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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



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organization chooses to file a return, be sure to file a complete return Ladd lines 5b, 6c, and 7b, bit line 9 to determine grass receipts are \$200,000 or more, or if total assets of Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Partilla Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 61, 835. 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c Sain or (loss) from sale of assets other than inventory 5 Less cost or other basis and sales expenses c Sain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events (not including \$ for mundraising events from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 2 A Gross sales of inventory, less returns and allowances b Less cost of goods sold 2 B Other revenue (describe in Schedule O) 1 B Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 1 Grants and similar amounts paid (list in Schedule O) 2 See Schedule O 3 For expenses (Secribe in Schedul	ĸ								
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C Gross profit or (loss) from sales of inventory (Subtract line 7b from line-7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20		디크 7			S			100000000000000000000000000000000000000	
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year Combine lines 18 through 20 20 Cher changes in net assets or fund balances (explain in Schedule O) 20 See Schedule O 20 Cher changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20		C) ès		_		<u>1</u>	982		450
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2,			•	• •	ct line 7b from line-				-1/8.
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.		C 2 2		•	ļ		<i>=</i> 3		
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	_	F 3 9							179,967.
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.		10	Grants a	nd similar amounts paid (list in Schedule O) [8	1 [[] - 6 4			
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.		1	Benefits	paid to or for members	12	FED 5 4	017 12	11	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	5	1:	2 Salaries,	other compensation, and employee benefit	s		i	12	<u>67,718.</u>
Frinting, publications, postage, and shipping 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	ĺ	1:	3 Profession	onal fees and other payments to independer	nt contractors	$\mathbf{C}(\mathbb{R}^{n},\mathbb{R}^{n})$		13	238.
Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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). 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20.	į	14	4 Occupan	cy, rent, utilities, and maintenance	L		<u>" " " " " " " " " " " " " " " " " " " </u>	14	3,000.
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	i	1 1						15	429.
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	•	•				See Sched	ule O	16	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.		- 1							
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 45, 237. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	_				n line 9)				
figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 45, 237. 20 Cher changes in net assets or fund balances (explain in Schedule O) 21 66, 528.					•			PERM	
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	Ñ	§ 1	9 Net asse	ets or fund balances at beginning of year (fronted on prior year's return)	om line 27, column	(A)) (must agree v	vith end-of-ye	a	45 237
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 66, 528.	T	Ĕ	-	•	un in Schedule (1)				13,231.
		sl .		-		PΛ			66 529
	_				·	<u>.u</u>			

