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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

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

C Name of organization
FOR THE CHILDREN INC d/b/a WHITEFISH WINTER CLASSIC

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

City or town, state or country, and ZIP + 4
WHITEFISH, MT 59937-3413

D Employer identification number
81-0516011

E Telephone number
406-862-8146

F Group Exemption Number ▶

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

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

I **Website:** ▶ WHITEFISHWINTERCLASSIC.ORG

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 148,379

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	17215
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2380
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	3801	
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	124983	
	c	Less: direct expenses from gaming and fundraising events	6c	45594	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	83190
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	102785
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	60019
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	4590
	14	Occupancy, rent, utilities, and maintenance		14	1516
	15	Printing, publications, postage, and shipping		15	473
	16	Other expenses (describe in Schedule O)		16	1748
	17	**Total expenses.** Add lines 10 through 16		17	68346
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	34439
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	303067
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	337506

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G 9 19

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	302989	22	337428
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	78	24	78
25	**Total assets**	303067	25	337506
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	303067	27	337506

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

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

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

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

28 The organization helped pay pediatric medical related costs for families from Northwest Montana that are not covered by insurance or state assistance. One hundred thirty-one payments were made to 63 families this tax year.
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 59019

29 This organization made a direct contribution to one organization this tax year to further their primary purpose of promoting a safe and drug free school environment and a community network through education, intervention, and prevention that will support healthy lifestyles for youth - Whitefish Cares
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 1000

30
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 60019

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Doug Betters - President	4.0	-0-		
Tonia Paulson - Secretary	4.0	-0-		
Patricia Zanto - Treasurer	8.0	-0-		
Sean Averill - Director	1.0	-0-		
Nick Polumbus - Director	1.0	-0-		
Scott Ringer - Director	1.0	-0-		
Randy Gaynor - Director	1.0	-0-		

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ PATRICIA ZANTO Telephone no. ▶ 406-750-3461			
	Located at ▶ 958 COLORADO AVE.; WHITEFISH, MT ZIP + 4 ▶ 59937-3413			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

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

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

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

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

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

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

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

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

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

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

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

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

Sign Here

▶ Patricia A. Zanto — Signature of officer — Date 5/14/2013

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

Paid Preparer Use Only

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
FOR THE CHILDREN INC d/b/a WHITEFISH WINTER CLASSIC	81-0516011

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16183	15505	10385	8866	17215	68154
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 . . .	105940	84594	96369	115056	128784	530743
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	122123	100099	106754	123922	145999	598897
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						598897

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	122123	100099	106754	123922	145999	598897
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	8634	5103	3989	2842	2380	22948
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b	8634	5103	3989	2842	2380	22948
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	130757	105202	110743	126764	148379	621845

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	96.3097 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	95.0611 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f)) . . .	17	3.6903 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	4.9389 %

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☑

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
FOR THE CHILDREN INC d/b/a WHITEFISH WINTER CLASSIC	81-0516011

PART I, LINE 10, GRANTS AND SIMILAR AMONTS PAID: SEE DETAILED PRINTOUT ATTACHED $ 60,019

PART I, LINE 16, OTHER EXPENSES:

INSURANCE PREMIUMS	$ 1,733
SECRETARY OF STATE FEE	15
TOTAL	$ 1,748

PART II, LINE 24, OTHER ASSETS:

SUPPLIES	$ 78

Whitefish Winter Classic
Transaction Detail By Account
January through December 2012

