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#### 07201

Form

Department of the Treasury

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

## **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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2010 Open to Public

Form 990 (2018)

	ilai itevei	The organization may have to use a copy of			ements	inspection
<u> </u>	For the	2010 calendar year, or tax year beginning $10/01/10$ , and	ending 09/30	/11	,	
В	Check if app	plicable C Name of organization			D Empl	oyer identification number
Π.	Address ch	ange BHS, INC				
$\overline{\Box}$	Name chan	Doing Business As			81-	-0439251
	Name Glan	Number and street (or P O box if mail is not delivered to street addr	ess)	Room/suite		none number
$\bigsqcup$	Initial return		,			5-874-2825
$\Box$	Terminated				700	0 074 2025
$\equiv$		City or town, state or country, and zir + 4				20 461
<b>∟</b> .	Amended n	etum MILES_CITY MT 59301	·		<b>G</b> Gross rec	eipts \$ -22,461
Π.	Application	pending F Name and address of principal officer		H(a) Is this a	moun return for	affiliates? Yes X No
				1,44, 1041104	group return for	
				H(b) Are all a	affiliates inclu	ded? Yes No
				If "N	lo," attach a l	ist (see instructions)
$\overline{}$	Tay-eyer	mpt status 501(c)(3) X 501(c) ( 4 ) ◀ (insert no ) 45	947(a)(1) or 527			
	Website	THE DESCRIPTION OF GRAPE COM	5 11 (L)(1) 5.	H(c) Group	avemntion nu	mher •
					. 986	
	Form of on	Service Control of the Control of th		L Year of formation	.900	M State of legal domicile MT
	art 1	Summary				
	1 B	riefly describe the organization's mission or most significant activities		•		
_	Ì	PROVIDE COMMUNITY ENTERTAINMENT EVENT				
ၓၟ	F		•			
쿌	l					
ě	١			050/ //		
ő		check this box 🕨 🔛 if the organization discontinued its operations or	disposed of more than	25% of its net asset	1 1	1.0
₹.	3 N	lumber of voting members of the governing body (Part VI, line 1a)			3	12
<b>≥8</b> ′	4 N	lumber of independent voting members of the governing body (Part VI,	, line 1b)		4	12
<del>-</del>	5 T	otal number of individuals employed in calendar year 2010 (Part V, line	e 2a)		5	63
<b>∓</b> 5	6 T	otal number of volunteers (estimate if necessary)			6	
U Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			7a	
		let unrelated business taxable-income from Form 990-T, line 34			7b	0
<u> </u>	<u> </u>	let difference business taxable-agoone front 1 offit 950-1, line 54	<del></del>	Prior Ye		Current Year
_	8 0	Contributions and grants (Part VIII, line 17i)			<del>-</del>	
۳9						
Ιē		Program service revenue (Bart VIII, line 2g)				
Zέ		nvestment income (Part vill), column (A), lines 3, 4, and 7d)				00 461
3		Other revenue (Part VIII, column (A), lines 5 66,8c, 9c, 100, and 11e)				-22,461
3		otal revenue – add lines 8 through 11 (must equal Part VIII) column (A	), line 12)			-22,461
SCANRATE STATES	13 G	Grants and similar amounts paid (Part IXA column (A), 168 1-3)				12,075
		Benefits paid to or for members (Part IX, column (A), line A)				
		Salanes, other compensation, employee benefits (Part IX, column (A), li	ines 5–10)			
enses		Professional fundraising fees (Part IX, column (A), line 11e)	,			
ē		otal fundraising expenses (Part IX, column (D), line 25) ▶			·····	
Expe				<u> </u>		
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<u> </u>		10 075
	18 T	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 2	?5)			12,075
	19 R	Revenue less expenses Subtract line 18 from line 12				-34,536
Net Assets or Fund Balances				Beginning of Cu		End of Year
set	20 T	otal assets (Part X, line 16)		28	8,110	253,574
AB	21 T	otal liabilities (Part X, line 26)			0	0
25	22 N	let assets or fund balances Subtract line 21 from line 20		., 28	8,110	253,574
	art II	Signature Block				
		alties of perjury, I deplace have a have examined this return, including accompanying	o schedules and statemen	its, and to the best of m	v knowledge	and belief it is
		ct, and complete Declaration of reparer (other than officer) is based on all inform			,	
_						······································
۵.		TAIX I				3
Sig		Signature of officer			Date	
He	re	RICK FLOTKOETTER	PRE	SIDENT		1/20/12
_		Type or print name and title				1 1
		Print/Type preparer's name Preparer's signature	- 1/	Date ,	Check	if PTIN
Pai	d	RUSTY G. KNUTHS	5. Koth	1.//	2_ self-er	mployed P00947574
Pre	parer	Firm's name ROWLAND, THOMAS & COMPA	NY, CPAS		Firm's EIN	81-0189780
	Only	P.O. BOX 610		<del></del>	i iiii S Ell <b>y F</b>	01 0100/00
	,					106-221 1211
		Firm's address MILES CITY, MT 59301			Phone no	406-234-4241
May	the IRS	S discuss this return with the preparer shown above? (see instructions)	)			Yes No

