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SCANNED MAR 0 4 2016

OMB No 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Depa | rtmen nal Re | t of the Treasuvenue Service | ıry | Do not enter social security numbers on this form as it may be made Information about Form 990 and its instructions is at www.irs.gov/fo | public. orm990. | | | Inspection |
|-------------------------------|-----------------|------------------------------|-------------|--|--------------------|---------------|----------------|---------------------------------------|
| | | | | year, or tax year beginning 7/01 , 2014, and ending | 6/30 | | ' , | 2015 |
| _ | | if applicable | С | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ٥ | Employ | | ication number |
| _ | | Address change | . IRi | g Sky Resort Association Inc. | | 81-0 |)4264 | 08 |
| | \vdash | lame change | DE | A Big Sky Chamber of Commerce | E | Telepho | | |
| | \mathbf{H} | nitial return | PC | Box 160100 | | 406- | -995- | 3000 |
| | \vdash | | Bi | g Sky, MT 59716-0100 | <u></u> | 400 | 773 | |
| | \mathbf{H} | inal return/termin | | | ء ا | Gross re | counts \$ | 879,684. |
| | Н | Amended return | <u> </u> | Name and address of principal officer | a) Is this a g | | | |
| | ⊔, | Application pen | | Traine and address of principal officer | b) Are all sul | • | | H." H." |
| _ | | | | me As C Above | If 'No,' att | ach a list | (see insti | ructions) |
| 느 | | -exempt statu | | 501(c)(3) X 501(c) (6) ◀ (Insert no.) 4947(a)(1) or 527 | | | | |
| <u>J</u> | | ebsite: > | | | c) Group exe | | | · · · · · · · · · · · · · · · · · · · |
| K | | m of organizat | | Corporation | 1980 | MIS | tate of le | gal domicile MT |
| Pa | | Sumn | nary | the contract of the contract o | | | - 1 | |
| | 1 | | | the organization's mission or most significant activities To encoura | | | | |
| හු | | | | policies, and promotional activities which ma | <u>TuraTu</u> | _and_ | eiiiia | lice_clie |
| Ē | | <u>unique</u> | <u>cna</u> | <u>racter of the Biq Sky area.</u> | | | | |
| Activities & Governance | , | Chook the | | If the organization discontinued its operations or disposed of more | than 25% | | net ass | |
| õ | 3 | | | members of the governing body (Part VI, line 1a) | : tilali 257 | 1 | 3 | 9 |
| 8 | ο Δ | | | endent voting members of the governing body (Part VI, line 1b) | | | 4 | 9 |
| es | 5 | | | individuals employed in calendar year 2014 (Part V, line 2a) | | | 5 | 8 |
| viti | 6 | | | volunteers (estimate if necessary) | | - 1 | 6 | |
| Ç | 7a | | | ousiness revenue from Part VIII, column (C), line 12 | | | 7a | 77,286. |
| • | t | Net unrel | ated bu | siness taxable income from Form 990-T, line 34 | | | 7b | 86,237. |
| | | | | | Pric | or Year | | Current Year |
| | 8 | Contribut | ions an | d grants (Part VIII, line 1h) | | 609,0 | 95. | 765,808. |
| J.C | 9 | Program | service | revenue (Part VIII, line 2g) | | 31,1 | | 36,579. |
| Revenue | 10 | Investme | nt incor | ne (Part VIII, column (A), lines 3, 4, and 7d) | | 10,0 | | 11. |
| æ | 11 | Other rev | enue (F | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | 77,286. |
| | 12 | Total reve | enue - | add lines 8 through 11 (must equal Part VIII; column (A), line 12) | | 650,2 | 18. | 879,684. |
| | 13 | Grants ar | nd simil | ar amounts paid (Part IX, column (A), lines 1:3) | | | | 500. |
| | 14 | Benefits | paid to | or for members (Part IX, column (A) cline 4) | | | | |
| | 15 | Salaries, | other o | ompensation, employee benefits (Part X, column (A) lines 5-10) | | 244,8 | 74. | 249,922. |
| es | | Profession | nal fun | | | | | |
| Expenses | | | | / Samuel 165 / F | | | | |
| Ϋ́ | | | | expenses (Fait IX, Coldini (D), inje 25) | | | | |
| - | 17 | | | (Part IX, column (A), lines 11a-11d, 11f-24e) | | 430,4 | | 601,173. |
| | 18 | - | | Add lines 13-17 (must equal Part IX, column (A), line 25) | | <u>675,3</u> | | 851,595. |
| | 19 | Revenue | less ex | penses Subtract line 18 from line 12 | | -25,1 | | 28,089. |
| Net Assets of Fund Balance | | | | | Beginning | | | End of Year |
| Bara | 20 | | - | rt X, line 16) | | 338, <u>4</u> | | 358,730. |
| # E | 21 | | | Part X, line 26) | | 43,5 | 66. | 35,781. |
| Zď | 22 | Net asset | ts or fu | nd balances Subtract line 21 from line 20 | | <u> 294,8</u> | 60. | <u>322,</u> 949. |
| Pa | ırt II | Signa | ature l | Block | | | | |
| | | | y, I declar | e that I have examined this return, including accompanying schedules and statements, and to the other than officer) is based on all information of which preparer has any knowledge | best of my k | nowledge | and belie | ef, it is true, correct, and |
| com | plete | Declaration of | preparer | other than officer) is based on all information of which preparer has any knowledge | | 11, | | // |
| | | _ | (| affect (and o | حيل | <u> </u> | 2// | <u> </u> |
| Sig | ın | Sı | gnature o | Officer | Date | , | 1 | |
| He | re | | Cathe | rine Clemens | Execut | ive I | Direc | ; |
| | | | | it name and title | | | | · |
| | | Print/1 | ype prepa | arer's name Pregarely's signature Date | C | heck | 1 5 | PTIN |
| Pa | id | Rich | ard T | Lindell II, CPA Richard T! Mandell II, CPA 2/() | /V se | elf-employe | _ | 201248435 |
| | epai | | | LINDELL & ASSOCIATES P.C | | | | |
| | e O | | address | PO BOX 160099 | F | rm's EIN | > 27- | 3623918 |
| | | | 200.000 | BIG SKY, MT 59716-0099 | - | hone no | | 95-2511 |
| May | / the | IRS discus | ss this i | return with the preparer shown above? (see instructions) | | | 100 3 | X Yes No |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