	990-EZ (2010) BIG SKY SKI EDU			3	6-383	39751 Page 2
Par	Balance'Sheets. (see the ins Check if the organization used Sch	structions for Part II.)	estion in this Part II			X
_	Officer if the organization used con-	edule o to respond to any qu		A) Beginning of y	ear	(B) End of year
22	Cash, savings, and investments				3. 22	33,757.
23	Land and buildings			1,12		1,082.
24	Other assets (describe in Schedule O)	See Schedule O)	43,41		34,786.
	Total assets			45,70		69,625.
	Total liabilities (describe in Schedule O)		··) -	46		3,097.
	Net assets or fund balances (line 27 of			45,23	7. 27	66,528.
	Statement of Program Ser Check if the organization used So is the organization's primary exempt purpose? See	chedule O to respond to any o			15016	Expenses uired for section c)(3) and 501(c)(4)
Desc desc prog	cribe what was achieved in carrying out the ribe the services provided, the number of ram title	e organization's exempt purp persons benefited, and other			4947	nizations and section (a)(1) trusts, optional thers.)
28	ALL RACING PROGRAMS ARE HENHANCEMENT OF THE INDIVIOUS SKIING. WE HAVE APPRO	DUAL AND FOR THE T X 70 PARTICIPANTS.	EAM QUALITY OF		7	
	(Grants \$) If th	is amount includes foreign gr	ants, check here	•	28 a	135,900.
29						
				-	. –	
	(Grants \$) If th		rants shock hara		☐ 29a	
30	Ciants V) ii tii	is amount includes loreign gr	ants, check here		250	
50			·		· - · -	
	(Grants \$) If th	is amount includes foreign gr	ants check here		∏ 30 a	
31	Other program services (describe in Sch	<u></u>	array arrayre riora	<u> </u>	1 000	
	· -	is amount includes foreign gr	rants, check here	▶ [ີ 31 a	
32	Total program service expenses (add II		· · · · · · · · · · · · · · · · · · ·		32	135,900.
Paî	List of Officers, Directors,				ed (see t	he instructions for Part IV)
	Check if the organization used S					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit publication deferred comper	lans and	(e) Expense account and other allowances
Er:	ic Becker	President	0.		0.	0.
:] 0				
	g Sky, MT 59716					
<u>Ja</u> ı	<u>nes_Bildahl</u>	Director	0.		0.	0.
		0				
	zeman, MT 59715	Dimenton		<u> </u>		
	ice_Wills B3_Cougar Drive	Director	0.		0.	0.
	zeman, MT 59718	J				
	ter Bedell	Director	0.	 	0.	0.
		0	0.		0.	
Bio	Sky, MT 59716	1				
	ss Pfohl	Director	0.	-	0.	0.
] 0				
Big	Sky, MT 59716					
La	ıra Bell	Secretary	0.		0.	0.
- -		. 0				
	Sky, MT 59716			 		ļ <u>.</u>
Ma:	rjorie Knaub	Treasurer	0.	1	0.	0.
	O. Box 161030	1 0				
<u> 1010</u>	g Sky, MT 59716			 		
- -		-				
		1		1		
						
		i e	i			
- -		1				

	Check if the organization used Schedule O to respond to any question in this Part V			X
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 X
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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?	35 a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	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		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37b		X
	b Did the organization file Form 1120-POL for this year?	3/0		
	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?	38 a	, , , , ,	X
	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		点演	
	Section 501(c)(7) organizations Enter.	1 "	**	1
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A	4		; - '
	b Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	\	ī"	
40	section 4911 • 0.; section 4912 • 0., section 4955 • 0.			X
			, .,	128
	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	40 b		X
	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	4 3 9		
41	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 List the states with which a copy of this return is filed ► None	40 e	, , ,	X
42	a The organization's books are in care of ► MARJORIE KNAUB Located at ► 78 Meadow Village Drive, Suite E Big Sky, MT 59716 MT ZIP + 4 ► 59716 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: ►			No X
	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.	42 c	**,	X
	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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		► ☐	
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44a	_	X
	instead of Form 990-EZ	44 b	-	X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	 -	X
	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	44 d) F?	(2010)
BA	A TFFA0812L 02/18/11 FG	71111 253 1	J-EL	(ZUIU)