DAA

Form 990 (2010	BHS, INC		81-0439251	Page <b>2</b>
Part III		Service Accomplishments ontains a response to any question i	n this Part III	
	scribe the organization's mission	n	ii uiis rait iii	
PROVID	E COMMUNITY ENT	ERTAINMENT EVENT		
2 Did the or	ganization undertake any signifi	icant program services during the year which v	vere not listed on the	
	n 990 or 990-EZ?	Cabadula O		Yes X No
	lescribe these new services on ganization cease conducting, or	Schedule O r make significant changes in how it conducts,	any program	
services?	lescпbe these changes on Sche	odule O		Yes X No
4 Describe	the exempt purpose achieveme	ents for each of the organization's three largest		
		d section 4947(a)(1) trusts are required to repo if any, for each program service reported	rt the amount of grants and allocations to	
			10.075	
<b>4a</b> (Code <sup>.</sup> BHS IS	)(Expenses \$ ORGANIZED TO H	12,075 including grants of \$ OLD A COMMUNITY ENTERT.	12,075 ) (Revenue \$ AINMENT	)
EVENT	THAT GENERATES	TOURISM, PROVIDES ENTE	RTAINMENT	
	ONITIES AND CRE . 3 OR 4 DAY PER	ATES ECONOMIC INFLUX TO	O THE AREA	
	•			
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
•				
		·		
	•			
•				
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
<b>40</b> (Code	) (Expenses $\psi$		) (Nevenue v	,
	•			
		•		
	ogram services (Describe in Sci		\ (Payarya f	`
(Expense	es \$ ogram service expenses ▶	including grants of \$ 12,075	) (Revenue \$	)
DAA				Form 990 (2010)

# Form 990 (2010) BHS, INC Part IV Checklist of Required Schedules

rø	IT 18 Checklist of Required Schedules	_		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
	complete Schedule A	1 2		<u>X</u> X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			- 21
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			١,,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		<sub>v</sub>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	42-		X
	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		$\vdash \cap$
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			Ì
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		L

Forn	1990 (2010) BHS, INC 81-0439251				<u> P</u>	age 4
Pa	art IV Checklist of Required Schedules (continued)			_		
04	Did the annual to the off 000 of annual to the off of 000 of annual to the off of the of				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations up the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I. Parte Lond III.			24	X	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and I!  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			21		
~~	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			122		Δ
23	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					- 11
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					
	through 24d and complete Schedule K. If "No," go to line 25			24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?			24b		-25
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1		
·	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?					
	If "Yes," complete Schedule L, Part I			25b		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III			27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					
	Part I			31		Χ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II		•	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
	IV, and V, line 1			34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		X
а	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," complete Schedule R,	اسما	[ <del></del> ]			
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1		
	Part VI			37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				ı I	

