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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization
FOR THE CHILDREN INC D/B/A WHITEFISH WINTER CLASSIC

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
PO BOX 21

City or town, state or country, and ZIP + 4
WHITEFISH, MT 59937

D Employer identification number
81-0516011

E Telephone number
406-862-8146

F Group Exemption Number ▶

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

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

I **Website:** ▶ WHITEFISHWINTERCLASSIC.ORG

J **Tax-exempt status** (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 126764

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	8866
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2842
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	2874	
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	112182	
	c	Less: direct expenses from gaming and fundraising events	6c	34915	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	80141
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	91849
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	49699
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	2000
	14	Occupancy, rent, utilities, and maintenance		14	1228
	15	Printing, publications, postage, and shipping		15	316
	16	Other expenses (describe in Schedule O)		16	873
	17	**Total expenses.** Add lines 10 through 16 ▶		17	54116
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	37733
	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	265084
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	250
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	303067

61 8

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	265006	22	302989
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	78	24	78
25	**Total assets**	265084	25	303067
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	265084	27	303067

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **FUND INDIVIDUALS IN NEED OBTAIN MEDICAL CARE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	**The organization helped pay pediatric medical related costs for families in Northwest Montana that are not covered by insurance or state assistance. Seventy-seven payments were made to 42 families this tax year.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	32699
29	**The organization made a direct contribution to one organization this tax year to further their primary purpose to create, find and support programs that directly improve the health and well being of children - Ronald McDonald House Charities** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	5000
30	**The organization made a direct contribution to one organization this tax year to further their primary purpose of providing financial assistance to physically, mentally, and emotionally challenged individuals through therapeutic horseback riding - Human Therapy on Horseback** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	5000
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	7000
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	49699

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOUG BETTERS 77 BETTER WAY; WHITEFISH, MT 59937	PRESIDENT - 4.0	-0-	-0-	-0-
TONIA PAULSON 722 PARKWAY DRIVE; KALISPELL, MT 59901	SECRETARY - 4.0	-0-	-0-	-0-
PATRICIA ZANTO 958 COLORADO AVE; WHITEFISH, MT 59937	TREASURER - 8.0	-0-	-0-	-0-
SEAN AVERILL 1380 WISCONSIN AVE; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
NICK POLUMBUS 303 STUMPTOWN LOOP; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
SCOTT RINGER 940 DAKOTA AVE; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-
RANDY GAYNOR 172 ARMOY ROAD; WHITEFISH, MT 59937	DIRECTOR - 1.0	-0-	-0-	-0-

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ PATRICIA ZANTO Telephone no. ▶ 406-730-2509			
	Located at ▶ 958 COLORADO AVE.; WHITEFISH, MT ZIP + 4 ▶ 59937-3413			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 . . . . ▶ -0-

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶ -0-

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Patricia A. Zanto — Signature of officer — Date 5-14-2012

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☑ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
FOR THE CHILDREN INC D/B/A WHITEFISH WINTER CLASSIC	81-0516011

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . **11g(i)**		
(ii) A family member of a person described in (i) above? . . . . . **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . **11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15647	16183	15505	10385	8866	66586
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	121827	105940	84594	96369	115056	523786
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	137474	122123	100099	106754	123922	590372
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						590372

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	137474	122123	100099	106754	123922	590372
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10105	8634	5103	3989	2842	30673
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10105	8634	5103	3989	2842	30673
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	147579	130757	105202	110743	126764	621045

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	95.0611 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	94.2965 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	4.9389 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	5.7034 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

FOR THE CHILDREN INC D/B/A WHITEFISH WINTER CLASSIC

Employer identification number

81-0516011

PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: SEE DETAILED PRINTOUT ATTACHED $ 49,699

PART I, LINE 16, OTHER EXPENSES: INSURANCE PREMIUMS $ 858

SECRETARY OF ST FEE 15

TOTAL $ 873

PART I, LINE 20, OTHER CHANGES IN NET ASSETS - CHECK #2662 DATED 6/30/2010 TO PATRICIA CARLON FOR $250.00

CHECK NEVER CLEARED BANK. AMOUNT ADDED BACK TO CASH IN 2011

CHECK WAS FOR GRANT EXPENSE PAID (MEDICAL EXPENSES)