	·						Yes	No_
45 Is any	rèlated organization a controlled entity	of the organization with	in the meaning	of section 512(b)(1	3)?	45		<u>X</u>
a Did the	e organization receive any payment froi tion 512(b)(13)? If 'Yes,' Form 990 and	m or engage in any trans Schedule R may need to	saction with a co	ontrolled entity with	nin the meaning	45 a		X
46 Did the	e organization engage, directly or indire	ectly, in political campaid						
	dates for public office? If 'Yes,' complete		2.3/43		1 1 1	46		<u>X</u>
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the second com	ction 4947(a)(1) nor ne tables for lines 5	nexempt char 0 and 51.	itable trusts mu	trusts only. A ust answer que	II sec estion	ction is	
	Check if the organization used Schedu	ile O to respond to any o	question in this I	Part VI				
47 5 11	and the second s	L - 2 16 10/ 1 1 - 1 - 1	0-110 D	11	1	47	Yes	No_
	e organization engage in lobbying activ	· · · · · · · · · · · · · · · · · · ·				47		<u>X</u>
	organization a school as described in s		•			48 49 a		X
	e organization make any transfers to ar s,' was the related organization a sectio	•	related organiza	ation:		49 b		
	-	-	ومطعما ومميرواسي	r than afficers dire				
50 Complemplo	lete this table for the organization's five yees) who each received more than \$1	00,000 of compensation	from the organi	zation. If there is r	ictors, trustees an ione, enter 'None	u key		
		(b) Title and average	(c) Compensat	ion (d) Contributio	ns to employee	(e) Ex	pense	
(a) i	Name and address of each employee paid more than \$100,000	hours per week devoted to position		deferred co	plans and Impensation		nt and owance:	.
None								
		1						
]						
	number of other employees paid over \$	• —						
51 Comp	lete this table for the organization's five ensation from the organization. If there	highest compensated in	ndependent con	tractors who each	received more tha	ın \$10	0,000	of
Compe	(a) Name and address of each independent con			(b) Type of se			ensatio	
None	(a) Hame and decrees of each maspendent con-	vactor para more trans 4 100,000		(4) 1) po or so		•, ••	701130110	-
110110								
				· · · · · ·				
							_	
d Total	number of other independent contracto	rs each receiving over \$	100,000	>				
	ne organization complete Schedule A? N		3) organizations	and 4947(a)(1) no	nexempt	e	r	٦
charit	able trusts must attach a completed Sc		 			X Yes	<u> </u>	No
		n, including accompanying sche	dules and statements of which preparer has	, and to the best of my ki any knowledge	nowledge and belief, it is	s		
Under penaltie true, correct, a	es of perjury, I declare that I have examined this retuined complete. Declaration of preparer (other than offi	cer) is based on all information of						
	- Mayoue of	cer) is based on all information of		Date	-6-12			
Sign	Signature of office	cer) is based on all information of		Date				
	Signature of office Marjorie Knaub	cer) is based on all information of		Date Treasur				
Sign	Signature of office	naub	Date	Treasur	rer			
Sign Here	Signature of officer Marjorie Knaub Type or print name and title Print/Type preparer's name	Preparetion signature	wb Date	Treasur	eck of PTIN			
Sign Here Paid	Signature of office Marjorie Knaub Type or print name and title Print/Type preparer's name Marjorie L. Knaub	Preparetionsignature Marjorie L. Kn	Date	Treasur	rer			
Sign Here Paid Preparer	Signature of office Marjorie Knaub Type or print name and title Print/Type preparer's name Marjorie L. Knaub Firm's name KNAUB AND COMPA	Preparetionsignature Marjorie L. Kn	wb Date	Treasur	eck of PTIN N/A			
Sign Here	Signature of office Marjorie Knaub Type or print name and title Print/Type preparer's name Marjorie L. Knaub Firm's name KNAUB AND COMPA Firm's address PO BOX 161030	Preparer esignature Marjorié L. Kn ANY P.C.	wb Date	Treasur 2-6-13 sel	eck if PTIN employed N/A n's EIN N/A		6040	
Sign Here Paid Preparer Use Only	Signature of office Marjorie Knaub Type or print name and title Print/Type preparer's name Marjorie L. Knaub Firm's name KNAUB AND COMPA	Preparet a signature Marjorie L. Kn ANY P.C.	aub Date	Treasur 2-6-13 sel	eck if PTIN employed N/A n's EIN N/A	995-	6040	

