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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 $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
FOR THE CHILDREN INC D/B/A WHITEFISH WINTER CLASSIC

Number and street (or P.O box, if mail is not delivered to street address) Room/suite
PO BOX 21

City or town, state or country, and ZIP + 4
WHITEFISH, MT 59937

D Employer identification number
81-0516011

E Telephone number
406-862-8146

F Group Exemption Number ▶ n/a

• ***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: ▶ WHITEFISHWINTERCLASSIC.ORG

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (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 $25,000 A Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	15505
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	5103
	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)		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	84594	
	b	Less: direct expenses other than fundraising expenses	6b	39267	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	45327
	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	65935
Expenses	10	Grants and similar amounts paid (attach schedule)		10	80190
	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	2029
	14	*Occupancy, rent, utilities, and maintenance*		14	1034
	15	Printing, publications, postage, and shipping		15	1111
	16	Other expenses (describe ▶ INSURANCE $325; TRAVEL $216; MEETINGS $150; DUES $150)		16	841
	17	**Total expenses.** Add lines 10 through 16 ▶		17	85205
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(19270)
	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	271847
	20	Other changes in net assets or fund balances (attach explanation)		20	(92)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	252485

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	271769	22	252407
23	Land and buildings		23	
24	Other assets (describe ▶ INVENTORY)	78	24	78
25	**Total assets**	271847	25	252485
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	271847	27	252485

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

What is the organization's primary exempt purpose? **HELP INDIVIDUALS IN NEED OBTAIN MEDICAL CARE**

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)	
28	THE PURPOSE OF THE ORGANIZATION IS TO HELP PAY MEDICAL RELATED EXPENSES FOR INDIVIDUAL IN NEED. THE ORGANIZATION MADE 84 PAYMENTS TO 45 SUCH INDIVIDUAL THIS TAX YEAR (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	67190
29	THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURPOSE OF ENSURING THE AVAILABILITY OF QUALITY MEDICAL CARE FOR INDIVIDUALS (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	10000
30	THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURPOSE OF ENSURING THE AVAILABILITY OF QUALITY MEDICAL CARE FOR INDIVIDUALS (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	3000
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	80190

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
JOHN GRAY PO BOX 282; WHITEFISH, MT 59937	PRESIDENT - 2.0	-0-	-0-	-0-
DOUG BETTERS 77 BETTERS LANE; WHITEFISH, MT 59937	VICE-PRES - 2.0	-0-	-0-	-0-
PATRICIA ZANTO 958 COLORADO AVENUE; WHITEFISH, MT 59937	TREASURER - 4.0	-0-	-0-	-0-
JENNIFER BETTERS 77 BETTERS LANE; WHITEFISH, MT 59937	SECRETARY - 2.0	-0-	-0-	-0-
SCOTT RINGER 940 DAKOTA AVE.; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
RANDY GAYNER 172 ARMORY ROAD; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
KENT PAULSON 866 COLORADO AVENUE; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
NICK POLUMBUS 303 STUMPTOWN LOOP; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
CHARLES ABELL PO BOX 37; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-

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

			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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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 period covered by this return?	38a		✓
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 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	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 ▶ -0-			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-			
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		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **PATRICIA ZANTO** Telephone no. ▶ **406-730-2509**			
	Located at ▶ **958 COLORADO AVE.; 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)?	42b		✓
	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		✓
	If "Yes," enter the name of the foreign country: ▶			
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		✓
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		✓

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 46–49b 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 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 a section 527 organization?	49b		

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 . . . . ▶ -0-

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 . . ▶ -0-

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.

▶ Patricia A. Zanto — Signature of officer — Date 8/15/10

▶ PATRICIA A. ZANTO, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		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

2009

Open to Public Inspection

Name of the organization	Employer identification number
FOR THE CHILDREN INC dba WHITEFISH WINTER CLASSIC	81 : 0516011

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 33⅓ % 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 33⅓ % 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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 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	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 **Total.** 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 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** 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 **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29197	21691	15647	16183	15505	98223
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	84012	93087	121827	105940	84594	489460
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	113209	114778	137474	122123	100099	587683
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						587683

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	113209	114778	137474	122123	100099	587683
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4073	7324	10105	8634	5103	35239
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4073	7324	10105	8634	5103	35239
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	117282	122102	147579	130757	105202	622922

14 **First five years.** 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 **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.3430 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	94.5535 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	5.6570 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	5.4465 %

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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. Provide any other additional information. See instructions.

