

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CISGHQ7RZ8

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

Name of the organization							Employ	er identifica	ition number	
Part I Reason for Public Charity Status (All organizations must complete this par							1	81-0374973		
The organization is not a p								instructio	ns.	
		urches, or association						rin.		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
		ation operated in conj						'0/Ь)(1)(А	Kiii). Enter	the
hospital's name,			. .				•••••		,	
		or the benefit of a colle (Complete Part II.)	ege or uni	iversity ow	med or op	perated by	a gover	nmental u	nit describ	eď
		vernment or governme								
described in sec	tion 170(b)	lly receives a substant)(1)(A)(vi). (Complete	Part II.)			governme	ntal unit	or from th	n e ge neral	public
		d in section 170(b)(1)								
receipts from act support from gro	ivities relate ss investme	lly receives [,] (1) more to ed to its exempt function ent income and unrelation of after June 30, 1975.	ions—sut ated busir	oject to ce ness taxat	rtain exce ole income	eptions, an	d (2) no tion 511	more that	n 33 1/3% (of its
10 An organization of	organized a	and operated exclusive	ely to test	for public	safety. S	ee sectio	n 509(a)	(4).		
11 An organization (organized a	and operated exclusive	ely for the	e benefit o	f, to perfo	rm the fun	ctions o	f, or to car	ry out the	
		blicly supported organ								ection
	ine box in	at describes the type of				-	le lines 1			
a Type I	D	Type II c			ctionally in	•		_	Type III-Oti	rer
e By checking this	oox, i cenii	ly that the organization on managers and other	n is not co	ontrolled o	irectly or	indirectly I	by one o	r more dis	equalified	antina
509(a)(1) or secti			er trian or	ie or more	s publicly	supported	organiza	ations des	icrioea in s	ection
		a written determinatio	n from the	e iRS that	it is a Tvi	ne I. Type	II or Tvi	se ili suor	ontino	
organization, che	ck this box								· · · · · · · · ·	. 🗆
		the organization acce	pted any	gift or cor	ntribution	from any c		`F	7,	
following persons (i) A person w		or indirectly controls,	aithar ala	no or too	othor with	200000	MEI		- 1 EX	s No
		rerning body of the su					l	. 2 .8.23	À19(i)	
		person des cribed in (I					100	7.6.20	11g(ii)	
		y of a person describe					ا جــــــــــــــــــــــــــــــــــــ	7	119(iji)	
		ation about the suppor			T T		 		<u>U </u>	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		rou notify		is the tion in col	(vil) Ami supp	
		above or IRC section (see instructions))	governing	document?	,	of your port?		ized in the S.?	İ	
			Yes	No	Yes	No	Yes	No		
(A)										
(5)							·			0
(B)	,									0
(C)										
(D)										0
(E)	-									0
15.00	- 1 To To Table	200 - W. C. D. H. O.	-37.AF	The Sales		- 45° 5 1 10°	ر. انته مر <u>د الإي</u>	14, 1 × 14	<u> </u>	0
Total	A SE		2500			(* 33.20)	1 × 1	1.64		0

	dule A (Form 990 or 990-EZ) 2011 Biceniial A					81-037497	
Pa	rt II Support Schedule for Organiza	tions Descri	bed in Section	ns 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	
	 (Complete only if you checked the 	e box on line s	5, 7, or 8 of Pa	art I or if the c	rganization fa	alled to qualify	under
	Part III. If the organization fails to	qualify under	the tests liste	d below, plea	se complete	Part III.)	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not	1		ŀ		1 1	
	include any "unusual grants.")	169,007	173,594	188,118	156,596	161,876	849,191
2	Tax revenues levied for the organization's				132,000	19.,9.,9	<u></u>
	benefit and either paid to or expended on		Ì				
	its behalf.	ł]	1	ļ	ł f	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				[[0
4	Total. Add lines 1 through 3	169,007	173,594	188,118	156,596	161,876	849,191
5	The portion of total contributions by each	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	300	P. P. Prace	Total will be		
	person (other than a governmental unit			Z (04)			
	or publicly supported organization)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			建		
	included on line 1 that exceeds 2%	E was the state of			是70%	李 34	
	of the amount shown on line 11				the state of the state of	340	
_	column (f)		* * * * * * * * * * * * * * * * * * *	10 70 25	17.5	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	Public support. Subtract line 5 from line 4	ا و کا کشر علی الله	The state of the s	13 75 13 3 18	ورها محمد المحافظ	F45.772 36	849,191
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	169,007	173,594	188,118	156,596	161,876	849,191
8	Gross income from interest, dividends,						
	payments received on securities foans,						
	rents, royalties and income from similar						
•	sources	208,532	234,727	241,839	230,282	225,979	<u>1,141,359</u>
9	Net income from unrelated business						
	activities, whether or not the business is					ļ	•
40	regularly carned on						0
10	Other income Do not include gain or				}		
	loss from the sale of capital assets (Explain in Part IV)	٨	م	ا			^
11			Company of the compan	المارة والمراجعة	07. 17.56 T. 1919. W	12/9.75 (290K)2V	1,990,550
12	Gross receipts from related activities, etc. (s					12	1,990,550
13	First five years. If the Form 990 is for the or						(3)
	organization, check this box and stop here	-			intax year as e	section so i(c)	· · · ·
0			· · · · · ·			 	
	ion C. Computation of Public Stray ort		11 11 44	-1 (0)		77	40.0004
14	Public support percentage for 20 1 1 6, c					14	42.66%
15 16a	Public support percentage from 1000 Sched 33 1/3% support test—2011, III is a piganiza					15	42 81%
104	and stop here. The organization qualifies as						
ь	33 1/3% support test—2010 If the organization						
U	box and stop here. The organization qualific						
170	10%-facts-and-circumstances tes'—7011.		•				
17a	is 10% or more, and if the organization meet						
	Part IV how the organization modes on facts						
	•			•	•		ີ ⊾ ┌┐
L-	organization.						
b	10%-facts-and-circumstances to see the control of the age.						
	15 is 10% or more, and if the organization and it is						prain m
	Part IV how the organization mee: "ie ".s			_	•	•	. □
						_	لــا 🕶
18	Private foundation. If the organiz ℓ^n in $-i$ is n						. \square
	instructions					· · · · · · ·	▶
	- · · · -				Sche	dule A (Form 990 c	r 990-EZ) 2011