19? Note. All Form 990 filers are required to complete Schedule O

Pa	rt ♥ Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<del></del>		┵┷
	54. 1		Yes	No
1a 	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 67  1b 3	<b> </b>	-	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
С	reportable gaming (gambling) winnings to prize winners?	1c	Χ	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b></b>
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
<b>5</b> 0	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	<u>x</u>
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		—
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\overline{}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			$\Gamma^{-}$
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			ĺ
a	Did the organization make any taxable distributions under section 4966?	9a		—
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O			l
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand	-+ $ $		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		Form	990	(2010)

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Form	990 (2010) BHS, INC 81-0439251			P	age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 the "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes O. See instructions.	•		l for a	a e
500	Check if Schedule O contains a response to any question in this Part VI				X
<u> </u>	ction A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a   12		res	NO
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		Χ
3	Did the organization delegate control over management duties customanly performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?	i	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	ļ	5_		X
6	Does the organization have members or stockholders?		6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		_		.,
	of the governing body?		<u>7a</u>		X
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	}	7b		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	Ī
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue C	ode	.)	
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of such				
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a	х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	İ	Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	Ì			
	nse to conflicts?		12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	Ì			
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?	İ	13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	ļ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable entity during the year?	ļ	46-		v
b	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its		16a		X
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		Ī
Sec	etion C. Disclosure		100		L
17	List the states with which a copy of this Form 990 is required to be filed NONE				
12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (501(c)(3)s only	) available			

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► NYOKA TWITCHELL 511 PLEASANT ST

MILES\_CITY

<u>MT</u> 59301

DAA

Form 990	(2010)	BHS.	INC

81-0439251

Page 7

Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per	$\overline{}$	,	(chec	C) k all t	hat a	oply)	(D)  Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DON RICHARD										
VICE PRESIDENT	0.00							0	0.	0
(2) RUSTY KNUTHS		1								
TREASURER	0.00				_		_	0	0	0
(3) RON WATTS										
DIRECTOR	0.00					_	<u> </u>	0	0	0
(4) RICK FLOTKOETTER										
PRESIDENT	0.00			<u> </u>				0	0	0
(5) ROB FRASER				ł		ŀ				
DIRECTOR	0.00	ļ	ļ	<u> </u>	ļ	ļ		0	0	0
(6) BRYAN HOLMEN				İ				_	_	_
DIRECTOR	0.00			<u> </u>	_	┞	<u> </u>	0	0	0
(7) WYATT GLADE						İ				
DIRECTOR	0.00	₩		┝		_	<u> </u>	0:	0	0
(8) KARL DRGA	0 00									^
DIRECTOR	0.00	1—	_	<u> </u>		<u> </u>		0	0	0
(9) DIRK DOEDEN	0 00		ļ						0	0
DIRECTOR (10) JOHN LANEY	0.00			-	_	<del> </del>	-	0	0	<u> </u>
, ,	0.00					ŀ		o	0	0
DIRECTOR (11) JOHN MORFORD	0.00	$\vdash$	$\vdash$		$\vdash$	$\vdash$			0	0
DIRECTOR	0.00							o	O	0
(12) ANDY MARUM	0.00				$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>	<u> </u>	
DIRECTOR	0.00							O	0	0
(13)	0.00								U	
(14)				-						
(15)										
(16)						igg				

