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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, 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

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
810516011

E Telephone number
406-862-8146

F Group Exemption Number ▶ N/A

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ WHITEFISHWINTERCLASSIC.ORG

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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 $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 . . . . . ▶ $

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 . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	10385
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	3989
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	2634	
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	93735	
	c	Less: direct expenses from gaming and fundraising events	6c	37408	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	58961
	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	73335
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	51871
	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	5711
	14	Occupancy, rent, utilities, and maintenance		14	1299
	15	Printing, publications, postage, and shipping		15	883
	16	Other expenses (describe in Schedule O)		16	972
	17	**Total expenses.** Add lines 10 through 16	▶	17	60736
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12599
	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	252485
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	265084

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
22	Cash, savings, and investments	252407	22	265006
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	78	24	78
25	**Total assets**	252485	25	265084
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	252485	27	265084

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? **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 INDIVIDUALS IN NEED. THE ORGANIZATION MADE 88 PAYMENTS TO 47 SUCH INDIVIDUALS THIS TAX YEAR. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	45871
29	THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURPOSE OF ENSURING THE AVAILABILITY OF QUALITY MEICAL CARE FOR INDIVIDUALS (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	5000
30	THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURPOSE OF ENSURING THE AVAILABILITY OF QUALITY MEICAL CARE FOR INDIVIDUALS (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	1000
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	51871

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
DOUG BETTERS 77 BETTER WAY; WHITEFISH, MT 59937	PRESIDENT - 4.0	-0-	-0-	-0-
TONIA PAULSON 722 PARKWAY DRIVE; KALISPELL, MT 59901	SECRETARY - 4.0	-0-	-0-	-0-
PATRICIA ZANTO 958 COLORADO AVE; WHITEFISH, MT 59937	TREASURER - 4.0	-0-	-0-	-0-
RANDY GAYNER 172 ARMORY ROAD; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
JOHN GRAY 453 BRAIG ROAD; COLUMBIA FALLS, MT 59912	DIRECTOR - 1.0	-0-	-0-	-0-
SEAN AVERILL 1380 WISCOSIN AVE; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
NICK POLUMBUS 303 STUMPTOWN LOOP; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
SCOTT RINGER 940 DAKOTA AVE; WHITEFISH, MT 59937	DIRECTOR - 1.0	-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
33	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	33		✓
34	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)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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			
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 tax year 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 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	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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. 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		✓
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 ▶ 59937-3413			
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	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)	45a		✓
46	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	46		✓

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
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-

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

Sign Here

Patricia A. Zanto — Signature of officer — 6-23-2011 — Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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	Employer identification number
FOR THE CHILDREN INC D/B/A 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	
(A)									
(B)									
(C)									
(D)									
(E)									
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 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 **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) 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 **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 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 **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** 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—2009.** 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 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.")	21691	15647	16183	15505	10385	79411
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	93087	121827	105940	84594	96369	501817
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	114778	137474	122123	100099	106754	581228
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.)						581228

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	114778	137474	122123	100099	106754	581228
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7324	10105	8634	5103	3989	35155
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7324	10105	8634	5103	3989	35155
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.)	122102	147579	130757	105202	110743	616383

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 2010 (line 8, column (f) divided by line 13, column (f))	15	94.2965 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	94.3430 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	5.7034 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	5.6570 %

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).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

FOR THE CHILDREN INC dba WHITEFISH WINTER CLASSIC

Employer identification number

81-0516011

FORM 990-EZ

PART I, LINE 16

OTHER EXPENSES:

Directors' & Officers' insurance	$ 535.00
Liability insurance	325.00
Bank service charges	6.00
Secretary of State filing fee	15.00
Check printing	91.00
TOTAL	$ 972.00

Whitefish Winter Classic
Transaction Detail By Account
January through December 2010