Form 990 (2Q14)



| Form | 1990 (2014) Big Sky Resort Association Inc. | 81-04 | 12640 | 8 | _ P | age 2 |
|---------|---|--------------------------------|-------------------|--------------------|-----------------|--------------|
| ් වි | Statement of Program Service Accomplishments | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | | | | |
| 1 | Briefly describe the organization's mission | | | | | |
| | To encourage the development of programs, policies, and promoti | | | | | |
| | maintain and enhance the unique character of the Big Sky area. | | | | | |
| | | _ _ | | | - | |
| _ | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | prior | | | | |
| | Form 990 or 990-EZ? | | | Yes | X | No |
| | If 'Yes,' describe these new services on Schedule O. | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | services? | | Yes | X | No |
| | If 'Yes,' describe these changes on Schedule O | | | | _ | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate and revenue, if any, for each program service reported. | ervices, as n ions to other | neasure s, the | ed by e total e | expen: xpens | ses es, |
| 4 a | (Code) (Expenses \$ 467,183. including grants of \$) | (Revenue | \$ | 7 | 7,28 | 36.) |
| | The organization's promotional activities include: development | • | | | | |
| | area brochure and map; travel planner, and maintain website. Th | | | | | |
| | operates a visitor information center that is visible from the | | | | | |
| | adequate signage. Other activities included conduct grant writi | | | | | |
| | administer resort grants, support community infrastructure fund | | | | | |
| | Support business development and education programs. Manage af | | | | | . <u>-</u> |
| | | | | | | |
| | efforts sponsored by Gallatin County. | | | - | - | |
| | | | | | | |
| | | | | | | |
| | | | | - | | - |
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| | | | | | | |
| 4 b | (Code:) (Expenses \$ including grants of \$) | (Revenue | \$ | | |) |
| | | | | | - | |
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| | | | - | | | |
| 4 c | (Code) (Expenses \$ including grants of \$) | (Revenue | Ś | | |) |
| | (code) (Expenses + | (1.0001.00 | — | | | —′ |
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| | | | | | | |
| 4 d | Other program services. (Describe in Schedule O.) | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | \$ | | |) | |
| | Total program service expenses ► 467, 183. | | | | | |
| BAA | TEEA0102L 05/28/14 | | | Form | 990 (| 2014) |

Form 990 (2014) Big Sky Resort Association Inc.

