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990 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)

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Öpen to Public Inspection

A F	or the	2011 calend	lar year, or tax year beginning , 2011, and end	ding	, 20
B Cr	neck if a	pplicable	C Name of organization Big Mountain Commercial Assn Inc		D Employer identification no
_				_	81-0522136
Ξ		-		Room/suite	E Telephone number
			, , , , , , , , , , , , , , , , , , , ,	10011104110	(406) 253-9192
=					444,938
= =		_	•		· · · · · · · · · · · · · · · · · · ·
=		Solicio Soli			G Gross receipts \$
∐ Ar	plicatio	n pending	F Name and address of principal officer	H(a) Is this a group i	return for Yes X No
I Ta	x-exem	pt status	501(c)(3)	H(b) Are all affiliates	included? Yes No
		· — —		If "No," attach a	a list (see instructions)
					
				JO III CIGIO GIA	
Par					the Big
	1				
A					
A C C C		maintena	nce services of the resort common areas, upkeep of inform	ational and	directional
ìv		signs wi	thin the resort area and fund village improvements.		
Vе	2	Check this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets	
t n	3	Number of v	oting members of the governing body (Part VI, line 1a)		12
la en	4			_	, 12
s c	5				j 1
8. e					80
_	1 -		•	· · · · · · ⊢	a C
					
	D	Net unrelate			<u> </u>
R			RECEIVED		Current Year
0	8	Contribution	s and grants (Part VIII, line 1h)	7,5	
8	9	Program sei	vice revenue (Part VIII, line 2g)	422,1	
n	10	Investment	ncome (Part VIII, column (A), lines 3, 4, and 169	9	78 915
u e	11	Other reven			C
	12	Total revenu	e - add lines 8 through 11 (must equal Part V(II, column (A), line(12) . I.I.T	430,6	42 444,938
	13				
_				<u>.</u> .,	
2012	l			53,5	32 55,089
20		*			
F≕⊒ n	li .		(D. 4 IV. ashum (D) has 95\)	16 2° 5 5 5 4 22	
- -√ 5	1				
ပ္ႏိ	1	•	<u></u>		
亞	1	•			
□	19	Revenue les	s expenses Subtract line 18 from line 12	25,1	62 10,229
Net			В	eginning of Current Year	End of Year
Assets or	20	Total assets	(Part X, line 16)	299,2	
Fund Bal- ances	21	Total liabilitie	es (Part X, line 26)	92,6	80 109,586
Bal- ances	22			206,5	79 216,808
Par	ь.,				
Under	nenaltie:	s of periury I dec	are that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wledge and belief, it is	
true, co	rrect, a	nd complete Dec	aration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		\			11-9-12
Sign		Supptiv	to of officer		Date
_		Signatu	9 di dificali	_	
Here	•		Director		
		Type or			
		Print/Type pro	pparer's name Preparer's/signature	Check [] if	
Paid	l	Vicki I	Hileman 11-06-2012	self-employed	P01201707
Prep		Firm's name	Vicki D Hileman CPA PC	Firm's EIN	
Use				Phone no	
026	Jiii)	7 ' "" 3 200/8	Kalispell MT 59901		406-755-3505
March	ho ID	S discuss the	s return with the preparer shown above? (see instructions)		🛚 Yes 🗌 No
IVIAV 1	THE INC.	o discuss this	s renord with the diedater shown above (tall Histouchula)		

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2011) Big Mountain Commercial Assn Inc	81-0522136	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	• • • • • • • • • • • • • • • • • • •	🗆
1	Briefly describe the organization's mission		
	The primary exempt purpose of the Big Mountain Commercial Association is to pro	vide fundir	ng
	for community transportation systems, maintenance services of the resort common	areas, upl	кеер
	of informational and directional signs within the resort area and fund village	improvement	ts.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes 📗	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun	t of	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	The bus shuttle service assist's in providing transportation, at no charge, to	residence a	and
	visitors of the area. The bus shuttle provides a means for residence, guest's a		
	of the resort to obtain safe and reliable transportation to and from the commun		
	Whitefish and the Whitefish Mountain Resort.		
		•	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	····
	Festival income assists in providing funding for community transportation systematical formula for community transportation systematical formula for the formu	·	
	maintenance of roads, walkways and common areas.		
			
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
70	The dues and assessments assist in providing needed maintenance and service to	·	
	areas. The assessments are used to maintain (i.e. snow removal, sanding, main		
	the Big Mountain Road, pedestrian walkways and the village common areas. Fund		
	to maintain a safe environment in the common areas by providing and maintaining		
	resort lighting as well as informational and directional signage.	,	
	lesoft lighting as well as informational and difference signage.		
	Other recovery (Parameter of Other date O.)		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	\	
4-	(=,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,		
<u>4e</u>	Total program service expenses ▶	Fon	m 990 (2011)

Part IV Checklist of Required Schedules

		1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ۾		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	N/	Δ
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	11/1	
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,			
	·	5	Х	
6	Part III	-		
Ü	- ·			
	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u>X</u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
٠	complete Schedule D, Part III.	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,"			i
_	complete Schedule D, Part VI.	11a	Х	
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 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	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			
	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			
	Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	İ		
	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, investmetnt, and program service activities outlide the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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	4-		
	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	40		1,7
4-	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	47	İ	l v
46	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	18		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	'0	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х
00-	If "Yes," complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b	N/	A
D	ni res to inie zua, did the organization attach its addited infancial statements to this feturit'	,,-,	11/	<u> </u>