Date	Num	Name	Memo	Amount	Balance
Grants - Pediatric Medical Exp					
1/7/2010	2412	Christina Appling		1,000 00	1,000 00
1/8/2010	2411	Tiffany Dedman	Colter to Spokane	194 10	1,194 10
1/28/2010	2559	Doug Betters		500.00	1,694.10
2/1/2010	2529	Terry Young		126 00	1,820.10
2/21/2010	2405	Becky Spencer		500.00	2,320 10
2/21/2010	2406	Christina Appling		70 00	2,390 10
2/21/2010	2407	Guy Slaybaugh		1,042 00	3,432 10
2/25/2010	2528	Cash		300 00	3,732 10
3/22/2010	2600	Terry Young	For Brendan Young	779 89	4,511 99
3/22/2010	2601	Nicole Ferrari	For Gage Ferrari	387 49	4,899 48
3/22/2010	2602	Christina Appling	For Jason Appling	711 78	5,611 26
3/22/2010	2603	Becky Spencer	For Madisen Spencer	105 71	5,716 97
3/22/2010	2604	Tammy Peterson	For Reid Peterson	461 61	6,178 58
3/22/2010	2605	Deborah Hannay	For Brandon Hannay	700 00	6,878 58
3/22/2010	2606	Karrie Levanen	For Travis Levanen	500 00	7,378 58
3/22/2010	2607	Jessica Urdahl	For Zane Urdahl	185.00	7,563 58
4/5/2010	2614	Ginny Meyers-Larkey	Kemana Larkey - Advance	700 00	8,263 58
4/7/2010	2615	Steve & Brenda Howke	For Shelby Howke	1,000 00	9,263 58
4/7/2010	2618	Deborah Hannay	For Brandon Hannay	280.37	9,543.95
4/7/2010	2620	VOID			9,543.95
4/13/2010	2621	Ronald McDonald House - Misso	Missoula House	5,000 00	14,543 95
4/18/2010	2628	Laurinda Hobson	Nathan Pruttis	166.00	14,709 95
4/18/2010	2629	Vicky Harmon		500.00	15,209 95
4/18/2010	2630	Jenny Morgan	Jazmyn to Seattle	333 00	15,542 95
4/22/2010	2632	Debby St Onge	For Veronica St Onge	427 16	15,970 11
4/22/2010	2633	Mary Schertel	For Jonathan Schertel	250 00	16,220 11
4/22/2010	2634	Kim Redding	For Sydney Redding	450 00	16,670 11
4/22/2010	2635	Ginny Meyers-Larkey	For Kemana Larkey	100.00	16,770 11
4/25/2010	2622	Laurinda Hobson	VOID	0 00	16,770 11
4/25/2010	2623	Libbi Martino	Andrew Merical	3,000 00	19,770 11
4/25/2010	2624	Vicky Harmon	David Harmon	0 00	19,770 11
4/25/2010	2625	Jenny Morgan	Jazmyn to Seattle	0 00	19,770 11
4/25/2010	2626	Tamara Valentino	Hope	727 03	20,497 14
4/29/2010	2637	Dustin Hansen	For Toby Roy	200 00	20,697 14
5/2/2010	2638	Deborah Hannay	For Brandon Hannay	317.23	21,014 37
5/2/2010	2639	Terry Young	For Brendan Young	906 70	21,921 07
5/6/2010	2641	Brad Auge	Madison Auge	500 00	22,421 07
5/7/2010	2640	Vicky Harmon	David Harmon	500 00	22,921.07
5/13/2010	2642	Robert Pleasant	Isabelle Pleasant	500 00	23,421.07
5/20/2010	2643	Karrie Levanen	Jenessa Levanen	500.00	23,921 07
5/27/2010	2652	Whitefish CARE		1,000 00	24,921 07
5/27/2010	2645	Haney, Lisa	Hayden Haney	1,500 00	26,421 07
5/27/2010	2646	Tami Peterson	Reid Peterson	422 00	26,843 07
5/27/2010	2647	Yuliya Ilina	Galina Ilina	1,909 67	28,752 74
5/27/2010	2644	Coleman, Emily	Edward Coleman	1,600 00	30,352 74
6/1/2010	2653	Vicky Harmon		150 00	30,502 74
6/2/2010	2654	Amber Wynn		1,000.00	31,502 74
6/7/2010	2656	Becky Spencer		500 00	32,002 74
6/7/2010	2655	Brenda Howke		2,000 00	34,002 74
6/10/2010	2659	Nicole Ferrari	VOID VOID		34,002 74
6/10/2010	2658	Nicole Ferrari		592 64	34,595.38
6/10/2010	2657	Pamela Wright		500 00	35,095 38
6/16/2010	2660	Vicky Harmon	David Harmon - Eye exam	100 00	35,195 38
6/17/2010	2669	Karrie Levanen		1,206 87	36,402 25
6/30/2010	2661	Eric Peterson	For Shelbie Peterson	500 00	36,902 25
6/30/2010	2662	Patricia Carlon	For Kameron Carlon	250 00	37,152 25
7/8/2010	2663	Deborah Hannay	For Brandon Hannay	317 44	37,469 69
7/8/2010	2670	Brad Auge	For Madison Auge	275 00	37,744 69
7/15/2010	2671	Hanson, Kathy	For Alex Hanson	972 00	38,716 69
7/15/2010	2672	Robyn Frank	For Keenan Frank	440 07	39,156.76
7/15/2010	2673	Coleman, Emily	For Edward Coleman	1,000 00	40,156 76
7/20/2010	2674	Vicky Harmon		100.00	40,256 76
8/2/2010	2675	Tiffany Walle		250 00	40,506.76
8/3/2010	2676	Jenny Morgan		868 00	41,374 76
8/16/2010	2677	Katie Burns		500.00	41,874 76
8/16/2010	2678	Krystal Baumeister		100.00	41,974 76
8/18/2010	2679	Melissa Buck		200 00	42,174 76
8/20/2010	2682	Brandi Moore		500 00	42,674 76
8/20/2010	2683	Tami Peterson		500 00	43,174 76
9/9/2010	2684	Sara Schmeusser		250 00	43,424 76
9/9/2010	2685	Terry Young		455 59	43,880 35
9/9/2010	2686	Tamara Valentino		385.74	44,266 09
9/9/2010	2687	Brandi Moore		318 57	44,584 66