	edule A (Form 990 or 990-EZ) 2011 Bicen:		artments, Inc.	41.0.4			81-037497	'3 Page 3
Pa	rt III Support Schedule for Organ		ons Describ					
	 (Complete only if you chec > 						qualify under P	art II.
	If the organization fails to /	_'!	nder the tests	listed below,	please comp	lete Part II.)		
	ction A. Public Support							
Cal	endar year (or fiscal year beginning . ·)	Þ	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and members' p ' received (Do not include any "unusual grants							
2	Gross receipts from admissions, merch 15	'			 	 	1	0
•	sold or services performed, or facilities in any activity that is related to the	;						
	organization's tax-exempt purpose .	j						0
3	Gross receipts from activities that are not unrelated trade or business under section							0
4	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf	ļ					 	0
5	The value of services or facilities furnished by a governmental unit to the	į						
	organization without charge							0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2 and 3	1	0	0	0	0	0	0
	received from disqualified persons	1						0
b	from other than disqualified persons th:	j		:				
	exceed the greater of \$5,000 or 1% of t amount on line 13 for the year	_						0
c	Add lines 7a and 7b	ļ	0	0	0	. 0	0	0
8	Public support (Subtract line 7c from line 6)	į						0
Sac	tion B. Total Support	:	20.5 2 444-21-1	BR CR. T. L. BR. J. J. C.	11 ME 1 1 ABOUT	isself and Contract the ch	10K 4 1065 340	
	endar year (or fiscal year beginning		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	:	0	0	0	0		0
10a	Gross income from interest, dividends,		<u>-</u>			<u>_</u>	3	
	payments received on securities loans,							
	rents, royallies and income from similar						ļ	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							0
c	Add lines 10a and 10b	- 1	0	Ö	0	0	0	0
11	Net income from unrelated business	!- :				.		
	activities not included in line 10b, whethor not the business is regularly riarried							0
12	Other income Do not include coin or							
	loss from the sale of capital assids (Explain in Part IV)	1						0
13	Total support. (Add lines 9, 10c, 11, and 12).		0	0	0	0	0	0
14	First five years. If the Form 990 is for the liquid organization, check this box and stop to	- (tion's first, secon	d, third, fourth, o	or fifte tax year a	s a section 501(
Sac	tion C. Computation of P :blic L	-	ercentage					
15	Public support percentage for 2 311 (line			13 column (ft)			15	0 00%
16	Public support percentage from 2010 State		n) avioco by line Part III, line 15				16	0 00%
	tion D. Computation of It vesti		ne Percente			·		
17	Investment income percentage for 2011		olumn (f) divided	·	mn (f)) .		17	0 00%
18	Investment income percentage from 20" :		A. Pari III, line	•			18	0.00%
19a	33 1/3% support tests—2011 if the o				ind line 15 is mo	re than 33 1/3%	, and line 17 is	
	not more than 33 1/3%, check this boy and st				a publicly suppo			. ▶ 🔲
b	33 1/3% support tests—2010 'The r :		_		ine 19a, and line			—
	line 18 is not more than 33 1/3' chec 1			•	alifies as a publi	=	-	▶∐
20	Private foundation. If the organization	ಪ್ರ	k a hox on line 1	4, 19a, or 19b, o	heck this box ar	d see instruction	ns	▶ 🛄

CISGHQ7RZ8

	m 990 or 990-EZ) 2011 Bicr:	<u></u> .	Spartments, Inc.	81-0374973	Page 4
Part IV	Supplemental Infor Part II, line 17a or 17 instructions).	.·	complete this part to provide the explanations re ort III, line 12. Also complete this part for any add	quired by Part II, line 10	
•	mstructions).	-			
				•••••••••••••••••••••••••••••••••••••••	•••••
					·
•••••					·
••••••			•	•	
•••••					
•••••				•••••••••••••••••••••••••••••••••••••••	
•••••	••••••				•••••
••••••			•••••••••••••••••••••••••••••••••••••••		
		-			
				•••••	
		-			
• • • • • • • • • • • • • • • • • • • •				·	· • • • • •
• • • • • • • • • • • • • • • • • • • •	••••••				· • • • •
	••••••				· • • • •
			(•••••	
					
• • • • • • • • • • • •				•	
				••••••	••••
• • • • • • • • • • • • • • • • • • • •	•••••••				
	••••••••••				
			······		
	•••••			• • • • • • • • • • • • • • • • • • • •	••••
	·····				••••
	••••••				

CISGHQ7RZ8

0425867219
May 03, 2012 LTR 2694C 0 R
81-0374973 201112 67
00026464

BICENTENNIAL APARTMENTS INC 76 W CENTER DILLON MT 59725



027501

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

6/25/2012

Date

Title

RECEIVEL

SUN 3 8 2012

COLUMN TO THE PROPERTY OF THE PROPERTY