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees,	and	d Highest Compensated E	mployees (continued)			- ugo u
•	(A) Name and Title	(B) Average	Pos	ition (	chec	C) k all t	hat ap		(D) Reportable	(E)  Reportable		(F) stimate	
		hours per week (describe hours for related organizations in Schedule O)	Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org ar	tion e on ed	
(17)													
(18)													
(19)													
(20)													
(21)	•												<u></u>
(22)													
(23)													
(24)													·
(25)													
(26)											:		
(27)						_							_
(28)													
1b	Sub-total	1	<u> </u>	!	<u> </u>			<b>&gt;</b>					
C	Total (add lines 4b and 4c)	ets to Part VII, Se	ectio	n A				<b>&gt;</b>			ļ <u>.</u>		· · · · · · · · · · · · · · · · · · ·
2	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from	•		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in			
3	Did the organization list any <b>fo</b> employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ıle J	for s	uch i	indiv	idual	Ť		m the		3	Yes No
5	organization and related organ individual Did any person listed on line 1:	izations greater to a receive or accri	han S ue co	150 mpe	,000 nsat	? If " ion f	Yes, rom a	cor	mplete Schedule J for such unrelated organization or inc			4	<u> </u>
	for services rendered to the or ction B. Independent Contract		s," c	omp	lete S	Sche	dule	J fo	r such person	<u>.</u>		5	X
1	Complete this table for your fiv compensation from the organization	e highest compe	nsate	ed in	depe	ndei	nt cor	ntrac	ctors that received more tha	n \$100,000 of			
		(A) d business address							Descrip	(B) . tion of services		Comp	(C) pensation
	· · · · · · · · · · · · · · · · · · ·	-											
					-								
									· · · · · · · · · · · · · · · · · · ·	· · ·			
												·	
2	Total number of independent of received more than \$100,000								listed above) who	0			
DAA		,							<del></del>		h	Form	990 (2010

Pa	rt V	III Statement of Reve	nue						_
,						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
m m	4 -	Calcated and a	Γ <u>α</u> _ Ι				revenue		512, 513, or 514
E ST			1a						
PE		Membership dues	1b						
a f		Fundraising events	1c						
gia		Related organizations	1d						
Sin	0	Government grants (contributions)	1e						
当首	t	All other contributions, gifts, grants, and similar amounts not included above							
			1f						
SE	9		If :	\$					
-	<u>h</u>	Total. Add lines 1a-1f			▶				
=	_				Busn. Code				
8	2a								
02 9	b								
울	С								
တ္ခု	d								
Ta	0								
Program Service Revenue   Contributions, gifts, grants and other similar amounts		All other program service rever	iue		L				
-		Total. Add lines 2a–2f		4					· ·
ŀ	3	Investment income (including d	iviaend	is, interes	ι,				
		and other similar amounts)					,	<u> </u>	
l	4	Income from investment of tax-	exemp	t bona pro	ceeas				
ŀ	5	Royalties (i) Real		/u\ E	Personal				
	60	Gross Rents		(11) [	CISONAI				
	6a								
	b	Less rental exps Rental inc or (loss)							
	d	Net rental income or (loss)			•	=		•	
- 1		Gross amount from (i) Securities		(n)	Other				
		sales of assets other than inventory	-	("/					
	ь	Less cost or other		<del>                                     </del>					
	-	basis & sales exps							
	С	Gain or (loss)		ľ				`	
	d	Net gain or (loss)			▶	,			
	8a	Gross income from fundraising ever	nts [						
Other Revenue		(not including \$							
<u>8</u>		of contributions reported on line 1c)							
Ř		See Part IV, line 18	а						
랿	ь	Less direct expenses	b						
0	C	Net income or (loss) from fundi	raising	events	<b>•</b>				
	9a	Gross income from gaming activities	s						
		See Part IV, line 19	а						
	b	Less direct expenses	ь						
	С	Net income or (loss) from game	ng acti	vities	<b>•</b>				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
	b	Less cost of goods sold	b						
	С	Net income or (loss) from sales		entory		<del>, , , , , , , , , , , , , , , , , , , </del>			
		Miscellaneous Revenue	•	<del></del> .	Busn. Code	25			
	11a	RODEO AND CONCERT				-22,461	-22,461		
	b								
	C		•						
	d	All other revenue				22 461			
	θ	Total. Add lines 11a-11d	_			-22,461		0	0
	12	Total revenue. See instruction	5		<b>P</b>	-22,461	-22,461	U	<u> </u>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	12,075	12,075		
2	Grants and other assistance to individuals in	12/0/3	12,013		<del></del>
-					
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				<u> </u>
	organizations, and individuals outside the				•
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		<u> </u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		<del>-</del>		
9	Other employee benefits			<b>.</b>	
10	Payroll taxes .				
11	Fees for services (non-employees)				
а	Management .		···	···.	
þ	Legal				
C	Accounting		<u></u>		
d	Lobbying		· · · · · · · · · · · · · · · · · · ·	<del></del>	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<u> </u>		
g 42	Other		<del> </del>	<del></del>	<u> </u>
12	Advertising and promotion			*	
13	Office expenses	- " .		=	
14	Information technology		<del></del>		
15 46	Royalties		· · · ·		<u></u>
16 47	Occupancy Travel			- · <u>·</u>	· -
17 18					·
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates			<del></del>	
- · 22	Depreciation, depletion, and amortization				
 23	Insurance				
24	Other expenses Itemize expenses not covered			-	
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а	·				
b					
C	•				
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,075	12,075	0	0
26	Joint costs. Check here ► If following SOP 98-2 (ASC 958-720) Complete this line		ł		
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

