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DLN: 93493028008603

Form **990**

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)

OMB No 1545-0047

Department of the Treasury

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7b			
ar T	Current Year		
246,110	191,488		
104,753	125,562		
457	369		
-1,231	5,669		
350,089	323,088		
500	500		
	0		
72 54 1	39,415		
7 2 , 3 1 1	17,827		
	1,702,		
222,044	289,988		
. 222,044 289 295,085 347			
55,004	-24,642		
Current	End of Year		
186 929	168,211		
	7,417		
	160,794		
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9-06			
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лено F (40	06) 587-3333 ✓ Yes		
	246,110 104,753 457 -1,231 350,089 500 72,541 2222,044 295,085 55,004 Current 186,929 1,494 185,435		

Par	*** Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
<u> </u>	Briefly describe the organization's mission
Тое	ducate, promote, and share the joy of opera in Montana and
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
,	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?
	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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 263,402 including grants of \$) (Revenue \$ 129,370)
	SINGLE ACT OPERA AT THE SWEET PEA FESTIVAL FOR THE ARTS, AN OPEN CONCERT, AND THE FIRST ANNUAL OPERA RUN. EACH PRODUCTION INCLUDED EDUCATIONAL OUTREACH ACTIVITIES TO LOCAL SCHOOLS AND THE GENERAL PUBLIC ON A 105 FERSIVE MARK BUECTS SWEET BETSY FROM PIKE "A HORSE OPERA" AT THE SWEET PEA TEST FROM PIKE "A HORSE OPERA" AT THE SWEET PEA TESTIVAL FOR THE ARTS. SWEET PEA IS A WEEKEND LONG FESTIVAL FEATURING VISUAL AND PERFORMING ARTISTS FROM AROUND THE REGION AND NATION OVER 13,000 PEOPLE ATTEND THE FESTIVAL THE PERFORMANCE WAS NARRAFED BY MARGARET KOHLER, WITH SOPRANO CATHERINE SAVERY AS BETSY, BARITONE B J OTEY AS IKE, AND KENNETH CHRISTENSEN AS JULIUS AND ACCOMPANIST, WITH AN ESTIMATED AUDIENCE OF 500-700 A SECOND PERFORMANCE BY SWEET BETSY FROM PIKE WAS GIVEN IN BIG SKY, MONTANA, ON FEBRUARY 9TH FOR A DINNER THEATER AUDIENCE OF 500-700 A SECOND PERFORMANCE THE PERFORMANCE THE ARTIST GAVE AN OPERA WORKSHOP AT THE LOCAL SCHOOL. THE OPERA RUN HELD ON OCTOBER 8, 2011, ATTRACTED 115 RUNNERS AND HAD OVER 40 VOLUNTEERS THERE WERE THREE RACES, THE 1-MILE KIDS RUN, A 10-MILE RACE, AND A 5-K ALONG THE RACE COURSE EACH WATER STATION HAD A VOCALIST SINGING OPERA ARIAS THE RACE WAS STARTED WITH A GONG AND NUMFROUS PARTICIPANT CAME IN COSTUME (FROM VIKING HELMETS, TO FULL OPERA ATTIRE). THE INTENTION WAS TO BUILD ON THE SUCCESS OF THIS FIRST RUN AND MAKE THE ANNUAL EVENT A MAJOR FUNDRAISER FOR THE OPERA TO SHER OF THE MONTAND AND A VOCALIST SINGING OPERA ARIAS THE RACE WAS THE COAL AND AND PERFORMED FOR A THE MONTAND AND A VOCALIST SINGING OPERA ARIAS AND A PERFORMEN HELD ON THE SUCCESS OF THIS FIRST RUN AND MAKE THE ANNUAL EVENT A MAJOR RUN DER PLEGO AS THE MOTHER AND WITCH, AND BARTIONE DARRES HANSEL & GRETEL ON OCTOBER 14 AND 16 OPERA STARS FROM AROUND THE NATION WERE BROUGHT IN TO FILL THE MAJOR ROLES (MEZZO-SOPRANO LAUREN MCREES AS HANSEL, SOPRANO AUDREY LUNA AS GRETEL, MEZZO-SOPRANO LAUREN MCREES AS HANSEL, SOPRANO AUDREY LUNA AS GRETEL, CROSS AND A STARLES AND AND A PERFORMING FOR THE MONTAND AND A PERFORMING AND A PERF
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses▶\$ 263,402