PART II, LINE 24, OTHER ASSETS: SUPPLIES $ 78

PART III, LINE 31, OTHER PROGRAM SERVICES:

THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURPOSE OF PROMOTING A SAFE AND DRUG FREE SCHOOL ENVIRONMENT AND A COMMUNITY NETWORK THROUGH EDUCATION, INTERVENTION, AND PREVENTION THAT WILL SUPPORT CONTINUED HEALTHY LIFESTYLES FOR YOUTH WHITEFISH CARE - $1000

THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURPOSE OF PROVIDING WARM WINTER OUTERWEAR TO CHILDREN - COATS FOR KIDS - $ 1000

THE ORGANIZATION MADE A DIRECT CONTRIBUTION TO ONE ORGANIZATION THIS TAX YEAR TO FURTHER THEIR PRIMARY PURSPOSE OF CREATING DREAM BEDROOMS FOR CHILDREN WITH LIFE-THREATENING ILLNESSES - $ 5000

Whitefish Winter Classic
Transaction Detail By Account
January through December 2011

Date	Num	Name	Memo	Amount
Grants - Pediatric Medical Exp				
1/10/2011		GRANT MONEY RETURNED	Deposit	-400 00
1/27/2011	2720	Haney, Lisa		917.26
1/27/2011	2711	Jenny Morgan		496.00
1/29/2011	2724	Maggie Graham	For Toviah Graham	200.54
1/29/2011	2725	Jason Hedge	For David Hedge	75.00
2/2/2011	2726	Kami Downing		75.00
2/7/2011	2727	Deborah Hannay	FOR BRANDON HANNAY	400.00
2/9/2011		Cash	CASH RETURNED	-35.00
2/23/2011	2728	Maggie Graham	For Toviah Graham	211.00
3/5/2011	2729	Jessica Urdahl	For Zane Urdahl	250.15
3/9/2011	2731	Kami Downing	For Keira Cooper	125.00
3/9/2011	2730	Maggie Graham		107.59
4/4/2011	2733	Debby St.Onge	For Veronica St. Onge	276.45
4/4/2011	2734	Mary Schertel	Camp Promise for Jonathan ...	325.00
4/4/2011	2732	Katrina Hardgrove	For Vincent Hardgrove	446.00
4/12/2011	2735	Deborah Hannay	For BrandonHannay	316.37
4/21/2011	2776	Ginny Meyers-Larkey	For Kemana Larkey	400.00
4/28/2011	2777	Summer Morris	VOID:	
4/28/2011	2778	Summer Morris	For Ava Duval	125.00
5/3/2011	2779	Jenny Morgan	For Jazyman Morgan	461.43
5/3/2011	2780	Jason Hedge	For David Hedge	75.00
5/3/2011	2781	Maggie Graham	For Toviah Graham	132.97
5/3/2011	2782	DeAnn Dishon	For Tristan Dishon	303.54
5/3/2011	2783	Paige Rappleye	VOID: For Jacob Newell	0.00
5/3/2011	2784	William Corbell	For David Corbell	75.00
5/3/2011	2785	Megan Lamb	For Jacob Fortier	500.00
5/6/2011	2408	Katie Brown	For Hunter Brown	500.00
5/23/2011	2794	Barb Cooke	For Kate Cooke	1,466.87
5/23/2011	2795	Kari Vander Welde	For Raylee Vander Welde	500.00
5/25/2011	2796	Deborah Hannay	For Brandon Hannay	300.94
5/25/2011	2797	Kathy Schmidt	For Clive Schmidt	1,152.94
6/12/2011	2798	Pam Barberis	For Evan Barberis	700.00
6/12/2011	2799	Jessica Urdahl	For Zane Urdahl	387.00
6/13/2011	2800	Maggie Graham	For Toviah Graham	120.00
6/15/2011	2802	Kari Vander Welde	For Raylee Vander Weide	699.70
6/15/2011	2803	Northern Care, Inc.	For Wyatt Buckalew	1,100 00
6/27/2011	2804	Savina Lewis	For James Valentine	175.00
6/30/2011	2805	Sarah Cosgriff	For Lilee Cosgriff	200 00
6/30/2011	2806	Tammi L Walters	For Cody Walters	895 97
6/30/2011	2807	Jason Hedge	For David Hedge	150.00
7/14/2011	2808	Kathy Schmidt	For Clive Schmidt	500.00
7/14/2011	2809	Sarah Cosgriff	For Lilee Cosgriff	200.00
7/27/2011	2810	Ginny Meyers-Larkey	For Kemana Larkey	800.00
8/1/2011	2811	Kathy Schmidt	For Clive Schmidt	429.00
8/6/2011	2815	Deborah Hannay	For Brandon Hannay	404.37
8/6/2011	2816	Maggie Graham	For Toviah Graham	90.98
8/12/2011	2817	Steve & Brenda Howke	For Shelby Howke	1,823.78
8/18/2011	2818	Jenny Morgan	For Jazmyn Morgan	1,349.71
8/29/2011	2819	Amy Axelberg	For Gabriella Santistevan	300.00
8/29/2011	2820	Karin Sagen	For Jeffrey Ackom	500.00
9/13/2011	2821	Mark Drew	For Gabrielle Drew	680.81
9/13/2011	2822	Jessica Urdahl	VOID:	0.00
9/13/2011	2823	Jessica Urdahl	For Zane Urdahl	730.00
9/13/2011	2824	Kathrine Scott	For Emily Dull	500.00
9/14/2011	2825	Katrina Hardgrove	For Vincent Hardgrove	565.94
9/14/2011	2828	Deborah Hannay	For Brandon Hannay	293.28
9/15/2011	2826	Karen Sagen		500.00
9/29/2011	2829	Home Depot	Cash Madrill-Ramp Building ...	398.06
9/29/2011	2830	Elden Reddig	For Jack Reddig	500.00
9/29/2011	2831	Snyder, Melissa	For Ashley Snyder	660.80
10/12/2011	2832	Maggie Graham	For Tovia Graham	264.00
10/12/2011	2833	Christy Nouque	For Keele Nouque	500.00
10/13/2011	2834	Katrina Hardgrove	For Vincent	500.00
10/13/2011	2835	Debby St.Onge	For Veronica St. Onge	391 90
10/25/2011	2837	Crystal Boyd	For Hunter Boyd	200 00
10/25/2011	2836	Dan Duval	For Ava Duval	100.00
10/25/2011	2838	Tamara Paterson	For Reid Peterson	236.00
10/30/2011	2839	Pamela Barberis	For Evan Barberis	493.82
10/30/2011	2840	Ferguson Enterprises Inc	For Cash Madrill/Bathroom re...	1,001.90
10/31/2011	2841	Jeremy Omsted	For Liam Omsted	250.00
11/7/2011	2847	Snyder, Melissa	For Ashley Snyder	500.00
11/7/2011	2846	Mark Drew	For Gabrielle Drew	320.84
11/8/2011	2848	Kathrine Scott	For Emily Dull	108.94