Part	X Balance Sheet				r age Ti					
			(A) Beginning of year		(B) End of year					
1	Cash—non-interest bearing		53,908	1	37,457					
2	Savings and temporary cash investments		234,202	2	216,117					
3	Pledges and grants receivable, net			3						
4	Accounts receivable, net	·		4						
5	Receivables from current and former officers, directors	s, trustees, key								
	employees, and highest compensated employees. Cor	mplete Part II of		-						
	Schedule L			5						
6	Receivables from other disqualified persons (as define	d under section			<del>.</del>					
	4958(f)(1)), persons described in section 4958(c)(3)(B	), and contributing		1						
	employers and sponsoring organizations of section 50	1(c)(9) voluntary		1						
	employees' beneficiary organizations (see instructions	)		6						
Assets 8	Notes and loans receivable, net			7						
SS 8	Inventories for sale or use			8	·					
⋖   9	Prepaid expenses and deferred charges			9						
10	a Land, buildings, and equipment cost or									
	other basis Complete Part VI of Schedule D	10a		1						
1	Less accumulated depreciation	10b		10c						
11	Investments—publicly traded securities			11						
12	Investments—other securities See Part IV, line 11	Investments—other secunties See Part IV, line 11								
13	Investments—program-related. See Part IV, line 11		13							
14	Intangible assets	Intangible assets								
15	Other assets See Part IV, line 11		15							
16	Total assets. Add lines 1 through 15 (must equal line	34)	288,110	16	253,574					
17	Accounts payable and accrued expenses		17	•						
18	Grants payable		18							
19	Deferred revenue	•		19						
20	Tax-exempt bond liabilities			20						
တ္က 21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	<del>.</del>					
Liabilities	Payables to current and former officers, directors, trus	tees, key								
<u>.</u>	employees, highest compensated employees, and disc	qualified persons								
-   2	Complete Part II of Schedule L			22						
_   23	Secured mortgages and notes payable to unrelated the	rd parties		23						
24	Unsecured notes and loans payable to unrelated third			24						
25	Other liabilities Complete Part X of Schedule D			25						
26	Total liabilities. Add lines 17 through 25		0	26	. 0					
ဋ	Organizations that follow SFAS 117, check here ▶	and complete								
Balances 27 28	lines 27 through 29, and lines 33 and 34.	_								
<u>ē</u>   27	Unrestricted net assets			27						
മ്   28	Temporanly restricted net assets	·		28						
열 29	Permanently restricted net assets			29						
Fund 29	Organizations that do not follow SFAS 117, check	here ▶ 🗓 and								
<u> </u>	complete lines 30 through 34.									
<u>g</u> 30	Capital stock or trust principal, or current funds	Capital stock or trust principal, or current funds								
<b>8</b> 31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31						
ğ   32	Retained earnings, endowment, accumulated income,	or other funds	288,110	32	253,574					
Net Assets or 30 31 32 33 34	Total net assets or fund balances	•	288,110	33	253,574					
Ž 34	Total liabilities and net assets/fund balances	•	288,110	34	253,574					