Date	Num	Name	Memo	Amount
Grants - Pediatric Medical Exp				
1/11/2012	2858	Amber Speed	For Caleb Speed	200.00
1/12/2012	2856	Nikki Verworn	For Hunter Verworn	210.00
1/12/2012	2857	Reddig, Sarah	For Jack Reddig	500.00
1/12/2012	2859	Don Lessor	For Alexis Lessor	200 00
1/12/2012	2876	Don Lessor	For Alexis Lessor	100 00
1/12/2012	2860	Leanne Dillree	For Paisha Dillree-Gallery	430 00
1/12/2012	2875	Deborah Hannay	For Brandon Hannay	343 85
1/12/2012	2877	Katrina Hardgrove	For Vincent Hardgrove	311.40
2/3/2012	2878	Reddig, Sarah	For Jack Reddig	217.00
2/3/2012	2879	Amy Axelberg	For Gabriella Santistwan	500 00
2/7/2012	2880	Simon Vanderweide	For Raylee Vanderweide	1,272.00
2/7/2012	2881	Amy Benson	For Colton Benson	275 00
2/9/2012	2882	Ryan Jones	For Gracie Jones	1,205.00
2/14/2012	2883	Arlene Ackermann	For Thomas Payne	264.00
2/14/2012	2884	Katrina Hardgrove	For Vincent Hardgrove	430 00
2/14/2012	2886	Kathrine Scott	For Elimy Dull	300 00
2/15/2012	2885	Leanne Dillree	For Paisha Dillree-Gallery	380 00
2/17/2012	2887	Misty Wortman	For Jackson Wortman	275.00
2/27/2012	2888	Inna Khodyrev	For Katerina Khodyrev	180.00
2/27/2012	2889	Deborah Hannay	For Brandon Hannay	313.04
2/27/2012	2890	Lynnette Founds	For Jamie Founds	2,500 00
2/27/2012	2891	Ginny Meyers-Larkey	For Kemana Larkey	558.92
2/27/2012	2892	Dorie Dagnoli	For Alexandra Dagnoli	1,000.00
2/27/2012	2893	Jenny Morgan	For Jazmyn Morgan	372.89
3/5/2012	2894	Heather Cox	For Troy Brown	800.00
3/5/2012	2895	Leanne Dillree	For Paisha	225.00
3/12/2012	2115	Stacy Mitten	For Lorenzo Robinson	523 00
3/12/2012	2116	Amy Benson	For Colton Benson	360.00
3/12/2012	2117	Olga Shostak	For Evan Shostak	250 00
3/12/2012	2118	Camp Promise	For Jonathan Schertel	325 00
3/15/2012	2119	Kevin Wyse	For Kayla Bonny	240 00
3/19/2012			Cash received back from grantee	-37.00
3/23/2012	2120	Amy Benson	For Colton Benson	175.00
3/26/2012	2943	Maggie Graham	For Toviah Graham	112.92
3/28/2012	2944	Leanne Dillree	For Paisha Dillree-Gallery	271 99
3/28/2012	2945	Brad Auge	For Madison Auge	275.00
4/5/2012	2946	Leanne Dillree	For Paisha Dillree	475.00
4/5/2012	2947	Robert Newman	For Blake Newman	224.00
4/5/2012	2948	Amy Benson	For Colton Benson	114.00
4/5/2012	2949	Ashley Ruonavaara	For Tanner Ruonavaara	370.00
4/5/2012	2950	Cheryl Byle	For Conner Byle	150 00
4/12/2012	2952	Jenny Morgan	For Jaszym Morgan	493 00
4/17/2012	2951	Debby St.Onge	For Veronica St Onge	473.12
4/17/2012	2953	Kevin Wyse	For Kayla Bonny	240.00
4/19/2012	2954	Maia Daigle	For Riley Coalassi	500.00
4/19/2012	2955	Michael Matt	For Monte Matt	500.00
4/20/2012	2956	Victoria Khodyrev	For Katerina Khodyrev	350 00
4/27/2012	3036	Donald Lessor	Grant Money returned	-47 76
4/27/2012	2957	Amy Benson	For Colton Benson	400.00
4/30/2012	2958	Dennis Koller	For Taylor Peterson	500 00
4/30/2012	2959	Kathy Frishkorn	For Sage Frishkorn	300.00
5/2/2012	2961	Karrie Levanen	For Janessa Levanen	955.20
5/4/2012	2960	Deborah Hannay	For Brandon Hannay	223.77
5/4/2012	2962	Vladimar Shostak	For Evan Shostak	500.00
5/7/2012	2963	Heidi Rach	For Annastacia Rach	325.00
5/7/2012	2977	Kathy Frishkorn	For Sage Frishkorn	25.00
5/7/2012	2978	Dennis Koller	For Taylor Peterson	500.00
5/8/2012	2979	Robert Newman	For Blake Newman	500.00
5/15/2012	2980	Karin Sagen	For Jeffrey Sagen	500.00
5/15/2012	2981	Tony Haney	For	700 00
5/16/2012	2982	Tye Fortuna	For Ember Fortuna	500 00
5/17/2012	2983	Tammy Peterson	For Reid Peterson	500.00
5/17/2012	2984	Jeff Matelle	For Oscar Metallo	430.00
5/27/2012	2986	Deb Shae	For Christopher Shae	600.00
5/27/2012	2985	Leanne Dillree	For Paisha Dillree-Gallery	225.00
5/30/2012	2987	Debby St.Onge	For Veronica St Onge	805.00
6/12/2012	2988	Vladimar Shostak	For Evan Shostak	225.00
6/12/2012	2989	Leesa Dougherty	For Karson Dougherty	225.00
6/12/2012	2990	Brad Auge	For Madison Auge	275.00
6/12/2012	2991	Lightfoot Cycles	For Kecky Chapman - Specialty Bike	1,000 00
6/20/2012	2992	Michael Matt	For Monte Matt	500.00

Whitefish Winter Classic
Transaction Detail By Account
January through December 2012