Part IV | Checklist of Required Schedules

| u | The officering of required conceanes | | Yes | No |
|----|--|------|----------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete | | 163 | |
| 2 | Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 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? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 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 | х | |
| 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_ | | х |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9_ | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | ! | х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | - | | |
| i | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | х | |
| ١ | 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 | 11 b | | Х |
| • | 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 | 11 c | | х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| (| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | <u> </u> | X |
| 1 | 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 | 11 f | | х |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | х |
| l | 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 and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ı | 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, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | ! | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | х |
| 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 (see instructions) | 17 | | х |
| 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 | | х |
| | 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 | | х |
| 20 | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

| ÇI. | TIV Officerist of Reduired Schedules (Continued) | | V | NI. |
|-------|---|------|-------|--------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 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 | | Х |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | х |
| t | 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 | | |
| c | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | |
| t | 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 | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | х |
| 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). | | | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| ŧ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| (| c 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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 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? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| i | b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2 | 35b | | |
| 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 | | х |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| 3 A C | | Form | agn . | (2014) |

| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|-----|--|---------------------------------------|----------|-----|-----------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | | | Yes | No |
| 1 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 12 | | | |
| | | 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and rep (gambling) winnings to prize winners? | portable gaming | - 1 c | - | X |
| 2 | 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 | 2a 8 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment | tax returns? | 2 b | X | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see insti | | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | ? | 3a | X | |
| | o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | | 3ь | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account. | authority over, a ancial account)? | 4 a | | Х |
| | o If 'Yes,' enter the name of the foreign country. | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | | | - |
| | Nas the organization a party to a prohibited tax shelter transaction at any time during the tax | } | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | r transaction? | 5 b | | X |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | _ |
| 6 | Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions? | d did the organization | 6a | | Х |
| | of 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible? | ns or gifts were | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | \dashv | ··· | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor? | rtly for goods and | 7 a | | |
| | olf 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7Ь | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | is required to file | i | | |
| | Form 8282? | · | 7с | | |
| | | 7 d | | | - |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be | | 7 e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef | | 7 f | | |
| • | If the organization received a contribution of qualified intellectual property, did the organization file Fo as required? | rm 8899 | 7 g | | |
| | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o Form 1098-C? | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by | y the sponsoring | _ | 1 | |
| | organization have excess business holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person | on ⁷ | 9 b | | |
| | Section 501(c)(7) organizations. Enter. | | | | |
| | · | 0a | l | ł | |
| | | 0b | | Ì | |
| | Section 501(c)(12) organizations. Enter: | . 1 | | | |
| | ├ | 11a | l | | |
| | • | 1ь | | - | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F | · • | 12a | | |
| | | 2b | | - 1 | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 12- | - | |
| i | It is the organization licensed to issue qualified health plans in more than one state? | _ | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule | U. | - 1 | 1 | |
| | · · · · · · · · · · · · · · · · · · · | 3ь | | | |
| (| Enter the amount of reserves on hand | 3c | _ | | _ |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | Х |
| - 1 | olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sc | hedule O | 14b | | |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1 a **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Х 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 X Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X See Schedule O 6 6 Did the organization have members or stockholders? Х 7 a 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? See Schedule 0 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10 a 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b 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 13 X 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official See Schedule O 15a X b Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 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 during the tax year See Schedule O 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Catherine Clemens PO Box 160100 Big Sky MT 59716 (406) 995-3000

| Form 990 (2 | 2014) | Riσ | Skv | Resort | Association | Inc. |
|---|-------|-----|-----|--------|--------------|------|
| · • • • • • • • • • • • • • • • • • • • | -017/ | שבע | OLA | MESOTE | V220CTGCTOII | THU. |

