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Short Form  
Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

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

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

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	MONTANA SKATEPARK ASSOCIATION		82-0583110
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	618 S HIGGINS AVE		(406) 530-9758
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number
<input type="checkbox"/> Amended return	MISSOULA MT 59801		► N/A
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [www.montanaskatepark.org](http://www.montanaskatepark.org)J Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( ) □ (insert no)  4947(a)(1) or  527H 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 \$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 ► \$ 9,546.

## 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 1,500.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 355.
	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	6d 3,119.
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 7,161.	
c Less direct expenses from gaming and fundraising events	6c 4,042.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 3,119.	
7a Gross sales of inventory, less returns and allowances	7a 530.	
b Less cost of goods sold	7b 175.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 355.	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 5,329.	
10 Grants and similar amounts paid (list in Schedule O)	10 50,300.	
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 18.	
16 Other expenses (describe in Schedule O)	16 22,511.	
17 Total expenses. Add lines 10 through 16	17 72,829.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -67,500.	
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)	19 124,344.	
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 56,844.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

23 P

**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 .	117,894.	22 50,394.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O) VAN )	6,450.	24 6,450.
25 Total assets	124,344.	25 56,844.
26 Total liabilities (describe in Schedule O) )	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,344.	27 56,844.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

## Expenses

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

What is the organization's primary exempt purpose? TO HELP MONTANA COMMUNITIES ESTABLISH FREE PUBLIC SKATEPARKS

What is the organization's primary exempt purpose? **TO HELP MONTANA COMMUNITIES ESTABLISH FREE PUBLIC SKATING Rinks**  
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.

28	<u>MATCHING GRANT TO ST IGNATIUS PROJECT FOR EXPANSION OF PUBLIC SKATEPARK IN ST IGNATIUS, MT</u>		
	(Grants \$ 50,000.) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	28a 0.
29	<u>FUNDED EXPANSION OF MOBASH, MISSOULA MT PUBLIC SKATEPARK</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	29a 15,518.
30	<u>CONTINUED TO SUPPORT GET ROLLIN' SKATEBOARD CAMP PROGRAM. PROVIDED SKATEBOARDS, HELMETS AND FULL PADS FOR MISSOULA SKATEBOARD CAMPS. PROVIDED FUNDS AND GUIDANCE FOR QUALITY COUNSELING.</u>		
	(Grants \$ 0.) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	30a 1,685.
31	Other program services (describe in Schedule O) SEE SCHEDULE O		
	(Grants \$ 300.) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	31a 843.
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32 18,046.

**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.

**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 

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  Yes  No

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  Yes  No

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 35  Yes  No

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  Yes  No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b  Yes  No

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  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0  Yes  No

b Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

38 a 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  Yes  No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter:  
 a Initiation fees and capital contributions included on line 9 39a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  
 section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ , section 4955 ► \_\_\_\_\_ 40a  Yes  No

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  Yes  No

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 40c  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

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  Yes  No

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42 a The organization's books are in care of ► CHRIS BACON Telephone no ► (406) 530-9758  
 Located at ► 618 S HIGGINS AVE MISSOULA, MT ZIP + 4 ► 59801

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 ► \_\_\_\_\_

	Yes	No
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**  
 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 ► \_\_\_\_\_

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**

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a  Yes  No

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  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

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)?

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 inst.)

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

	Yes	No
45	X	
45a	X	
46	X	

**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 

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47	X	
48	X	
49a	X	
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances
NONE				
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-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

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.'

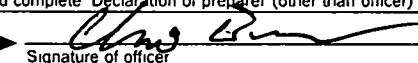
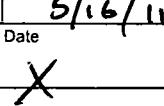
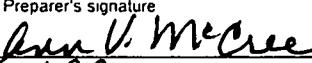
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
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d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

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	►  Signature of officer	5/16/11			
	►  Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Ann V McCree	Preparer's signature  5-13-2011	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00315613
	Firm's name ► Ann V McCree CPA	Firm's EIN ►			
	Firm's address ► 407 W Artemes Dr. Missoula MT 59803				
		Phone no 406-728-5030			

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

BAA

Form 990-EZ (2010)