Date	Num	Name	Memo	Amount
6/20/2012	2993	Dennis Koller	For Michelle Koller	400 00
6/25/2012	2994	Ginny Meyers-Larkey	For Kenana Larkey	385 46
6/25/2012	2995	Michael Matt	For Monte Matt	154.49
6/29/2012	2996	Kathrine Scott	For Emily Dull	300 00
7/1/2012	2999	Linda DuMontier	For Joel DuMontier	500 00
7/1/2012	2997	Heather Cox	For Nolan Brown	500 00
7/1/2012	2998	Schreadels Auto Re .	For Nolan Brown	500 00
7/3/2012	3000	Robbie Newman	For Blake Newman	220 70
7/9/2012	3007	Jessie Hollman	For Kyleigh Hollman	252.69
7/9/2012	3006	Deborah Hannay	For Brandon Hannay	395.41
7/10/2012	3009	Elden Reddig	For Jack Reddig	500.00
7/10/2012	3008	Donald Lessor	For Alexis Lessor	300.00
7/13/2012	3010	Valerie Washington	For Jonathan Washington	300.00
7/25/2012	3012	Amy Axelberg	For Gabriella Santistwan	650 00
7/25/2012	3011	Kathy Frishkorn	For Sage Fishkorn	325.00
7/26/2012	3013	Jenny Morgan	For Jasmin Morgan	971.00
7/31/2012	3014	Tammy Walters	For Cody Walters	915.31
8/3/2012	3016	Leanne Dillree	For Paisha Dillree	500.00
8/3/2012	3015	Amtrack	For Paisha Dillree	680.52
8/14/2012	3017	Deborah Hannay	For Brando Hannay	322.64
8/15/2012	3018	Amy Axelberg	For Gabriella Santisteran	150 00
8/15/2012	3019	Les Schwab Tires	For Janearae Ryder	370 48
8/20/2012	3020	Deborah Hannay	For Brandon Hannay	155 21
9/11/2012	3021	Maggie Graham	For Toriah Graham	136 71
9/12/2012	3022	Jenny Morgan	For Jazmyn Morgan	945.00
9/19/2012	3023	Laura Matt	For Monte Matt	500 00
9/20/2012	3024	Tami Peterson	For Reid Peterson	300.00
9/20/2012	3025	Kendra Plouffe	For Christopher Mobley	200.00
10/4/2012	3026	Karrie Levanen	VOID: VOID	0.00
10/4/2012	3027	Karrie Levanen	For Janessa Levanen	500.00
10/4/2012	3028	Vladimar Shostak	For Evan Shostak	250.00
10/4/2012	3029	Sarah Sullivan	For Colbie & Cayle	500 00
10/10/2012	3030	Cora Edwards	For Kolter & Kyndall Snow	100 00
10/10/2012	3031	Mark Drew	For Gabrielle Drew	302.36
10/10/2012	3032	Debby St Onge	For Veronica St Onge	378 69
10/10/2012	3033	Tory Howard	For Nathan Howard	500.00
10/12/2012	3034	Courtney Westphal	For Alivia Westphal	500.00
10/16/2012	3035	Amanda Burt	For Henry Lawske	500.00
10/16/2012	3041	Snyder, Melissa	For Ashley Snyder	896.90
10/17/2012	3042	Child Developement..	For Taviah Graham	1,116 80
10/17/2012	3044	Deborah Hannay	For Brandon Hannay	306.57
10/17/2012	3045	Jennifer Hartsock	For Believe Hartsock	75.00
10/18/2012	3046	Don Lessor	For Alexis Lessor	400.00
10/18/2012	3047	Leanne Dillree	For Paisha Dillree	400.00
10/28/2012	3048	Kendra Plouffe	For Christopher Mobley	225 00
10/29/2012	3049	Amber Speed	For Caleb Speed	150.00
10/29/2012	3051	Amanda Burt	For Henry Lawske	435.00
10/29/2012	3050	Kathy Frishkorn	For Sage Fiskhorn	175 00
11/1/2012	3043	Barb Cooke	For Kate Cook	1,759 00
11/1/2012	3052	Kathy Fnshkorn	For Sage Fnskhorn	140.00
11/1/2012	3053	Brad Auge	For Madison Auge	150 00
11/9/2012	3054	Kerrie Levanen	For Janessa Levanen	1,926.17
11/13/2012	3056	Amtrack	For Paisha Dillree-Gallery	330 36
11/13/2012	3055	Korner Shop	For Michael Vega	731.35
11/19/2012	3057	Alyssa Jackson	For Tucker Stratton	300.00
11/20/2012	3058	Jami Ward	For Taylor Peterson	1,483.20
11/26/2012	3062	Barbara Turner	For Tytus Meister	965.41
12/3/2012	3059	Howard, Tori	For Nathan Howard	300.03
12/7/2012	3060	Deborah Hannay	For Brandon Hanney	319.38
12/12/2012	3065	Leanne Dillree	For Paisha Dillree	100 00
12/12/2012	3066	Leanne Dillree	For Paisha Dillree	80 00
12/16/2012	3063	Amanda Burt	For Henry Lawske	612.00
12/17/2012		Don Lessor	Cash returned	-99 00
12/17/2012		Korner Shop	Cash returned from overpayment of Ck #3055	-34.95
Total Grants - Pediatric Medical Exp				59,019 23
Other Expenses				
6/26/2012	3004	Whitefish CARE		1,000.00
Total Other Expenses				1,000.00
TOTAL				**60,019.23**