81-0426408

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | (C) | | | | | | | | | |
|-----------------------|---|-----------------------------------|-----------------------|----------------------------------|---------------------------------------|------------------------------|--------|--|--|---|
| (A) Name and Title | | thar | one both | (do n box, n an c ector | ot che unles officer /truste | | i | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | per week (list any hours for related organiza tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) Sara Griffiths | 0 | | | | | | | | | |
| Director | 0 | X | | | <u> </u> | | | 0. | 0. | 0. |
| (2) Catherine Clemens | 0_ | | | | | | | | | |
| Executive Dir. | 0 | X | Ш | | <u> </u> | | | 0. | 0. | 0. |
| (3) David O'Connor | 0 | | | | | | | | | |
| President | 0 | X | | | | | | 0. | 0. | 0. |
| _(4) Brandon Pang | 1 | | | | İ | | | | | |
| Director | 0 | Х | | | | Щ | | 0. | 0. | 0. |
| _(5) Shawna Winter | 1 | | | | | | | | | |
| Secretary | 0 | X | | | <u> </u> | | | 0. | 0. | 0. |
| _(6) Kevin Germaine | 0 | | | | | | | _ | _ | |
| Director | 0 | X | | | L | | | 0. | 0. | 0. |
| (7) Bill Simkins | 0 | | | | | | | | | |
| Director | 0 | X | | | <u> </u> | | | 0. | 0. | 0. |
| (8) Paul Robertson | 0 | ł | | ,, | | | | | | |
| Treasurer | 0 | <u> </u> | | X | L | | | 0. | 0. | 0. |
| _(9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| <u>(11)</u> | | | | | | - | | | | |
| (12) | | | | - | | | | | | |
| (13) | | | | | | | | | | <u>,</u> |
| (14) | | | | | | | | | | |

| | (B) | | | ((| C) | | | | | | ` |
|---|---|--------------------------------|-----------------------|----------------|--------------------|------------------------------|--------------------|---------------------------------------|--|--|---|
| (A) Name and title | Average hours per week | I box | . unle | check ess p | erson direct | than is bot or/trus | h an tee) | compensation from | (E) Reportable compensation from | amou | (F) |
| | (list any hours for related organiza - tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W 2/1099-MISC) | related organizations (W-2/1099-MISC) | fr org an | pensation om the anization d related inizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (٢١) | | | | | - | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | - | | | | _ | | |
| (21) | | - | | | | | | | | | |
| (22) | | | | | | | | _ | | | |
| (23) | | - | | | | _ | | | | | |
| (24) | | - | | | _ | _ | | | - | | |
| (25) | | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited | | ısted | abo | ve) v | who | recei | ► ► ved | 0. 0. 0. more than \$100,00 | 0. 0. 0. 0 of reportable comp | ensation | 0. 0. 0. |
| from the organization • 0 | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc | tor, or tru | stee, | key | em e | nplo | yee, | or h | nighest compensa | ted employee | 3 | х |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | f reportab er than \$1 | le co 50,00 | mpe 00? | ensa If '\ | ition 'es' | and com | oth <i>plet</i> | ner compensation te Schedule J for | from | 4 | х |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes | e comper s,' comple | satio | n fr | om Jule | any <i>J fo</i> | unre r suc | late ch p | ed organization or person | ındıvıdual | 5 | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest compen | satad ind | 2000 | don | + 001 | ntra | otoro | +h-a | t received more ti | non \$100 000 of | | |
| compensation from the organization. Report compen | sation for | the ca | alen | dar | year | endi | ng v | with or within the or | ganization's tax year | <u>. </u> | |
| Name and business add | ress | | | | | | | Description (| of services | Compe | s) nsation |
| <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total number of independent contractors (including to | | ted to | o the | se I | ısted | abo | ve) | who received more | than | | |
| \$100,000 of compensation from the organization | | TEEA0 | 1081 | 03/0 | 09/15 | | | | | Form | 990 (2014) |
| | | | | | | | | | | | |