36-3839751

Page 4

Form 990-EZ (2010) BIG SKY SKI EDUCATION FOUNDATION

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

Open to Public Inspection

	f the organization							Employer	identificati	ion number	
BIG	SKY SKI EDUCATI	ON FOUNDATION						<u> 36-38</u>	3975 <u>1</u>		
Part	I Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstructi	ons.	
The o	rganization is not a priva	te foundation because	e it is: (For lines 1 throu	ugh 11,	check or	nly one	box)				
1	A church, convention	of churches or assoc	ation of churches desc	ribed in	section	170(b)(1) (A)(i).	i			
2	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)							
3	A hospital or a coope	erative hospital service	e organization describe	d in sec	tion 170	(b)(1)(A)(iii).				
4	A medical research o	rganization operated	in conjunction with a he	ospital d	lescribe	d in sec	tion 170)(b)(1)(A)(iii) En	iter the hosp	ıtal's
	name, city, and state	•	·	,						·	
5		ated for the benefit of	f a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in se	ction
6			vernmental unit describ								
7	in section 170(b)(1)(A	A)(vi). (Complete Par		, ,	•	vernmei	ntal unit	or from	the ger	neral public o	described
8			0(b)(1)(A)(vi). (Complet								
9	from activities related	d to its exempt function and unrelated business) more than 33-1/3% of ons — subject to certain s taxable income (less s mplete Part III.)	except	ions, an	d (2) no	more t	han 33-	1/3% of i	its support fr	rom gross
10	An organization orga	nized and operated e	xclusively to test for pu	iblic safe	ety See	section	509(a)((4).			
11	An organization orga more publicly suppor describes the type of	nized and operated e ted organizations des supporting organizat	xclusively for the benef cribed in section 509(a ion and complete lines)(1) or s 11e thro	ection 5 ough 11	(09(a)(2) า	See s	of, or car section 5	ry out th 509(a)(3)	. Check the	box that
	a Type I	b ∐Type Ⅱ	c 💹 Type III	– Fund	tionally	ıntegrat	ed		d 📙	Type III -	Other
е	By checking this box other than foundation section 509(a)(2)	, I certify that the organic managers and other	anization is not controll than one or more publ	ed direc licly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disquali in sectio	fied persons on 509(a)(1)	or
f	, , , ,	ceived a written detei	rmination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting (organization,	
g	Since August 17, 200	06, has the organization	on accepted any gift or	r contrib	ution fro	m any	of the fo	llowing	persons	,7	
											Yes No
	(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)	
	(ii) A famıly memb	er of a person describ	bed in (i) above?							11 g (ii)	
	(iii) A 35% controlle	ed entity of a person o	described in (i) or (ii) a	bove?						11 g (iii)	
h	Provide the following	information about th	e supported organization	n(s)							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	s the ation in	(v) Did y the organ columi your su	ou notify ization in i (i) of ipport?	(vi) l organız colun organıze U S	s the ation in nn (i) ed in the	(vii) Amount	of support
				Yes	No	Yes	No	Yes	No		
<u>(A)</u>											
/D\											
<u>(B)</u>											
<u>(C)</u>											
<u>(D)</u>											
<u>(E)</u>											
Total											
BAA	For Paperwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	790-EZ.		5	schedule	e A (Fori	m 990 or 990	J-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 BIG SKY SKI EDUCATION FOUNDATION 36-3839751 Part II Support Schedule for Organizations Described in Sections 170(bX1)(A)(iv) and 170(bX1)(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)

	3	_	,		•		
Sec	tion A. Public Support						
	ndar year (or fiscal year nning 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 ')						
_	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	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)		* * * * * * * * * * * * * * * * * * *			£2 €3 €3	
6	Public support. Subtract line 5 from line 4					**	
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning 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	**	\$	***	****	1.26	
12	Gross receipts from related activ	vities, etc (see ins	structions)		·	12	
13	First five years. If the Form 990 organization, check this box and	ıs for the organız İ stop here	ation's first, seco	ond, third, fourth, c	or fifth tax year a	es a section 501(c)(3	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by l	ne 11, column (f))		14	%
15	Public support percentage from	2009 Schedule A	, Part II, line 14			15	%
16 a	33-1/3% support test — 2010. If and stop here. The organization				nd the line 14 is	33-1/3% or more, ch	neck this box
t	33-1/3% support test – 2009. If and stop here. The organization	the organization of qualifies as a pu	did not check a b blicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	s 33-1/3% or more, o	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	anď-circumstance	es' test, check this	box and stop h	ere. Explain in Part	IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	box and stop h a publicly supp	ere. Explain in Part orted organization	IV how the ►
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check	this box and see ins	tructions -
BAA			·		S	chedule A (Form 99	0 or 990-FZ) 2010

Partill 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.)