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		Νo
c	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		Νo
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		No
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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	· · · · · · · · · · · · · · · · · · ·	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)^2$ If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
··			
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		i.
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
return			
	2b	Yes	
year?	3a		Νo
	3b		
over, a financial account in a foreign country (such as a bank account or securities	4a		No
·			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	7c		No
If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
	7f		No
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	71 7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			1
Sponsoring organizations maintaining donor advised funds.	8		
Did the organization make any taxable distributions under section 4966?	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
Section 501(c)(12) organizations. Enter			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Section 501(c)(29) qualified nonprofit health insurance issuers.	, [1
Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
Enter the aggregate 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 aggregate amount of reserves on hand			
13c	14-		NI ~
Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	gambing (gambling) wannings to prize wanners? Either the number of employees reported on Form W-3, **Transmittal of Wage and **Tax** Statements filed for the calendar year-ending with or within the year covered by this cale that the contract of the provided of the calendar year-ending with or within the year covered by this cale that the contract of the contract o	gamming (gambling) winnings to prize winners? Inter the number of employees reported on Form W-3, **Transmittal of Wage and Tax Scatements flied for the calendar year ending with or within the year covered by this return. If at least one is reported an line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 2b. Mote, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If Yes, * has it filed a Form 950-T for this year? If **No,** provide an explanation in Schedule 0	gamming (gambling) wannings to prize winners? Enter the number of employees reported on Form W-3, **Transmirtal of **Nage and **Tax** Soldements field for the calendar year ending with or within the year covered by this **Saltements field for the calendar year ending with or within the year covered by this **Saltements field for the calendar year ending with or organization field ill required feeder lemployment tax returns? 18 It sets to one is reported on line 2a, did the organization field ill required feeder lemployment tax returns? 29 Yes. 19 It is sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions) 10 the organization have unnellated business gross income of \$1,000 or mere during the ** 17 Yes,** has it filled a Form 990-T for this year? ** 18 It is sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 20 It is defined a form 990-T for this year? ** 21 If Yes,** has it filled a Form 990-T for this year? ** 22 If Yes,** 23 If Yes,** has it filled a Form 990-T for this year? ** 24 If Yes,** or the sum of the foreign country (with a salt part than share country in the organization of the form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts 24 If Yes,** of the organization a party to a problemed tax shelter transaction at any time during the tax vera? 25 If Yes, if do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt are youthfollowed the work of the year of the yea

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax					
Id	year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members or stockholders?						
-						
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	venue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing					
	the form? Describe in Schedule O the process, if any, used by the organization to review the Form 990	11a	Yes			
	Describe in Schedule of the process, if any, used by the organization to review the Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes			
13	Did the organization have a written whistleblower policy?	13	Yes			
14	Did the organization have a written document retention and destruction policy?	14		No		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		No		
ь	Other officers or key employees of the organization	15b		No		
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)					
				1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
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 organization's exempt status with respect to such arrangements?	16b				
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					

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

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► INTERMOUNTAIN OPERA ASSOC 104 E MAIN