24	Did the appropriate and the CE 000 of points and other consistence to any payment or appropriation		Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	21	İ	v
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			_X
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		37
240	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a	1	v
_	through 24d and complete Schedule K If "No," go to line 25	24b	17	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	1N /	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-	\/\	Λ
	to defease any tax-exempt bonds?	24c	14/	<u> </u>
d 25°	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/	A
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-	11	۸
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	IV /4	٦
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?	256	M	۸
	If "Yes," complete Schedule L, Part I	25b	14/	<u> </u>
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1,7
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	20-		77
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	00h		1,7
	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)	00-		٠,,
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠,,
	conservation contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		.,
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		v
	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,	34		v
	IV, and V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Joa		_^
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	25h		
20	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	NI	A
	related organization? If "Yes," complete Schedule R, Part V, line 2	- 36	HA/-	<u>r</u>
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,	37		v
••	Part VI	 -	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	.,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	ļ.

Check if Schedule O contains a response to any question in the Part V 18 Enter the number reported in Box 3 of Form 1096 Enter 0-if not applicable	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
table Eiter the number reported in Box 3 of Form 1006 Enter -0- in on applicable		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-2G miculated in line 1a Enter-0-if not applicable to Did the organization comply with backup withholding view for reportable payments to vendors and reportable gaming (gambling) winning view for reportable payments to vendors and reportable gaming (gambling) winning view for reportable payments to vendors and reportable gaming (gambling) winning view for the view of the				Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and responsible payments gramming (ambhing) within gramming (ambhing) withings the price and provided the programming and provided programming and provided the programming and provided to the payor? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? Organizations that may receive deductible contributions under section 170(c). Did the organization and provided the payor? For years and provided the programming of the provided provided the programming and payor provide	1a		}		
seportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3-3 Trainential of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by the return. 2	b				
2a Eater the number of employees reponded on Form W-3, Transmittal of Wage and Tax Sistements, filed for the calendary sear ending with or within the year covered by the return, 2a 3 1 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Notes, if the sum of lines 1a and 2a is greater than 250, you may be required to effect (see instructions) 3a Did the organization have unrelated business gross incised of \$1.00 or more during the vealer? 3a X If "Yes," his if filed a form 990-T for this year? if No," provide an explanation in Schedule O 3b N/A At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account; a refure the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial financial accountry over, a financial financia	С			-11	- 1
Statements, filed for the calendar year ending with or within the year covered by the return. 2a	•		10	N/	<u> </u>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines ta and 2a is greater than 250, you may be required to efficie (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3cocount? 4a X If "Yes," filed in the organization filed in organization have an interest in, or a signisture or other financial account; securities account, or other financial account; See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c If "Yes," to line 5a or 5b, did the organization have every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," indicate the number of Form 8282 filed during the year. 6c Did the organization necesser a payment in excess of \$75 made partly as a contribution of quide the organization network and the organization network and the organization for the value of the goods or services provided? 6c Did the organization network and provided to the payor? 6c Did the organization received accordination of the value of the goods or services provided? 6d If "Yes," indicate th	2a	1			
Note. If the sum of lines is a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have uniterated business pross income of \$15,000 or more during the year? 3a	b		2h	v	i1
3a	D				
b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, of 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts in the security of the property for which it was required to file Form \$2827? If "Yes," did the organization notify the donor of the value of the goods or services provided of the payor? If "Yes," did the organization of the payor? If "Yes," did the organization of the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization of the payor? If the organization of the payor? If the organization of the payor? If the organization of the payor? If the organization of	3a	· · · · · · · · · · · · · · · · · · ·	3a		x
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 accounts) b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Us any stable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c if "Yes," to line 6 a or 5b. did the organization file Form 8886-T? 5d Does the organization solicit any contributions that were not tax deductible? 5c if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8c If "Yes," indicate the number of Forms 8282 filed during the year. 9c If "Yes," indicate the number of Forms 8282 filed during the year. 9c If "Yes," indicate the number of Forms 8282 filed during the year. 9c If Yes, "indicate the number of Forms 8282 filed during the year. 9c If Yes," indicate the number of Forms 8282 filed during the year. 9c If Yes," indicate the number of Forms 8282 filed during the year. 9c If Yes, "indicate the number of Forms 8282 filed during the year. 9c If Yes," indicate the number of Forms 8282 filed during the year. 9c If Yes, "indicate the number of Forms 8282 filed during the year. 9c If Yes, "In Yes, "In Yes, "In Yes, "I				N	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country 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? 55 Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization in Form 8886-7? 56 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 16 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 17 Organizations that may receive deductible contributions under section 170(c). 2 Did the organization receive a payment in excess of \$75 made partly as a contribution on adpartly for goods and services provided to the payor? 18 "Yes," did the organization notify the donor of the value of the goods or services provided? 2 Did the organization self, exchange, or otherwise disposes of langible personal property for which it was required to file Form 8282? 3 If "Yes," indicate the number of Forms 8282 filed during the year. 19 Did the organization received any funds, directly or indirectly, or a personal benefit contract? 10 Did the organization received a contribution of useful profert, did the organization freezer any funds, directly or indirectly, or a personal benefit contract? 19 If the organization received a contribution of useful profert, did the organization freezer any funds, directly or indirectly, or paymentum some passing organization make a distribution or a donor advised funds and section 509(a)(3) supporting organization, but he supporting organization and serviced funds. 20 Did the organization make a distribut	_			• • •	
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?. b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a 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 N/A 11 Section 501(c)(12) organizations. Enter a 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?. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			8	NI	A
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	а		9a	N/	Ā
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	b		9b	NZ	A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10				
Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	а				
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] i
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11				
against amounts due or received from them)	а				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	þ				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>	(-)	, .
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a N/A 13a N/A 13b N/A 13c N/A 14a X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/	A
a Is the organization licensed to issue qualified health plans in more than one state?	b	•	ł		
Note. See the instructions for additional information the organization must report on Schedule O 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	13		40-	111	/ <u>\</u>
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	а		13a	IN/	<u> </u>
the organization is licensed to issue qualified health plans	_			*	
c Enter the amount of reserves on hand	b				
Did the organization receive any payments for indoor tanning services during the tax year?			1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b N/A			142		+-
	14a		-	. / .	
EEA Form 99∅ (2011)				990	

81-0522136 Page 6 Form 990 (2011) Big Mountain Commercial Assn Inc Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 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? X Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X b Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year

BMCA Office 300 Big Mountain Rd Whitefish, MT 59937

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization ▶ Rick Cunningham (406)253-9192

20

	(2011)	

Big Mountain Commercial Assn Inc

81-0522136

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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	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)	(B)			(e)			(D)		(E)	(F)	
Name and Title	Average			Posi	tion			Reportable		Reportable	Estimated	
	hours per week	(do no	t che	ck mo	ore th	an one		compensation from	٩	compensation from related	amount of other	
	(describe	box, u	nless	pers	on is	both an		the		organizations	compensation	
	hours for	office	and:	a dıre	ctor/t	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	related organizations in Schedule O)	I t d nrı dur ı se v t c i e t de o u r a o I r	n r r s u e t s c i t t e o u e r t		e y e m	e y e m p l o y e e t e d					and related organizations	
(1) Addie Testa-Brown			_						T			
Sectretary/Director	1.00	Х		X					q	0		
(2) Chap Godsey									T			
Director	1.00	X							q	0		
(3) Chris Schustrom									Τ			
Director	2.00	X							d	0		
(4) Dan Graves												
Vice-President/Director	1.00	X		Х					d_	0		
(5) Dennis Drumheller												
Director	1.00	X							<u>q</u>	0	(
(6) Doreen Marcial				ļ.								
Director	1.00	X						+	q_	0		
(7) Jennifer Fisher									l			
President/Director	2.00	X		<u> X</u>		ļ		1	q	0		
(8) JoBeth Blair						1		ĺ		_		
Director	1.00	X							q	0		
(9) Kat Gebauer						ŀ		1			_	
Director	1.00	X			L_		_		<u>q</u>	0		
(10)Marcus Duffey										_	_	
Director	1.00	X	<u> </u>	L_	<u> </u>	Ь—	<u> </u>		<u>q</u>	0		
(11)Nina Stefanı				İ							,	
Director	1.00	X	<u> </u>	L	<u> </u>	<u> </u>	_	ļ	q	0		
(12)Ruth Lane							1			_	,	
Treasurer/Director	2.00	X	_	X	1_		_		<u>q</u>	0		
(13)												
		1	I		L	1		L				

Page 8

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	oyees,	and	j Hiç	ghe	st Con	nper	sated Employee	s (continued)			
	(A) Name and Title	(B) Average hours per week (describe	box,	unles	Pos eck m s pers	son is	han one both an ustee)	·	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	con	(F) stimated mount or other opensati	if ion
		hours for related organizations in Schedule O)	d u r	n r s u t s i t	f c e	Key employee	H c e m p l o y e e n s t s e e d	ForEer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or ar	from the ganization nd relate anization	on ed
(15)			_	<u> </u>		-							
(16)													
(17)	· · · · · · · · · · · · · · · · · · ·												
(18)	 	 - -									 		
(19)													
(20)													
(21)													
(22)		-											
(23)													
(24)													
(25)													
c To	ub-total	nA						* * *	(0			0
	tal number of individuals (including but not limited t portable compensation from the organization ▶	o those liste	d abov	/e) v	vho	rece	eived m	ore	than \$100,000 in	0			
3 D:	d the organization list any former officer, director o	r trustee, ke	y empl	loye	e, oı	hıg	hest c	omp	ensated			Yes	No
4 Fc	nployee on line 1a? If "Yes," complete Schedule J f or any individual listed on line 1a, is the sum of repo ganization and related organizations greater than \$	rtable comp	ensatı	on a	nd c	the	r comp	ensa	ation from the	• • • • • • •	3		X_
5 Dı	dividual	mpensation f	from a	ny u			-			• • • • • • •	5		X
	r services rendered to the organization? If "Yes," coon B. Independent Contractors	mpiete Sche	eaule J	101	suc	n pe	ison	•	• • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		l	X
1 Co	omplete this table for your five highest compensated impensation from the organization. Report compens												
ye	ar (A)								(B)			(C)	
	Name and business address				_				Description of s	ervices	Comp	ensation	1
								•					
											-	<u> </u>	
	tal number of independent contractors (including be		_		iste	d ab	ove) w	ho					

Part		Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
Contra	b	Membership dues	1b	8,050				
Contn- butions,	С	Fundraising events	1c	. = .				
Grits,	d	Related organizations	1d					
Grants and	e	Government grants (contributions)	1e					
Other	f	All other contributions, gifts, grants,			1			
Similar Amounts		and similar amounts not included above	1f					
Athousus	g	Noncash contributions included in lines 1a	a-1f \$		1			
	h	Total. Add lines 1a-1f		. •	8,050			
				Business Code				
	2a	Bus Shuttle Service		485000	11,000	11,000		
_	ь	Festival Income		722410	33,397	33,397		
Program Service	С	Membership Dues & Asses		721000	391,576	391,576	· -	
Revenue	d							
	e						-	
	f	All other program service revenue				··· <u> </u>	-	7
	ı	Total. Add lines 2a-2f			435,973			
	_	Investment income (including dividends, in						
	"	and other similar amounts)			915			91!
	4	Income from investment of tax-exempt bor						
	5	Royalties	•					
		(ı) Real		(II) Personal				
	6a	Gross rents			1			
	l	Less rental expenses			1			
	ŀ	Rental income or (loss)		_		·		
	ı	Net rental income or (loss)		<u> </u>				
	l	Gross amount from sales of (i) Securiti		(II) Other				
	l 'a	assets other than inventory		(4,7244	1			
	_	-	•••		1			
	ן ט	Less cost or other basis and sales expenses						
0	ء ا	Gain or (loss)		-	1			
h	I	Net gain or (loss)		•	<u> </u>			
е	I	Gross income from fundraising	• • •					
r	"	events (not including \$						
R		of contributions reported on line 1c)	_					
e		See Part IV, line 18	а					
ě	h	Less direct expenses			1			
n	I	Net income or (loss) from fundraising ever			 			
u e	l	Gross income from gaming activities			 			
_	""	See Part IV, line 19	а		1			
	_h	Less direct expenses			1			
	l	Net income or (loss) from gaming activities		•	 			
				· · · · · · ·				
	Tua	Gross sales of inventory, less returns and allowances	а					
	h	Less cost of goods sold			1			
	1	Net income or (loss) from sales of inventor			┥ - ··			
	<u> </u>	Miscellaneous Revenue	y	Business Code	· -			
	11a			DUDE RES COUR	 			
	Ι.				 			
	b			ļ 	 			
	6	All other revenue						
	l	All other revenue			 			
	l	Total Add lines 11a-11d			444,938	435,973		91
	14	Total revenue. See instructions		🚩	1 777, 730	- JJ,3/J	,	1 71.

81-0522136

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)

	Check if Schedule O contains a response to any que				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				i
	organizations in the United States See Part IV, line 21.			<u></u>	
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members				,
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 salaries and wages	50,429			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits	400			
10	Payroll taxes	4,260			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	657			·- · · ·
d	Lobbying	_			
e	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g 42	Other		<u> </u>		
12 13	Advertising and promotion	829		-,	
14	Office expenses	220	••		<u> </u>
15	Information technology	220			
16	Royalties	1,899		<u></u>	
17	Travel	2,787	·	<u>-</u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	263			
20	Interest				
21	Payments to affiliates	. = .	· -		
22	Depreciation, depletion, and amortization	5,601			
23	Insurance	2,649			
24	Other expenses ltemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				l !
	(A) amount, list line 24e expenses on Schedule O)				
а	Activity Programs	13,000			
b	Community Transportation	278,843			
С	Dues and Subscriptions	400			
d	Mtnce of Resort Common Areas	51,728			
е	All other expenses	20,744			
25	Total functional expenses. Add lines 1 through 24e .	434,709	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				Farm 200 (0044)
		EEA			Form 990 (2011)

m 990 (2) art X	011) Big Mountain Commercial Assn Inc Balance Sheet		1-052213	B6 Page
ail A	Daiance Sheet	(A)	<u> </u>	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	82,757	1	92,75
2	Savings and temporary cash investments	111,307	2	147,22
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	75,340	4	62,16
5	Receivables from current and former officers, directors, trustees, key		 	
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		 	
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
	Notes and loans receivable, net		7	
8	· · · · · · · · · · · · · · · · · · ·		8	
_	Inventories for sale or use		9	
9 10a	Prepaid expenses and deferred charges		 	
104	other basis Complete Part VI of Schedule D 10a 80 , 245			
	Less accumulated depreciation	29,855	10c	24,25
11	Investments - publicly traded securities	25,033	11	24,20
12	· •		12	
13	Investments - other securities See Part IV, line 11		13	
	Investments - program-related See Part IV, line 11		14	
14	Intangible assets		15	
15	Other assets See Part IV, line 11	299,259	16	326,39
16	Total assets. Add lines 1 through 15 (must equal line 34)	56,394	17	69,08
17	Accounts payable and accrued expenses	30,394	18	
18	Grants payable	36,286	19	40,49
19	Deferred revenue	30,200	20	40,43
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons		22	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		24	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X		25	
	of Schedule D	92,680	25	109,58
26	Total liabilities. Add lines 17 through 25	92,000	20	
_	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
F u 37	lines 27 through 29, and lines 33 and 34.		27	
n 27	Unrestricted net assets	·	28	
d 28	Temporarily restricted net assets		29	<u>-</u>
в 29	Permanently restricted net assets		25	
a I	Organizations that do not follow SFAS 117, check here ▶ 🔀 and			
a 20	complete lines 30 through 34.		30	
n 30	Capital stock or trust principal, or current funds		31	
C 31 e 32	Paid-in or capital surplus, or land, building, or equipment fund	206,579	32	216,80
s 32	Retained earnings, endowment, accumulated income, or other funds	206,579	33	216,80
33	Total net assets or fund balances		34	326,39
34	Total liabilities and net assets/fund balances	299,259	34	Form 990 (20

•					
Form	990 (2011) Big Mountain Commercial Assn Inc	31-052	2136	Pa	age 12
Par	t XI Reconciliation of Net Assets	<u></u>			
	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)	111		444,	938
2		 		434,	
3				10,	
4	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12). Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) art XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990			206,	
5					0
6					
_	·	6		216,	808
Par					
					. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				<u> </u>
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 independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			١	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	N/	<u>A</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		-	1	
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			L	
3a				,,	_
			3a	N	<u> </u>
b				, ,	4
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	IA
	EEA		Forr	n 990 ((2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Nan	ne of organization	Complete Fait III		Employer	identification number
	ig Mountain Commercial Assn	Ina		81-052	
_	=	ization is exempt under sec	ction 501(c) or i		
1	Provide a description of the organization				
2	Political expenditures	•	-		
3	Volunteer hours				
•					 ,
Pa	rt I-B Complete if the organ	zation is exempt under sec	ction 501(c)(3).	, ., .,	
1	Enter the amount of any excise tax incur	red by the organization under section	on 4955	> \$	
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this y	/ear?		. Yes No
4a	Was a correction made?				
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under sec	ction 501(c), exc	cept section 501(c)(3).
1	Enter the amount directly expended by t	he filing organization for section 527	exempt function		
	activities			▶ \$	
2	Enter the amount of the filing organization				·
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add				
	line 17b			▶ \$	
4	Did the filing organization file Form 1120				. Yes No
5	Enter the names, addresses and employ	ver identification number (EIN) of all	section 527 political	l organizations to which the	filing
	organization made payments. For each				
	the amount of political contributions rece	eived that were promptly and directly	delivered to a sepa	rate political organization,	such
	as a separate segregated fund or a polit	ical action committee (PAC). If addit	tional space is need	ed, provide information in F	art IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(2) / (20) 000	(4) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
'''					
(2)					
(3)					
					
(4)					
(5)					
(6)				<u> </u>	

Sched	ule C (Form 990 or 990-EZ) 2011 Big Mountain C				81-0522	
Pa	rt II-A Complete if the organization	is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
Α (Check $lacktriangle$ If the filing organization belongs to a	- '	· ·	- ·	member's	
	name, address, EIN, expenses, and					
B (Check if the filing organization checked bo			pply	T	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me		•		organization's totals	group totals
1a	Total lobbying expenditures to influence public op					
b	Total lobbying expenditures to influence a legislat					
C	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
f	Total exempt purpose expenditures (add lines 1c					
•	Lobbying nontaxable amount Enter the amount for columns					
ſ		The Johnwine	nontavable amour	at in .		
ŀ	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		nontaxable amour	11.15.		
ŀ	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000		
ŀ	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
ŀ	Over \$1,500,000 but not over \$1,500,000		5 5% of the excess o			
ŀ	Over \$17,000,000	\$1,000,000	3 0 70 01 1110 020033 0	Ψει ψ1,500,000		
	Grassroots nontaxable amount (enter 25% of line		· ·			-
h	Subtract line 1g from line 1a If zero or less, enter					
i	Subtract line 1f from line 1c If zero or less, enter					
i	If there is an amount other than zero on either line					
•	reporting section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that n columns below	nade a section 5 . See the instruc	tions for lines 2a th	ot have to complete nrough 2f on page		
	Lobbyi	ng Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	beginning in)					
				_		
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
			<u>L</u>	A	Schedule C (Fo	rm 990 or 990-EZ) 2011

che	dule C (Form 990 or 990-EZ) 2011 Big Mountain Commercial Assn Inc	81-	-0522	136	Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT for (election under section 501(h)).	, -				
or	each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed description	<u> </u>	(a)		(b)	
of th	ne lobbying activity	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	+-				
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?	-				
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
9 h						
i	Other activities?					
		-			-	
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
þ	,,					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\/E\ .	\	otion		
Га		,,(o), () SE	LUOII		
	501(c)(6).				Yes	No
4	More substantially all (00% or more) duce received pendeductible by members?			1	163	X
1	Were substantially all (90% or more) dues received nondeductible by members?			-		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	_X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					<u>X</u>
Fd	complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O				30.3	ie
	answered "Yes."	(D)	aiti	A, III	ie 5,	13
1	Dues, assessments and similar amounts from members		1	_		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •	ا			
-	political expenses for which the section 527(f) tax was paid).		}			
_			2a	1		
a	Current year		2b			
D	Carryover from last year	• •	2c			
C	Total	• •				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	<u> </u>		
	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and I	Part II-E	3, line			
1 A	lso, complete this part for any additional information					
				_	_	
_						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Bio	Mountain Commercial Assn Inc	81-0522136
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	the organization answered "Yes" to Form 990, Part IV, line 6	-
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	 -
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	∏ Yes ∏ N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	∏ Yes ∏ N
Da	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	TV, III E
•	Preservation of land for public use (e g , recreation or education) Preservation of an historically	v important land area
	Protection of natural habitat Preservation of a certified his	•
	Preservation of open space	Storic structure
2	- · · ·	onconistion
_	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation to the last day of the tay year.	Unservation
	easement on the last day of the tax year	Held at the End of the Tax Yea
_	Total number of concentation accompate	
a	Total paragraph statement by apparagraphs apparagraphs	2a 2b
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	94
2	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	inization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	tne year
_	Annual de la constant	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear
_		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
y	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes
Da	the organization's accounting for conservation easements	or Cimilar Assets
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
4-	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	and balance about warks of
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	tologic about waden of and
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items	N •
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. .
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990. Part X	▶\$

Sched	ule D (Form 990) 2011 Big Mountain Co	mmercial As	sn Inc			81-05221	.36	F	Page 2
_	t III Organizations Maintaining			orical Treasures	or Otl	ner Similar Ass	ets (continu	ied)
3	Using the organization's acquisition, accession,								
	collection items (check all that apply)		,	J	·				
а	Public exhibition	d⊓ι	oan or excha	nge programs					
b	Scholarly research	=		g. p g					
c	Preservation for future generations	•							
4	Provide a description of the organization's colle	ctions and evola	un how they fi	ither the organization	n's exemn	t numose in			
•	Part XIV	otions and expla	now aloy i	artifor the organization					
5	During the year, did the organization solicit or re	eceive donations	of art histori	cal treasures or othe	r sımilar				
•	assets to be sold to raise funds rather than to b		•				. \sqcap	Yes	☐ No
Pa	rt IV Escrow and Custodial Arra						• –		<u> </u>
	Part IV, line 9, or reported an amour								
1a	Is the organization an agent, trustee, custodian				ets not				
							. \square	Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV ar						• _		
	ii 105, explain the altangement iii i alt XIV al	ia complete the	ionowing table	•		Amo	unt		
С	Beginning balance				10				
d									
e	Distributions during the year				· · ·		_		
f	Ending balance				· · ·				-
' 2а	Did the organization include an amount on For							Yes	No
	If "Yes," explain the arrangement in Part XIV	11 990, Pait A, III	1621'				• 🗀		
	rt V Endowment Funds. Complete	if the ergonization	on answered !	'Ves" to Form 990 Ps	rt IV line	10			
га	It V Endowment Funds. Complete	(a) Current year	,	or year (c) Two yes		(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	(a) Current year	(0) 11	Or year (c) 140 year		(a) Tribo your back	7 1		
b	Contributions		-				-		
	Net investment earnings, gains, and losses					-,-	7 4 - 17		
٦ 2	Grants or scholarships						4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>. 4, 4</u>	
d	•	_			_		1 te 12	A Section	
е	Other expenditures for facilities						-1		5
	and programs						13.7 E	13 4	
f		· -				-			
g	End of year balance	t year and balan	oo (line 1a c	olumn (a)) held as			<u> </u>	٠, .	
2	, -	it year end balan	ice (iiile 19, c	bluilli (a)) field as					
a	Board designated or quasi-endowment Permanent endowment %	76							
b		0/							
С	Tomporaniy restrictes endomnent	%							
_	The percentages in lines 2a, 2b, and 2c should	-			ad faa kbaa				
За	Are there endowment funds not in the possess	ion of the organi	zation that an	e neid and administer	ea for the			Yes	No
	organization by						3a(110
	(i) unrelated organizations						`		+-
_	(ii) related organizations				• • • •		3a(i		-
b					• • • •		3b	<u>' </u>	
4	Describe in Part XIV the intended uses of the c								
Pa	rt VI Land, Buildings, and Equip				т	 			
	Description of property	1 ''	or other basis	(b) Cost or other basis (other)	1	Accumulated lepreciation	(a) B	ook valu	u
		(inve	estment)	Dasis (Ulifer)					
1a	Land	· · ·			19,50	克勒拉克特的银铁			
b	Buildings	· · ·							
С	Leasehold improvements	• • •		80 24	_	55 991			4.254
				. 90 7/		~~ WWII			

24,254

Page 3

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book vatue	(c) Method of valuatio Cost or end-of-year market v	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(I)				
	n (b) must equal Form 990, Part X, col (B) line 12)	 		
Part VIII		See Form 990, Part X, line 13	· · · · · · · · · · · · · · · · · · ·	
	(a) Description of investment type	(b) Book value	(c) Method of valuatio	
	(C) Coonpaint of mission type	(2, 255). (2.25	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9) (10)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, lin	<u> </u>		
		Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	i		
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	ump /h) must squal Form 000. Dest V. cal. /B) line	15\	>	
Part X	other Liabilities. See Form 990, Part X, col (B) line			
1.	(a) Description of liability	(b) Book value		
	al income taxes	(2) Book value	-[
(2)			†	
(3)			7	
(4)			1	
(5)]	
(6)				
(7)]	
(8)]	
(9)				
(10)				
(11)			1	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)			

- ieu	BIG MOUNTAIN COMMERCIAL ASSIL INC	<u> </u>	322130	1 age 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	eme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total revenue (Form 990, Part VIII, column (A), line 12) 1 Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4			
3	xpenses (Form 990, Part IX, column (A), line 25)			
4	Net unrealized gains (losses) on investments	for the year Subtract line 2 from line 1		
5	Donated services and use of facilities	Sample Net Assets From Form 990 to Audited Financial Statements		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-	
а	Net unrealized gains on investments	<u></u>		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	_		
d	Other (Describe in Part XIV)	- 3.5	_	
е	Add lines 2a through 2d	2€	•	
3	Subtract line 2e from line 1	1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, 4	78	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		`	
b	Other (Describe in Part XIV)	17 . No. 1	2. °.	
C	Add lines 4a and 4b	40	:	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		5	
а	Donated services and use of facilities	Ja.	` '	
b	Prior year adjustments			
C	Other losses	╝.	•	
d			-	
е	Add lines 2a through 2d	26	9	
3	Subtract line 2e from line 1	3	·	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_ ՝		
b	Other (Describe in Part XIV)	_		
C	Add lines 4a and 4b	40		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<u> </u>	
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	:		
his p	art to provide any additional information		.	
			-	
				•
				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

81-0522136 Big Mountain Commercial Assn Inc 01. Form 990 governing body review (Part VI, line 11) The governing body meets prior to filing the tax return to review the contents of the return. 02. Conflict of interest policy compliance (Part VI, line 12c) At the annual meeting the governing body reviews the Conflict of Interest Policy and asks all officers and directors to disclose any conflicts or potential conflicts of interest that they know of or are aware of. 03. Other officer or key employee compensation (Part VI, line 15b The organization only has one employee. This employee is reviewed annually by the The governing body reviews the employee's previous year's work governing body. performance and determines from it whether this employee's performance results in continued employment and/or additional compensation. 04. Governing documents, etc, available to public (Part VI, line 19) The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form **4562**

Depreciation and Amortization

OMB No 1545-0172 2011

Denad	ment of the Treasury	,	Including	mormat	1011 011	Listeu	Property	,		Attachment	
	Il Revenue Service (99)		► See separate	e instructions	i. Þ	Attach to	your tax retur	n.		Sequence No 179	
Name(s) shown on return				Business of	r activity to which	ch this form relates			Identifying number	_
Bio	Mountain Com	merc	ial Assr	n Inc	FOF	RM 990	- 1			81-0522136	
Pai		cpense	Certain Pro	perty Und	er Secti	on 179		•			_
	Note: If you have	-					Part I				
1	Maximum amount (see ins	tructions	5)						1	-	
2	Total cost of section 179 pi								2		
3	Threshold cost of section 1	179 prop	erty before redu	iction in limitat	ion (see ir	nstructions)			3		_
4	Reduction in limitation Sul	btract lin	e 3 from line 2	If zero or less,	enter -0-				4		
5	Dollar limitation for tax yea	r Subtra	act line 4 from lir	ne 1 If zero or	less, ente	er -0- If mai	rried filing		1		
	separately, see instructions	s							5		
6		iption of pre				usiness use onf		cted cost			
	_										
7	Listed property Enter the a	amount f	from line 29 .				7				
8	Total elected cost of section	n 179 pı	roperty Add amo	ounts in colum	ın (c), line:	s 6 and 7 .			8		
9	Tentative deduction Enter	the sma	aller of line 5 or	line 8					9		
10	Carryover of disallowed de	duction	from line 13 of y	our 2010 Forn	n 4562 .				10		
11	Business income limitation	Enter	the smaller of bu	usiness income	e (not less	than zero)	or line 5 (see inst	ructions)	11		
12	Section 179 expense dedu	iction A	dd lines 9 and 10	0, but do not e	nter more	than line 1	1 <u></u>	<u> </u>	12		_
13	Carryover of disallowed de						13				
	: Do not use Part II or Part										
Pai								isted pro	perty	(See instructions)	
14	Special depreciation allows	ance for	qualified proper	ty (other than	listed prop	perty) place	d in service				
	during the tax year (see ins								14		_
15	Property subject to section								15		_
16	Other depreciation (including							• • •	16	<u>5,601</u>	_
Pa	t III MACRS Depr	eciatio	On (Do not inc			ee instructi	ons)				_
					ection A						_
17	MACRS deductions for ass			-	_				17	<u> </u>	_
18	If you are electing to group	•	•	-	•						
	asset accounts, check here								L		
	Section B	- Assets	Placed in Service (b) Month and	vice During 20 (c) Basis for dea		ear Using t	he General De	preciation	on Sys	stem	_
	(a) Classification of property		year placed in service	(business/investr only-see instru	ment use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction	
19a	3-year property					ļ					
b	5-year property							ļ			_
c	7-year property										
	10-year property							ļ			
е_	15-year property					-	 		_		_
f					_	ļ					
	25-year property					25 yrs		S/I			_
h	Residential rental					27 5 yrs	MM	S/I			_
	property					27 5 yrs	MM	S/I			
i	Nonresidential real				_	39 yrs	MM	S/I			
	property						MM	S/I			_
		Assets	Placed in Servi	ice During 20	11 Tax Ye	ar Using th	ne Alternative I			system	_
	Class life	_						S/I			_
	12-year			ļ	_	12 yrs		S/I			_
	40-year		<u> </u>	<u> </u>		40 yrs	MM	S/I	<u>-</u>		_
	rt IV Summary (Se								T 24		_
21	Listed property Enter amo								21	_	_
22	Total. Add amounts from I									F 601	
	and on the appropriate line	-				_	ructions	<u> </u>	22	5,601	
23	For assets shown above a										
	portion of the basis attribut	table to	section 263A co	SIS	<u></u>	• • • • •	23		<u> </u>		

990	Overflow Statement	2011 Page 1
Name(s) as shown on return		FEIN
Big Mountain	Commercial Assn Inc	81-0522136

All Other Expenses

	Amount			
	\$	397		
		1,323		
		15		
		370		
		112		
		17,453		
		1,074		
Total:	\$	20,744		
	Total:	\$		

	1		AMT	onlein o	990,1			82	491	23	45	7	2,725	160	99	5,602
~	PAGE	Social security numbernelin 81-0522136		depreciation												
		Siesos		expense	-											
			Accumulated	Depreciation 24 F02	3.118	13,000	1,039	996	5,524	208	407	63	6,812	180	91	55,991
			_	den c	,			84	491	23	45	7	2,725	160	99	5,601
ng	:		Rate	133 3	. 0		0	ហ	Ŋ	r)	rs.	'n	14.286	50	33.333	
il Listi	ces only		Method	25				Q	Ŏ,	Q.				Qi Xi	Qt X	
Deta	Program Services For your records only		-	6				s/r	s/r	s/r			s/r	s/r	s/r	
tion	our re		Life	SIS	3.118 5	13,000 7	1,0397	1,690 20	9,820 20	462 20	900 20	146 20	19,0737	799 5	199 3	246
Depreciation Detail Listing	Pro For y		Depreciation	sisea	י פר די פר	13,(), <u>L</u>	1,(3,6	4	01	-	19,(Г	-	80,246
Õ			Section	6/-											_	
			Business	percentage	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	
			Salvage													
		į	Cost	000	3,118	13,000	1,039	1,690	9,820	462	006	146	19,073	799	199	80,246
	·	T need to	Date	100000	19990921	19990930	20021215	20000728	20001001	20021215	20021215	2003022	20090702	2010102	20100923	
* Item was disposed	of during current year	Name(s) as shown on return Dig Maintenin Commercial Been The	No Description		2 Committee	Sıqna	Sıgns	Landscaping	6 Landscaping		8 Landscaping	9 Landscaping	10 Village Sound System 20090702	11 Laptop Computer	12 Computer Software	Totals

ST ADJ:

80,246

Land Amount Net Depreciable Cost

	Rev. 1-2012) are filing for an Additional (Not Automatic) 3-M	onth Exter	sion complete only D	art II and chack th	ie bo	<u> </u>	Page 2	
	nly complete Part II if you have already been gra							
	are filing for an Automatic 3-Month Extension,			non on a previousi	, 11100	01111	3000.	
Part II				original (no con	ies n	eeded)		
T GIV II	Additional (Not Addoniate) o Monar E	-Atomoron		<u></u>				
Type or	Name of exempt organization or other filer, see instructions Enter filer's identifying number, see instructions Employer identification number (EIN) or							
print	BIG MOUNTAIN COMMERCIAL ASSOCIATION, INC. X81-0522					,		
File by the				number (SSN)				
due date fe	P.O. BOX 4608							
filing your return See	g your Chy town or not office state and ZID and For a foreign address and instructions							
instruction	WHITEFISH, MT 59937							
							[0.1	
Enter the	e Return code for the return that this application	is for (file a	separate application to	or each return) .			. 01	
Application Is For		Return	Application	Retu		Return		
		Code	Is For			Code		
Form 9	90	01	の名の語の記述		1	30 MA		
Form 9	90-BL	02	Form 1041-A				08	
Form 990-EZ		01	Form 4720				09	
Form 990-PF		04	Form 5227				10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				11	
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	o not complete Part II if you were not already gr	ranted an a	•	nsion on a previous	sly file	ed Form		
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶	Title ▶	Date ▶
		Date