Sec	tion A. Public Support						
Calen	dar 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	1					
	received (Do not include any 'unusual grants.')	42,932.	47,833.	42,162.	10,100.	35,869.	178,896.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	190,333.	77 026	100 027	114 001	156 257	C40 1C4
3	tax-exempt purpose Gross receipts from activities	190,333.	77,836.	108,837.	114,801.	156,357.	648,164.
J	that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	233,265.	125,669.	150,999.	124,901.	192,226.	827,060.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0	0
t	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			0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)						827,060.
<u>Sec</u>	tion B. Total Support						
			-				
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(a) 2006 233, 265.	(b) 2007 125,669.	(c) 2008 150, 999.	(d) 2009 124, 901.	(e) 2010 192, 226.	(f) Total 827, 060.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511						
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	233, 265.	125,669.	150,999.		192,226. 25.	827,060. 25.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is					192,226.	25. 0. 25.
9 10 a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	233, 265.	125,669.	150,999.	124,901.	192,226. 25.	25. 0. 25.
9 10 a t	Amounts from line 6 In Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	0.	125,669.	150,999.	124,901.	192,226. 25.	25. 0. 25.
9 10 a t 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	233, 265. 0. 233, 265.	0. 125,669.	150,999.	0.	25. 25.	25. 0. 25. 0. 25.
9 10 a b 11 12	Amounts from line 6 If Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990	233, 265. 0. 233, 265. Is for the organized stop here.	125, 669. 0. 125, 669. ation's first, second	150,999.	0.	25. 25.	25. 0. 25. 0. 25.
9 10 a b 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	233, 265. 0. 233, 265. Is for the organized stop here blic Support P	125, 669. 0. 125, 669. ation's first, secondercentage	150, 999. 0. 150, 999. d, third, fourth, o	0.	25. 25.	25. 0. 25. 0. 25.
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 In Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 In Add lines 10a and 10b In Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	233, 265. 0. 233, 265. Is for the organized stop here. blic Support Polo (line 8, column 2009 Schedule A,	125, 669. 0. 125, 669. ation's first, secondercentage n (f) divided by line Part III, line 15	150, 999. 0. 150, 999. d, third, fourth, o	0.	192,226. 25. 25. 192,251. a section 501(c)(3	827,060. 25. 0. 25. 0. 827,085.
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 If Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	233, 265. 0. 233, 265. Is for the organized stop here. blic Support Polo (line 8, column 2009 Schedule A,	125, 669. 0. 125, 669. ation's first, secondercentage n (f) divided by line Part III, line 15	150, 999. 0. 150, 999. d, third, fourth, o	0.	192, 226. 25. 25. 192, 251. a section 501(c)(3	25. 0. 25. 0. 25. 0. 827,085. 3) ► □
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 In Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 In Add lines 10a and 10b In Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and the computation of Pupplic support percentage from the computation of Invented in D. Computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Investment income percentage from the computation of Invented in Invente	233, 265. 0. 233, 265. Is for the organized stop here. blic Support Polic (line 8, column 2009 Schedule A, restment Incorfor 2010 (line 10c,	125, 669. 0. 125, 669. ation's first, second recentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided	150, 999. 0. 150, 999. d, third, fourth, of third, fourth, of the 13, column (f)) d by line 13, column	124,901. 0. 124,901. r fifth tax year as	192, 226. 25. 25. 192, 251. a section 501(c)(3	25. 0. 25. 0. 25. 0. 827,085. 3) ► □ 100.0 % 100.0 %
