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07201

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 10/01/08 , **and ending** 9/30/09

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
BHS, INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 1027

City or town, state or country, and ZIP + 4
MILES CITY MT 59301

D **Employer identification number**
81-0439251

E Telephone number

F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I **Website:** ▶ WWW.BUCKINGHORSESALE.COM

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one)— ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 479,835

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

1	Contributions, gifts, grants, and similar amounts received			1	
2	Program service revenue including government fees and contracts			2	
3	Membership dues and assessments			3	
4	Investment income			4	
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)			5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐				
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	479,835		
b	Less direct expenses other than fundraising expenses	6b	432,816		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	47,019
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
8	Other revenue (describe ▶ _____)			8	
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	47,019
10	Grants and similar amounts paid (attach schedule)			10	8,500
11	Benefits paid to or for members			11	
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	
16	Other expenses (describe ▶ _____)			16	
17	**Total expenses.** Add lines 10 through 16 ▶			17	8,500
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	38,519
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	241,448
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	279,967

Expenses

Net Assets

SCANNED JAN 2 0 2010 Revenue

RECEIVED
JAN 1 2 2010
37 RS-OSC
OGDEN, UT

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	241,448	22	279,967
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	241,448	25	279,967
26 **Total liabilities** (describe ▶ _____)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	241,448	27	279,967

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

24P

Form **990-EZ** (2008)

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

What is the organization's primary exempt purpose?

PROVIDE COMMUNITY ENTERTAINMENT EVENT

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, or other relevant information for each program title

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

28	SEE STATEMENT 1 (Grants $ 8,500) If this amount includes foreign grants, check here ▶ ☐	28a	8,500
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	8,500

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
DON RICHARD	MILES CITY	PRESIDENT			
1716 STREVALL	MT 59301		0	0	0
KARL DRGA	MILES CITY	VICE PRES.			
1005 S JORDAN	MT 59301		0	0	0
JEFF RODENBAUGH	MILES CITY	TREASURER			
BOX 1787	MT 59301		0	0	0
RON WATTS	MILES CITY	DIRECTOR			
2503 MAIN	MT 59301		0	0	0
RICK FLOTKOETTER	MILES CITY	DIRECTOR			
513 PONDEROSA DRIVE	MT 59301		0	0	0
JEFF LANDERS	MILES CITY	DIRECTOR			
BOX 39	MT 59301		0	0	0
ROB FRASER	MILES CITY	DIRECTOR			
BOX 280	MT 59301		0	0	0
BRYAN HOLMEN	MILES CITY	DIRECTOR			
RTE 1 BOX 2349	MT 59301		0	0	0
WYATT GLADE	MILES CITY	DIRECTOR			
3080 HWY 59 SOUTH	MT 59301		0	0	0
KENT DOUGHTY	MILES CITY	DIRECTOR			
40 SPRUCE DRIVE	MT 59301		0	0	0
DIRK DOEDEN	MILES CITY	DIRECTOR			
BOX 1297	MT 59301		0	0	0
RUSTY KNUTHS	MILES CITY	DIRECTOR			
413 SILVERSAGE DRIVE	MT 59301		0	0	0
JOHN LANEY	MILES CITY	DIRECTOR			
320 S. MONTANA	MT 59301		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
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, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 (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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	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		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ NYOKA TWITCHELL Telephone no ▶

Located at ▶ 511 PLEASANT ST MILES CITY, MT ZIP + 4 ▶ 59301

			Yes	No
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 ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the 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
Total number of other independent contractors each receiving over $100,000 ▶		

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 — Date 1/6/10

▶ Donald L. Richard
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 1/6/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00642058
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROWLAND, THOMAS & COMPANY, CPAS P.O. BOX 610 MILES CITY, MT 59301		EIN ▶ 81-0189780 Phone no ▶ 406-234-4241	

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

07201

Special Events Schedule

Form 990

For calendar year 2008, or tax year beginning 10/01/08 , and ending 9/30/09

2008

Name

BHS, INC

Employer Identification Number

81-0439251

	(A)	(B)	(C)	Others	Total
Gross receipts	479,835	0	0	0	479,835
Less contributions	0	0	0	0	0
Gross revenue	479,835	0	0	0	479,835
Less direct expenses	432,816	0	0	0	432,816
Net income (loss)	47,019	0	0	0	47,019

Description (A) RODEO AND CONCERT

(B)

(C)

Others

Federal Statements

Statement 1 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
BHS IS ORGANIZED TO HOLD A COMMUNITY ENTERTAINMENT EVENT THAT GENERATES TOURISM, PROVIDES ENTERTAINMENT OPPORTUNITIES AND CREATES ECONOMIC INFLUX TO THE AREA OVER A 3 OR 4 DAY PERIOD.