Whitefish Winter Classic
Transactions by Account
As of December 31, 2009

Date	Num	Name	Memo	Amount	Balance
Grants - Pediatric Medical Exp					
1/8/2009	2418			150 00	150 00
1/8/2009	2419			720 00	870.00
1/8/2009	2421			700 00	1,570 00
1/8/2009	Trans			3,000 00	4,570 00
1/10/2009	2420			850 00	5,420 00
2/3/2009	2422			300 00	5,720 00
2/4/2009	2423			720 00	6,440 00
2/10/2009	2424			1,148 89	7,588.89
2/11/2009	2425			215 00	7,803 89
2/11/2009	2426			356 00	8,159 89
2/11/2009	2427			720 00	8,879 89
2/19/2009				3,000 00	11,879.89
2/26/2009	2428			5,000 00	16,879 89
2/26/2009	2429			381 04	17,260 93
2/26/2009	2430			486 00	17,746 93
3/1/2009	2438			0 00	17,746 93
3/1/2009	2439			349 19	18,096 12
3/7/2009	2446			5,000 00	23,096 12
3/9/2009	2440			300 00	23,396 12
3/17/2009	2471			242.00	23,638 12
3/17/2009	2472			1,000 00	24,638 12
3/17/2009	2473			1,200 00	25,838 12
3/25/2009	2474			820 00	26,658 12
4/1/2009	2475			1,200.00	27,858 12
4/1/2009	E-check			3,000 00	30,858 12
4/1/2009	2484			5,000.00	35,858 12
4/1/2009	2485			300 00	36,158.12
4/1/2009	2486			350 00	36,508 12
4/17/2009	2487			566 40	37,074 52
4/17/2009	2488			900 00	37,974 52
4/26/2009	2483			500 00	38,474.52
4/29/2009	2502			3,800 00	42,274 52
5/4/2009	2489			350 00	42,624 52
5/12/2009	2503			383 69	43,008 21
5/13/2009	2441			163 42	43,171.63
5/13/2009	2490			314.00	43,485.63
5/13/2009	2491			1,730 40	45,216 03
5/13/2009	2492			630 20	45,846 23
5/29/2009	2505			1,650.00	47,496 23
6/2/2009	2493			250 00	47,746 23
6/18/2009	2515			1,000.00	48,746 23
6/19/2009	2516			720.00	49,466 23
6/19/2009	2517			1,300.00	50,766 23
6/30/2009	2507			294 16	51,060 39
7/7/2009	2508			500.00	51,560 39
7/9/2009	2494			375 00	51,935 39
7/23/2009	2509			500 00	52,435 39
7/23/2009	2510			251.72	52,687 11
7/23/2009	2511			300 00	52,987 11
7/23/2009	2512			375 00	53,362 11
7/30/2009	2513			375.00	53,737.11
8/3/2009	2519			938 72	54,675 83
8/3/2009	2522			350 00	55,025 83
8/6/2009	2523			250 00	55,275 83
8/10/2009	2521			930 00	56,205 83
8/11/2009	2524			1,758 36	57,964 19
8/11/2009	2525			398 40	58,362 59
8/11/2009	2526			3,000 00	61,362 59
8/21/2009	2527			400 00	61,762 59
8/30/2009	2520			4,000 00	65,762 59
9/13/2009	2542			500 00	66,262 59
9/14/2009	2538			720 00	66,982 59
9/14/2009	2539			1,013 00	67,995.59
9/14/2009	2540			350 00	68,345 59
9/14/2009	2541			500 00	68,845 59
9/14/2009	2544			499 42	69,345 01
10/1/2009	2546			300 00	69,645 01
10/1/2009	2547			500 00	70,145 01
10/4/2009	2548			400 00	70,545 01

Whitefish Winter Classic
Transactions by Account
As of December 31, 2009

Date	Num	Name	Memo	Amount	Balance
10/30/2009	2553			300 00	70,845.01
11/12/2009	2113			1,000 00	71,845.01
11/12/2009	2114			360.00	72,205 01
11/12/2009	2532			3,000 00	75,205.01
11/12/2009	2533			1,000 00	76,205 01
11/12/2009	2534			400 00	76,605 01
11/12/2009	2535			175 00	76,780 01
11/12/2009	2536			380.00	77,160 01
11/12/2009	2537			232 00	77,392 01
11/18/2009	2554			300 00	77,692 01
12/8/2009	2404			750 00	78,442 01
12/16/2009	2557			491 91	78,933.92
12/31/2009	2415			254.28	79,188.20
12/31/2009	2413			270 23	79,458 43
12/31/2009	2414			731 82	80,190 25
Total Grants - Pediatric Medical Exp				80,190 25	80,190 25
TOTAL				**80,190.25**	**80,190.25**