BOZEMAN, MT 59715

(406) 587-2889

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

Check this box if neither the organization	ation nor any re	iated oi	rgania	zatic	ns c	ompe	nsat	ed any current or it	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) CAROL JADAR Honorary Chair	7 00	х		Х				0	0	0
(2) JANE HODGES Honorary Board Member	7 00	Х						0	0	0
(3) RICHARD WOLFF President	20 00	х		Х				0	0	0
(4) DALE GALE Vice President	2 00	х		х				0	0	0
(5) MERRILEE GLOVER Treasurer	2 00	х		Х				0	0	0
(6) CINDY MCCARTHY Secretary	2 00	х		Х				0	0	0
(7) JEFF ABELIN Board Member	2 00	х						0	0	0
(8) ROBYN ERLENBUSH Board Member	2 00	х						0	0	0
(9) LEE FREEMAN Board Member	2 00	х						0	0	0
(10) TERESA LERNER Board Member	2 00	х						0	0	0
(11) ALAN RASSABY Board Member	2 00	х						0	0	0
(12) DAVID SUMMERFIELD Board Member	2 00	х						0	0	0
(13) DAVID VAP Board Member	2 00	х						0	0	0
(14) MICHAEL WAINWRIGHT Board Member	2 00	х						0	0	0
(15) DENNIS WENTZ Board Member	2	х								
(16) JACQUELYN VICK Executive Director	20			х				24,200		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe hours hours A verage A verage hours (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							Repo compo froi organiz	(D) ortable ensation in the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount o compens from t rganizati	ted f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total					•		*						
	Total from continuation sheets to Total (add lines 1b and 1c).			• •				<u> </u>		24,200		+		
2	Total number of individuals (inclusion) \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		above) who	receive		ın			
													Yes	No No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch								or highest	t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiza										or individual for •	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												#		
	Total number of independent conti \$100,000 of compensation from t			ot lın	nıted	d to	those	liste	d above)	who recei	ved more than			

Form 990 (2011) Page 9 Part VIII Statement of Revenue										
Pairt	/** 1	Statement o	r 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		
nts ots	1a	Federated cam	paigns 1a							
g g	b	Membership du	es 1b							
is, €	С	Fundraising eve	ents 1c	1,000						
<u>=</u>	d		zations 1d							
Sign Sign	e	Government grants		100 400						
ig ja	f	sımılar amounts no								
를 를 등	g		butions included in							
Son	h		s 1a-1f	▶	191,488					
				Business Code						
enu	2a	Opera tickets sales	3	711300	104,548					
Other Revenue Program Service Revenue and other similar amounts and other similar amounts	ь	Pre-opera event to	cket sales	711330	8,213					
	С									
	d									
Ē	e									
Ď	f	All other progra	am service revenue		12,801					
	g		s 2a – 2f		125,562					
	3		ome (including dividen	· ·	359					
	4		ar amounts)		333					
	5			· · · · · · · · · · · · · · · · · · ·						
			(ı) Real	(11) Personal						
	6a	Gross rents								
	b	Less rental expenses								
	С	Rental income or (loss)								
	d	Net rental inco	me or (loss)							
	7a	Gross amount	(ı) Securities 2,336	(II) Other						
	⁷	from sales of assets other	2,333							
	Ь	than inventory Less cost or	2,326							
	"	other basis and sales expenses	2,323							
	c	Gain or (loss)	10							
	d		ss)	▶	10	10				
ψ	8a	Gross income f events (not inc	rom fundraising luding							
듄		Ψ	<u>,000</u> s reported on line 1c)							
ě			ne 18							
7	١.		a	2,230						
ŧ	b c		penses b (loss) from fundraising	events 🕨	2,230			2,230		
•	9a		rom gaming activities		-,					
			ne 19							
	b	less directev	penses b							
	c		(loss) from gaming acti	vities						
	10a	Gross sales of returns and allo		517						
	ь	Less cost of g	oods sold b	317						
	С		(loss) from sales of inve		517	517				
	-	Miscellaneous	s Revenue	Business Code						
	11a									
	Ь .									
	d	All other reven	ue		2,922	2,922		2,497		
	e	Total. Add lines			•	_,=				
				▶	2,922					
	12	Total revenue.	See Instructions .	· · •[323,088	129,370		4,727		