9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 If Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from those the processing of the support support percentage from those the processing of the public support percentage from those the processing of the processing of the processing of the public support percentage from those the processing of the proce	233, 265. 233, 265. Is for the organized stop here. blic Support Polo (line 8, column 2009 Schedule A, restment Incorrection 2010 (line 10c, from 2009 Schedule 2009 Sc	125, 669. 0. 125, 669. ation's first, secondercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line	150, 999. 0. 150, 999. d, third, fourth, out the 13, column (f)) d by line 13, column 17	124, 901. 0. 124, 901. r fifth tax year as	192, 226. 25. 25. 192, 251. a section 501(c)(3 15 16 17 18	25. 0. 25. 0. 827,060. 100.0 % 100.0 % 0.0 % 0.0 %
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 In Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 It Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from those from the sale of capital assets. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from those from the sale of capital assets. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from those from the sale of capital support percentage from those from the sale of capital assets. If the Form 990 organization, check this box and the first percentage from those from the sale of capital assets. If the Form 990 organization of Pupulic support percentage from those from the sale of capital assets. If the Form 990 organization, check this box and the first percentage from the sale of capital	233, 265. 233, 265. Is for the organized stop here. blic Support Polic (line 8, column 2009 Schedule A, restment Incort for 2010 (line 10c, from 2009 Schedule f the organization k this box and sto	125, 669. 0. 125, 669. ation's first, second recentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line did not check the phere. The organ	150, 999. 0. 150, 999. d, third, fourth, of t	124, 901. 0. 124, 901. r fifth tax year as mn (f)) and line 15 is more as publicly supports	192, 226. 25. 25. 192, 251. a section 501(c)(3 15 16 17 18 e than 33-1/3%, arorted organization	25. 0. 25. 0. 827,060. 0. 25. 0. 100.0 % 100.0 % 0.0 % 0.0 % 0.0 %
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from Investment income percentage from 1933-1/3% support tests — 2010.	233, 265. 233, 265. Is for the organized stop here. blic Support Polic (line 8, column 2009 Schedule A, restment Incort for 2010 (line 10c, from 2009 Schedule 4, this box and stop for the organization 4, check this box and stop for check this box and	125, 669. 0. 125, 669. ation's first, second recentage of (f) divided by line Part III, line 15 me Percentage column (f) divided le A, Part III, line did not check the phere. The organ did not check a beand stop here. The	150, 999. 0. 150, 999. d, third, fourth, of third, fourth, and third third, and third third third third, and third th	124, 901. 0. 124, 901. r fifth tax year as mn (f)) ind line 15 is more a publicly suppoint 19a, and line alifies as a public.	192, 226. 25. 25. 25. 192, 251. a section 501(c)(3 15 16 17 18 e than 33-1/3%, arorted organization 16 is more than 33 ly supported organization ly supported organization	25. 0. 25. 0. 827,085. 0. 827,085. 0.0 % 100.0 % 0.0 % 0.0 % xnd line 17 ► X