Form **990** (2010)

Form 990 (2010) BHS, INC	81-0439251			Pa	ge <b>12</b>
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to	any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)		1			<u>461</u>
2 Total expenses (must equal Part IX, column (A), line 25)		2			<u>075</u>
3 Revenue less expenses Subtract line 2 from line 1		3			<u>536</u>
4 Net assets or fund balances at beginning of year (must equal Part X,	line 33, column (A))	4	28	<u>88,</u>	<u>110</u>
5 Other changes in net assets or fund balances (explain in Schedule O)		5	<u> </u>		
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5	(must equal Part X, line 33,				
column (B))		6	2.	53,	<u> 574</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to	any question in this Part XII				
				Yes	No
1 Accounting method used to prepare the Form 990: X Cash	Accrual Other				
If the organization changed its method of accounting from a prior year	or checked "Other," explain in				
Schedule O					
2a Were the organization's financial statements compiled or reviewed by	an independent accountant?		2a		X
b Were the organization's financial statements audited by an independe	ent accountant?		2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight				
of the audit, review, or compilation of its financial statements and sele	ection of an independent accountant?		2c		
If the organization changed either its oversight process or selection pr	rocess during the tax year, explain in				
Schedule O					
d If "Yes" to line 2a or 2b, check a box below to indicate whether the fine	ancial statements for the year were				
issued on a separate basis, consolidated basis, or both	•				
Separate basis Consolidated basis Both consolida	ted and separate basis				
3a As a result of a federal award, was the organization required to under	go an audit or audits as set forth in				
the Single Audit Act and OMB Circular A-133?	-		3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the	he organization did not undergo the				
required audit or audits, explain why in Schedule O and describe any			3b		
			Form	990	(2010)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2010

Name of the	Name of the organization					Employer i	Employer identification number	_	
	BHS, INC		i			81-0439251	39251		
Parti	General Information on Grants and Assistance	Assistance							
the s	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	amount of the gran	its or assista	ince, the grantees' elig	or assistance, the grantees' eligibility for the grants or assistance, and finds in the United States	assistance, and		× × ×	<b>%</b> ⊠
Part	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments and cipient that rections needed	d Organiz	ations in the Un	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000.	one recipient	nization answe received more	red "Yes" to than \$5,000. Part II	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Ê									
(2)	:								
(3)									
(4)									
(5)									
(9)									
(2)									
(8)	·								
(6)			- 11.						
2 Fute	Enter total number of section 501(c)(3) and government organizations	ganizations						•	

Schedule I (Form 990) (2010)

07201

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients Schedule I (Form 990) (2010) BHS, INC (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) (2010)

07201

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

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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BHS, INC

Employer identification number 81-0439251

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 WAS REVIEWED AT A REGULAR MEETING OF THE BOARD OF DIRECTORS OF BHS INC.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL INFORMATION IS AVAILABLE UPON REQUEST FROM THE BHS, INC OFFICE.

7 <sup>2</sup> 201 ' '							
· Form 990	i	Special Events Schedule					
		For calendar year 2010, or	tax year beginning	10/01/10	, and ending	09/30/1	
lame						Employe	er Identification Number
BHS, INC						81-0	439251
		(A)	(B)	(C)		hers	Total
Gross receipts	_	<u>375,432</u> _	0		0	0	375,432
Less contribution	s _	275 422	0		0	0	375,432
Gross revenue Less direct exper	_	375,432 397,893	0		0	<del></del>	397,893
Net income (loss)	1969 _	-22,461	0		<del>ŏ</del> ——	0	-22,461
Description (A) (B) (C)	)	RODEO AND CO	NCERT				

•