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)

c	heck if Schedule O contains a response to any question in this Part IX	<u></u>		<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	500	500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	25,137	10,055	6,284	8,798
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	10,689	0	10,689	0
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,589	940	1,827	822
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	850	0	850	0
d	Lobbying		_		
e	Professional fundraising See Part IV, line 17	17,827			17,827
f	Investment management fees	17,027			17,027
g	Other				
12	Advertising and promotion	23,643	17,891	5,752	0
13	Office expenses	18,544	2,302	16,242	0
	·	<u> </u>	·	·	
14	Information technology	4,087	0	4,087	0
15	Royalties		_		
16	Occupancy	4,519	0	4,519	0
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,044	0	3,044	0
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Worker's Comp Insurance	901	252	428	221
b	Credit Card Fees	2,979	2,961	18	0
С	Dues & Subscriptions	667	78	589	0
d	Misc Exp	741	454	287	0
e					
f	All other expenses	230,013	227,969	2,044	0
25	Total functional expenses. Add lines 1 through 24f	347,730	263,402	56,660	27,668
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				· .
					rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 27 55 1 161.695 146,119 2 2 3 3 1.000 1.350 4 Accounts receivable, net . 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 1.014 1.014 Inventories for sale or use 2,468 9 9 1.696 Prepaid expenses and deferred charges 32.207 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 25,698 b Less accumulated depreciation 9,553 10c 6,509 11,144 11,496 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 186,929 16 16 168,211 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,494 917 17 17 Accounts payable and accrued expenses 18 18 19 19 6,500 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 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 of Schedule 25 D 26 1,494 26 7,417 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 148,775 27 123,892 Unrestricted net assets 29,993 28 29,882 28 Temporarily restricted net assets Fund 29 6.667 29 7,020 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 185.435 33 160.794 34 Total liabilities and net assets/fund balances 186.929 168.211 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	323,088
2	Total expenses (must equal Part IX, column (A), line 25)	2			347,730
3	Revenue less expenses Subtract line 2 from line 1	3		-	-24,642
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.85,43
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	.60,794
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

INTERMOUNTAIN OPERA ASSOCIATION OF BOZEMAN

As Filed Data -

DLN: 93493028008603

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

							81-0382			
Part I		or Public Charity S						ınstructions	5	
he organı		private foundation beca								
1 _	A church, co	nvention of churches, o	r association (of churches	section 170(b)(1)(A)(i)).			
2	A school des	cribed in section 170(b)(1)(A)(ii). (A	ttach Sche	dule E)					
3 ┌	A hospital oi	a cooperative hospital	service organ	ızatıon deso	cribed in secti	on 170(b)(1)(A)(iii).			
4		search organization ope me, city, and state	erated in conju	inction with	a hospital des	scribed in s	ection 170(b)	(1)(A)(iii).	Enter the	
5	An organizat	ion operated for the ber	nefit of a colleg	ge or univer	sity owned or	operated by	a governmei	ntal unit des	 cribed in	
	section 170(b)(1)(A)(iv). (Complet	e Part II)							
6	A federal, st	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		trust described in sect		(A)(vi) (C	omplete Part 1	II)				
9 🔽	An organization that normally receives (1) more than 331/3% 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 331/3% 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.)									
lo \sqsubset		ion organized and opera								
1.1	one or more the box that a Type By checking other than for section 509 If the organic check this b	this box, I certify that t undation managers and (a)(2) zation received a writtei	nizations desc upporting orga e II c the organizatio other than on n determinatio	cribed in seconization and Type I on is not core or more point from the I	ction 509(a)(1 d complete lin II - Functiona ntrolled direct ublicly suppor	l) or sectio es 11e thro ally integrat ly or indirec ted organiz i Type I, Ty	n 509(a)(2) sough 11h ed etly by one or ations descri	See section! d	509(a)(3). Chec e III - Other dified persons on 509(a)(1) or	:k
	following per							,		_
		who directly or indirectl			_	persons d	escribed in (ii		Yes No	_
		w, the governing body o			ization?				g(i)	_
		member of a person des	• • •		\ - b 3				y(ii)	_
		controlled entity of a per						119	ı(iii)	_
h	Provide the i	following information abo	out the suppor	ted organiza	ation(s)					
(i) Namo suppo organiz	e of (rted E	of (ii) (described on ted EIN lines 1-9 above		(iv) Is the organization in col (i) listed in your governing document?) otify the tion in f your ort?	(vi Is t organiza col (i) or in the	he ition in ganized	(vii) A mount of support?	
		(see (see	Yes	No	Yes	No	Yes	No		
	1									
	ı	i	1	1	I	1	1	1	1	