**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**

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Name of the organization

MONTANA SKATEPARK ASSOCIATION

Employer identification number

82-0583110

**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 33-1/3% 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 33-1/3% 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 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 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11 g (i)	
11 g (ii)	
11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> 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 <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33-1/3% support test – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

**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 yr 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')	462,434.	3,461.	104,104.	25,347.	1,500.	596,846.
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	85,017.	8,770.	1,271.	4,384.	3,474.	102,916.
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	0.					0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.					0.
<b>6 Total.</b> Add lines 1 through 5	<b>547,451.</b>	<b>12,231.</b>	<b>105,375.</b>	<b>29,731.</b>	<b>4,974.</b>	<b>699,762.</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	137,519.		100,000.	25,050.		262,569.
<b>b</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	0.					0.
<b>c</b> Add lines 7a and 7b	<b>137,519.</b>		<b>100,000.</b>	<b>25,050.</b>		<b>262,569.</b>
<b>8 Public support</b> (Subtract line 7c from line 6)						<b>437,193.</b>

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	547,451.	12,231.	105,375.	29,731.	4,974.	699,762.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,641.	2,623.	2,036.	592.	355.	15,247.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	9,641.	2,623.	2,036.	592.	355.	15,247.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.					0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add Ins 9, 10c, 11, and 12)						<b>715,009.</b>

**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	61.15 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	70.26 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.13 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.67 %
<b>19a 33-1/3% support tests – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33-1/3% support tests – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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.

Name of the organization

**MONTANA SKATEPARK ASSOCIATION**

Employer identification number

**82-0583110**

Pt III, Line 31 SPONSORED AND COORDINATED THE ST IGNATIUS SKATEPARK

GRAND OPENING AND PROVIDED \$500 WORTH OF PRIZES

AND SAFETY GEAR FOR THE EVENT. EXPENSES \$500.

Pt III, Line 31 MET WITH THE BOARD OF DIRECTORS OF THE LENNOX FOUNDATION

TO SHOW THE GROUP OUR ACCOMPLISHMENTS OVER THE LAST

FEW YEARS. EXPENSES \$343.

Pt III, Line 31 DONATED FUNDS TO B.E.A.R. PROGRAM IN HAMILTON, MT, A

PROGRAM TO ENCOURAGE YOUTH TO CONNECT TO COMMUNITY

AND LANDSCAPE THROUGH OUTDOOR AWARENESS. GRANTS \$300.

Pt III, Line 31 SPONSORED NATIONAL GO SKATEBOARDING DAY. PROVIDED

PRIZES AND WATER FOR SKATEBOARDERS ATTENDING THE EVENT.

Pt III, Line 31 MET WITH AND PROVIDED ADVICE TO THE BOARD OF DIRECTORS

FOR THE MAX WAVE, A GROUP DEVELOPING A PUBLIC KAYAKING VENUE

IN MISSOULA, MT.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

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Other expenses (describe in Schedule O)

<u>EXPANSION OF MOBASH SKATEPARK</u>	<u>15,518.</u>
<u>GET ROLLIN PROJECT</u>	<u>1,685.</u>
<u>SKATE IGNATIUS OPENING DAY CELEBRATION</u>	<u>500.</u>
<u>BANK AND MERCHANT FEES</u>	<u>700.</u>
<u>TELEPHONE</u>	<u>1,783.</u>
<u>WEBSITE</u>	<u>287.</u>
<u>VAN EXPENSE</u>	<u>1,527.</u>
<u>MEETINGS EXPENSE</u>	<u>422.</u>
<u>FILING FEES</u>	<u>15.</u>
<u>SUPPLIES</u>	<u>74.</u>
<u>Total</u>	<u><u>22,511.</u></u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

## Purpose of Payment

MATCHING CONTRIBUTION FOR SKATEPARK EXPANSION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> SKATE IGNATIUS PROJECT PO BOX 254 ST IGNATIUS	None	50,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

## Purpose of Payment

TO SUPPORT YOUTH OUTDOOR AWARENESS PROGRAMS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> BITTERROOT ECOLOGICAL AWARENESS RESOURCES 310 NORTH 4TH STREET HAMILTON MT 59840	None	300.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined