CLARK, CAMPANELLA, STEVENS P.C.** EIN: **81-0348775**

P. O. BOX 1398 Phone no.: **406-862-2597**

WHITEFISH, MT 59937-1398

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
1	(D) BUILDING	120303	SL	39.00	17	1,565,752.			1,565,752.	41,820.		1,673.
2	(D) BUILDING IMPROVEMENTS	123104	SL	39.00	17	86,892.			86,892.	118.		93.
3				.000	16							0.
	* 990 PAGE 2 TOTAL											
	PROGRAM SERVICES					1,652,644.		0.	1,652,644.	41,938.	0.	1,766.
	* GRAND TOTAL 990 PAGE					1,652,644.		0.	1,652,644.	41,938.	0.	1,766.
	2 DEPR											

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
IMS HEALTH (700 SHARES)	16,865.	15,995.	0.	870.
AMGEN (13 SHARES)	1,025.	901.	0.	124.
KNIGHT RIDDER INC (160 SHARES)	9,905.	9,847.	0.	58.
TO FORM 990, PART I, LINE 8	27,795.	26,743.	0.	1,052.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	<185.>
RETAINED EARNINGS ADJUSTMENT - DONATIONS	<23,539.>
TOTAL TO FORM 990, PART I, LINE 20	<23,724.>

FORM 990 NONCASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY: SPORTS FACILITY CONSTRUCTION

DONEE'S NAME

DONEE'S ADDRESS

CITY OF WHITEFISH

418 E 2ND STREET, WHITEFISH, MT
59937

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

MULTI-PURPOSE SPORTS
COMPLEX

01/31/05

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

COST

1,608,940.

1,608,940.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

1,608,940.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT

4

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
AMGEN INC COMMON STOCK	FMV	0.			
IMS HEALTH	FMV	0.			
TO FORM 990, LINE 54, COL B		0.			

FORM 990	OTHER INVESTMENTS	STATEMENT	5
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DESCRIPTION	VALUATION METHOD	AMOUNT
DAVIDSON CES MONEY MARKET FUND	MARKET VALUE	11,063.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		11,063.