	(Complete only if yo						
	under Part III. If the						
S	ection A. Public Support	· 9 · · · · · · · · ·	,		р.		
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(4) 2010	(0) 2011	(f) Total
	ın)	(a) 2007	(6) 2008	(6) 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				ļ		
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 or	n					
	line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	1					0
	line 4						
	ection B. Total Support		ı	Γ			
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	ın) A mounts from line 4						
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						0
	and income from similar						
	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
4.4	from the sale of capital assets Total support (Add lines 7						
11	through 10)						
12	Gross receipts from related activit	ies, etc (See inst	tructions)			12	•
13	First Five Years If the Form 990 is	for the organizati	on's first, second	l, third, fourth, or	fifth tax year as a	501(c)(3) orga	anization,
	check this box and stop here	J	,		,	()()	▶ □ ′
	ection C. Computation of Pul			d d == l (6\)		 	
14	Public Support Percentage for 201	-		II column (I))		14	0 %
15	Public Support Percentage for 201	·	•			15	
16a	33 1/3% support test—2011. If the and stop here. The organization quantum				line 14 is 33 1/3%	∕o or more, cheo	ck this box ►
b	33 1/3% support test—2010. If the				6a and line 15 is	33 1/3% or mo	
	box and stop here. The organizatio				ou, and mic 15 is	33 1,370 01 1110	• F -
17a	10%-facts-and-circumstances test	—2011. If the org	anızatıon dıd not	check a box on li			·
	is 10% or more, and if the organiza						
	in Part IV how the organization me	ets the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly sup	
h	organization 10%-facts-and-circumstances test	_2010 If the ora	anization did not	check a hov on li	ne 13 16a 16h	or 17a and line	▶ □
0	15 is 10% or more, and if the organ						
	Explain in Part IV how the organiza						ıcly
	supported organization						▶ ┌
18	Private Foundation If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a c	or 17b, check this	box and see	▶ □
	instructions						F -1

Part III Support Schedule for Organizations Described in IRC 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.)

Se	ection A. Public Support	•	•		, ,	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	133,430	153,445	302,468	246,110	191,4	88 1,026,941
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	89,898	185,008	212,703	104,753	127,7	92 720,154
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	223,328	338,453	515,171	350,863	319,2	80 1,747,095
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	6,700	27,000	41,840	20,000	50,0	00 145,540
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	20,000	5,250	15,000	20,425	10,0	70,675
c	Add lines 7a and 7b	26,700	32,250	56,840	40,425	60,0	00 216,215
8	Public Support (Subtract line 7 c from line 6)						1,530,880
	ection B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	A mounts from line 6	223,328	338,453	515,171	350,863	319,2	1,747,095
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,732	4,609	1,193	421	3.	9,314
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b Net income from unrelated	2,732	4,609	1,193	421	3:	59 9,314
11	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)	9,910	-28	-91	2,195	3,4.	39 15,425
13	Total support (Add lines 9, 10c, 11 and 12)						1,771,834
14	First Five Years If the Form 990 is to check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or fi	fth tax year as a	501(c)(3) org	anization, ▶☐
Se	ection C. Computation of Pub	lic Support Pe	rcentage				
15	Public Support Percentage for 2011			3 column (f))		15	86 400 %
16	Public support percentage from 201	.0 Schedule A, Pa	rt III, line 15			16	87 550 %
Se	ection D. Computation of Inv	estment Incor	ne Percentad	e			
17	Investment income percentage for				(f))	17	0 530 %
18	Investment income percentage from	n 2010 Schedule A	, Part III, line 1	7		18	0 750 %
19a	33 1/3% support tests—2011. If the more than 33 1/3%, check this box						and line 17 is not ►√

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

OTHER INCOME PART III, LINE 12, DESCRIPTION OTHER/MISC INCOME, 2007 9910, 2008 -28, 2009 -91, 2010 351, 2011 987, DESCRIPTION CONCESSION INCOME, 2010 1844, 2011 2452,

Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493028008603

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

NTE	RMOUNTAIN OPERA ASSOCIATION OF BOZEMAN					-
_				0382552		
?a	organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds	or Accounts. C	omplet	e if th
_	organization answered fes to form 99	(a) Donor advised funds		(b) Funds and othe	r accour	nts
	Total number at end of year			(2)		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor adv		Yes	
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben	donor advisors in writing that grant funds		er purpose	- .,	
	conferring impermissible private benefit	. C. L	- F	<u> </u>	Yes	│ N
Ū	t II Conservation Easements. Complete		o Forr	n 990, Part IV, II	ine /.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of ar Preservation of a	certifie	ed historic structure		ì
	easement on the last day of the tax year					
				Held at the En	d of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfer the taxable year ▶	rred, released, extinguished, or terminato	ed by tl	he organızatıon dur	ing	
	Number of states where property subject to conserva	ation easement is located 🗠				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling o		_ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	luring the vear ►		
	Amount of expenses incurred in monitoring, inspecti					
	►\$	ng, and emoreing conservation casement	3 ddiiii	g the year		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	ſ	_ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia:				
7	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures,	or Ot	her Similar As	sets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statement for public exhibition, education or resear	ch in fu			,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histo	orical treasures, or other similar assets f	or finar	· -		
	following amounts required to be reported under SFA					
	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art	t, His	torica	l Tre	asur	es, or O	<u>ther</u>	Similar A	sset	S (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th		_		_		e of its colle	ction		
a	Public exhibition		d		oan or	excha	nge progra	ams				
b	Scholarly research		e	Γ c	ther							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	in hov	they f	urther	the org	ganızatıon'	sexe	empt purpose	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Г١	'es	┌ No
Par		ements. Compl	ete ıf	the or	ganız	ation			s" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for con	trıbutı	ons or	other ass	ets no	ot	Γ `	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng tabl	le							
									Þ	mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_			Γ,	es es	┌ No
b	If "Yes," explain the arrangement in Part XIV											
	t V Endowment Funds. Complete		n ans	wered	"Yes'	' to Fo	rm 990,	Part	IV, line 10).		
		(a)Current Year		Prior Yea			Years Back		hree Years Bac		Four Ye	ars Back
1a	Beginning of year balance	36,660		3	5,268		33,870					
b	Contributions	350			1,175		1,015					
C	Investment earnings or losses	112			217		383					
d	Grants or scholarships											
e	Other expenditures for facilities											
_	and programs											
f	Administrative expenses	27 122			C CC0		25.260					
g	End of year balance	37,122		3	6,660		35,268	1				
2	Provide the estimated percentage of the year		as									
а	Board designated or quasi-endowment 🕨	69 030 %										
b	Permanent endowment ► 30 970 %											
C	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat are	held a	and adı	mınıstered	for t	he	-		
	organization by (i) unrelated organizations								2	a(i)	Yes	No
					•			•		a(i) a(ii)		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio		 donS	 chedul	• R?			• •	· · · -	3b		
4	Describe in Part XIV the intended uses of th							•	· · · _			
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X, lı	ne 10).						
			,		Cost or		(b)Cost or	other	(c) Accumula	ated	(4) D	-1
	Description of property			basis	(invest	ment)	basis (oth	er)	depreciation		(a) BC	ok value
1 a l	and											
b E	Buildings											
c l	easehold improvements					3,569				2,232		1,337
	Equipment					28,638			2	3,466		5,172
	Other					*						•
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B)	, line 10)(c).)			•				6,509
	•	· · · · · · · · · · · · · · · · · · ·							Schedule	D (F	orm 99	90) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	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	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
3			
!	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493028008603