Whitefish Winter Classic
Transaction Detail By Account
January through December 2011

Date	Num	Name	Memo	Amount
11/15/2011	2849	Amber Thornton	For Alexis Lessor	500.00
11/15/2011	2850	Summer Duvall	No backup from Joan	185.00
11/20/2011	2851	Deborah Hannay	For Brandon Hannay	273.80
11/21/2011	2852	Katrina Hardgrove	For Vincent Hardgrove	71.39
12/5/2011	2853	Katrina Hardgrove	For Vencent Hardgrove	424.81
12/5/2011	2854	Maggie Graham	For Toviah Graham	261 38
12/27/2011	2855	Katrina Hardgrove	For Vincent Hardgrove	53.55
12/27/2011	2872	Karrie Levanen	For Jenessa Levanen	500 00
12/27/2011	2873	Karrie Levanen	Fort Jenessa Levanen	127 60
Total Grants - Pediatric Medical Exp				32,699.38
Other Expenses				
3/9/2011	2766	Whitefish CARE		1,000.00
5/3/2011	2792	Human Therapy on Horseback		5,000.00
10/13/2011	2843	Ronald McDonald House		5,000.00
10/19/2011	2844	Special Spaces Organization	Kalispell Chapter	5,000.00
12/13/2011	2867	Coats for Kids		1,000 00
Total Other Expenses				17,000.00
TOTAL				**49,699.38**