Whitefish Winter Classic
Transaction Detail By Account
January through December 2010

Date	Num	Name	Memo	Amount	Balance
9/9/2010	2692	Deborah Hannay		187 20	44,771 86
9/22/2010	2688	Katie Burns		300 00	45,071.86
9/24/2010	2689	Ginny Meyers-Larkey		252 58	45,324 44
9/28/2010	2690	Snyder, Melissa		853 32	46,177 76
10/4/2010	2691	Loretta Ryder		400 00	46,577 76
10/19/2010	2695	Jenny Morgan		350 74	46,928 50
10/19/2010	2696	Deborah Hannay		358 74	47,287 24
11/10/2010	2697	Jason Hedge		100 00	47,387 24
11/10/2010	2698	Katie Burns		400 00	47,787 24
11/16/2010	2699	Nicole Ferrari		164 00	47,951.24
11/16/2010	2700	Barb Cooke		1,410 49	49,361 73
11/16/2010	2701	Pamela Barberis		734 74	50,096.47
11/26/2010	2705	Maggie Graham		169 35	50,265 82
11/27/2010	2706	Tresh Scallon		350 00	50,615 82
11/27/2010		David Peterson		50 00	50,665 82
11/30/2010		David Peterson	Deposit	-50 00	50,615 82
12/4/2010	2707	Brad Auge		350 00	50,965 82
12/20/2010	2708	Maggie Graham		153 82	51,119 64
12/20/2010	2709	Jessica Urdahl		434 00	51,553 64
12/20/2010	2710	Deborah Hannay		317 62	51,871 26
Total Grants - Pediatric Medical Exp				51,871 26	51,871 26
TOTAL				**51,871.26**	**51,871.26**