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service		► Attach	to Form 990	or Form 99	O-EZ.	See separate instruct	ions.		Inspectio	n
Name of the organi		COCIATION OF DO	7 F M A NI					Employer ident	tification num	ber
INTERMOUNTAIN	OPERA AS	SOCIATION OF BO	ZEMAN					81-0382552		
Part I Fundi	raising Ac	tivities. Complet	e if the c	organizat	tion a	answered "Yes"	to Form	n 990, Part IV,	line 17.	
		nızatıon raısed funds						•		
a ✓ Mail solic	_			•		Solicitation of noi				
	and e-mail s	olicitations		f		Solicitation of gov	_	=		
c Phone so				a		Special fundraisir		-		
<u> </u>	n solicitation	ıs		5	•		. 5 - 1 - 1 1 1	-		
or key employ b If "Yes," list t	/ees listed ii he ten highe	a written or oral agrent Form 990, Part VII st paid individuals or st \$5,000 by the org) or entity entities (ın conne (fundraıse	ction ers) p	with professional ursuant to agreem	fundrais ents unc	ing services? der which the fun		Γ N
(i) Name and address of individual or entity (fundraiser)			fundrais custo cont	Did ser have ody or crol of outlons?		Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) Amount (or retaine organiza	d by)
JAYNE JONES		Grant Consultant	163	No				17,827		-17,827
Total				.				17,827		-17,827
3 List all states licensing	in which the	e organization is regis	stered or I	ıcensed t	o sol	ıcıt funds or has be	een notif	fied it is exempt	from registrat	on or
MT										

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Гү	es Γ_{No}
12		neficiary or trustee of a trust or a mem			
	formed to administer charitable (gamıng?		· · · · Γ γ	es Γ_{No}
13	Indicate the percentage of gamir	ng activity operated in			
а	The organization's facility			13a	
b	An outside facility			13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events book	s and	
	Name 🟲				
	Address ►				
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming		
				Γ_{\vee}	s F _{No}
b		ning revenue received by the organizat			23 140
	amount of gaming revenue retain	ied by the third party 🟲 \$			
c	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а	Is the organization required unde	er state law to make charitable distribu	itions from the gaming proceeds to		
					es Γ_{No}
b		required under state law distributed to	o other exempt organizations or sp	ent	
	in the organization's own exempt	activities during the tay vear 🖛 💲			
Par	t IV Complete this part to j	provide additional information for	responses to quuestion on Sc	hedule G (see	
Par	Complete this part to provide instructions.)		responses to quuestion on Sc	hedule G (see	

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As Filed Data -

DLN: 93493028008603

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

N	ame	of the	organıza	tion		
Ιľ	ITERM	10UNTA	IN OPERA A	ASSOCIATIO	ON OF	BOZEMAI

Employer identification number

81-0382552

ldentifier	Return Reference	Explanation
Pt VI, Line 11a		Finance committee reviews and approves the return and then
		presents it to the full board for final approval
Pt VI, Line 12c		Each year the board reviews organizational policies and signs
		off that they have read and understand the policies and that their position
		has not changed or if it has they disclose the change
Pt VI, Line 19		Upon request
Pt VI, Line 12c		The policy is reviewed annually, and officers and directors initial it
Pt VI, Line 12c		They have reviewed the policy at their annual meeting in May
Pt XI		Rounding
Form 990EZ, Part I, Line 16		ADVERTISING BANK SERVICE CHARGES CREDIT CARD FEES DUES AND SUBSCRIPTIONS INSURANCE SECRETARY OF STATE FILING OFFICE SUPPLIES PRODUCTION COSTS TRAVEL WORKMAN'S COMP
Form 990EZ, Part II, Line 24		ACCOUNTS RECEIVABLE GRANTS RECEIVABLE INVENTORY PREPAID EXPENSES ENDOWMENT FUND ACCOUNTS OTHER DEPRECIABLE ASSETS (NET)
Form 990EZ, Part II, Line 26		DEFERRED REVENUE PAYROLL LIABILITIES ACCOUNTS PAYABLE
Form 990, Part IX, Line 24f		REPAIRS & MAINTENANCE 436 155 281 PRODUCTION EXPENSES 93622 93059 563 ARTISTIC FEES & SERVICES 135955 134755 1200

Additional Data

Software ID: 11000175

Software Version:

EIN: 81-0382552

Name: INTERMOUNTAIN OPERA ASSOCIATION OF BOZEMAN

Form 990, Special Condition Description:

Special Condition Description