Schedule A	(Form 990 or 9	90-EZ) 2010	DIG SVI	SKI FDO	CATION FU	DUNDATION	36-383	39/51 Page 4
PartIV	Supplement Part II, line (See instruc	t al Informa 17a or 17b tions).	tion. Comp ; and Part	olete this pa III, line 12.	art to provid Also compl	e the explanat ete this part fo	nons required by or any additional	Part II, line 10; information.
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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 36-3839751 BIG SKY SKI EDUCATION FOUNDATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants C Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Gross receipts (vi) Amount paid to (or retained by) (i) Name and address of individual (ii) Activity (iii) Did fundraiser (v) Amount paid to have custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2010	RTG	SKY	SKT	EDUCATION	FOUNDATION
Scriedule G (FOILL 330 OF 330-LZ) ZOTO	$D \pm G$	21/1		PDOCULTON	LOCKDATION

36-3839751

Page 2

Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add column (a) **FIREWORKS** Auction & raff through column (c)) (total number) (event type) (event type) 14,054. 10,952 1 Gross receipts. 25,006. 2 Less Charitable contributions 14,054. 10,952. 3 Gross income (line 1 minus line 2) 25,006. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 2,593 2,593. 8 Entertainment Other direct expenses 444. 8,265. 8,709. 11,302. 10 Direct expense summary Add lines 4- through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 13,704. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (a) Bingo (c) Other gaming (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes DIRECTS 3 Non-cash prizes 4 Rent/facility costs. 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No **b** If 'Yes,' explain _

Schedule G	Form 990 or 990-EZ) 201	o_BIG SKY SKI E	EDUCATION FOUNDATION	36-3839	9751	Page 3
11 Does th	e organization operate ga	aming activities with no	nmembers?		Yes	No
12 Is the o	, rganization a grantor, be ster charitable gaming?	neficiary or trustee of a	trust or a member of a partnership	or other entity formed to	Yes	No
13 Indicate	the percentage of gamir	ng activity operated in:				
	janization's facility			13a		%
b An outs	side facility			13b		%
14 Enter t	ne name and address of t	he person who prepare	es the organization's gaming/special	I events books and records	•	
Name	·					·
Addres	s -					
15 a Does th	ne organization have a co	ntact with a third party	from whom the organization receive	es gaming revenue?	Yes	No
			by the organization ► \$		nt	
of gam	ing revenue retained by tl	ne third party 🕨 \$				
c If 'Yes,	enter name and address	of the third party.				
Name			· 			
Addres	s ►					
16 Gamını	g manager information					
Name			·		-	-
Gamın	g manager compensation	► \$				
Descrip	tion of services provided	·			. -	
Dır	ector/officer	Employee	Independent contract	or		
17 Manda	tory distributions					
state g	aming license?		naritable distributions from the gami		Yes	No
			aw to be distributed to other exemp	ot organizations or spent in	the	
	ation's own exempt activ	ities during the tax yea	r > Ş			
Part*IV*	columns (III) and (v)	, and Part III, lines	this part to provide the expla s 9, 9b, 10b, 15b, 15c, 16, an rmation (see instructions).	d 17b, as applicable.	Also com	2b, iplete
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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	Employer identification number
BIG SKY SKI EDUCATION FOUNDATION	36-3839751
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
SKI_RACE_COACHING	·
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direc	ctly or
indirectly, on a personal benefit contract?	No
	·
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TION		\$		36-3839751 10 08AM 45. 47. 767. 50. 5,498.
		\$		45. 47. 767. 50.
		\$		47. 767. 50.
		\$		47. 767. 50.
		Total <u>§</u>	S	1,148. 9,393. 2,635. 533. 2,231. 921. 3,867. 14,950. 1,089. 37,259. 266. 1,100. 2,467. 2,889. 136. 87,291.
	·			
Total	\$	26. 375. 35,202. 7,815.		1,394. 375. 26,678. 6,339. 34,786.
Total	\$	0. 306. 158.		2,593. 289. 215. 3,097.
		\$ Total \$	Beginning \$ 26. 375. 35,202. 7,815. Total \$ 43,418. Beginning \$ 0. 306. 158.	\$ 26. \$ 375. 35,202. 7,815. \$ \$ 43,418. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Rankle Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Type or print BIG SKY SKI EDUCATION FOUNDATION 36-3839751 File by the due date for filing your return See Number, street, and room or suite number. If a P O box, see instructions P.O. BOX 160134 instructions City, town or post office, state, and ZIP code For a foreign address, see instructions BIG SKY, MT 59716 03 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Application Return Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 09 03 Form 990-EZ 04 Form 5227 10 Form 990-PF 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► MARJORIE KNAUB Telephone No ► (406) 995-6040 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15 , 20 12 , to file the exempt organization return for the organization named above The extension is for the organization's return for: calendar year 20 X tax year beginning 7/01 , 20 10 , and ending 6/30 , 20 112 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 0. 3b \$ payments made. Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

payment instructions

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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for