| <u></u> | Check if Schedule O contains a response or note | to any line in this Part V | /IIL | | П |
|--|--|----------------------------|--|---|--|
| | 3. 110.0 | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns1ab Membership dues1b129,2c Fundraising events1cd Related organizations1d | 83. | | | |
| imis, G | e Government grants (contributions) 1 e 636, 4 | 81. | | | |
| ribution Other S | | 44. | | | |
| nd (| g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f | 765 000 | _ | | |
| <u>a</u> | Business Co | <u>▶ 765,808.</u> | | | |
| <u> </u> | 2a Annual Golf Tournament 713910 | 17,005. | 17,005. | | |
| Program Service Revenue | b Annual Meeting Dinner 722100 | 10,560. | 10,560. | | |
| j. | c Travel Planner 561500 | 4,825. | 4,825. | | |
| Ž, | d Business Expo 519100 | 3,189. | 3,189. | | |
| Ē | e After Hours 722320 | 1,000. | 1,000. | | |
| gra | f All other program service revenue | | | | |
| Ę | g Total. Add lines 2a-2f | 3 6,579. | | | |
| | 3 Investment income (including dividends, interest and | | | | |
| | other similar amounts) | 11. | 11. | | |
| | 4 Income from investment of tax-exempt bond proceed | ds. ▶ | | | |
| | 5 Royalties | | | | |
| | (i) Real (ii) Person | lai | | | |
| | 6a Gross rents | | | | |
| | b Less rental expenses | | ĺ | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) (i) Securities (ii) Other | | | - | |
| | assets other than inventory | | | | |
| | b Less cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | <u></u> | | | - |
| | d Net gain or (loss) | | | <u> </u> | |
| Other Revenue | 8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c). | | | | |
| ھِ | See Part IV, line 18 | | | | l |
| <u> </u> | b Less direct expenses b | | | | |
| 돛 | c Net income or (loss) from fundraising events | <u> </u> | | - ~ | |
| J | 9a Gross income from gaming activities See Part IV, line 19 | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | • | | | - |
| | 10a Gross sales of inventory, less returns and allowances | | | | - |
| | b Less. cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | <u> </u> | | | |
| | Miscellaneous Revenue Business Cod | de | | | |
| | 11a Income from 990T | 77,286. | [| 77,286. | |
| | b | | | | |
| | c | | | | |
| | d All other revenue. | | | | |
| | e Total. Add lines 11a-11d | ▶ 77,286. | | | |
| | 12 Total revenue. See instructions | ▶ 879,684. | 36,590. | 77,286. | 0. |

Page 10

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)

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 500 500 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 120,789 120,789 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 94,877 94,877 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 15,940. 15,940 10 Payroll taxes 18,316 18,316 11 Fees for services (non-employees). a Management 2,760 **b** Legal 2,760 2,716. c Accounting 2,716 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 28,646. 28,646 Advertising and promotion 439,508. 439,508 12 13 Office expenses 10,423. 10,423 Information technology 14 16,504. 16,504. Royalties 15 16 Occupancy 49,990. 8,225 41,765 17 Travel 4,138 4,138 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 17,668. 8,822 8,846. <u>2,703</u>. 2,703. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 11,940 11,940. 23 Insurance 3,849. 3,849 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,787 5,787 a Member Dues Written off b Postage and Shipping 4,541 4,341 200 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 851,595 467,183. 384,412. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 181,949 198,125. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 11.200 4 20,363. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 2,271 9,175. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 228,233 **b** Less accumulated depreciation 10b 97,167 143,006 100 131,066 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 338,426 16 358,730. 17 Accounts payable and accrued expenses 6,856. 17 $8,\overline{480}$ Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 36,710 27,301. Unsecured notes and loans payable to unrelated third parties 24 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 D 25 26 Total liabilities. Add lines 17 through 25 43,566 26 35,781. Organizations that follow SFAS 117 (ASC 958), check here > Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 294,860 27 322,949 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 322,949.294,860 34 Total liabilities and net assets/fund balances 34 358,730. 338,426

BAA

| Forr | n 990 (2014) Big Sky Resort Association Inc. | 81-04264 | 08 | Pa | age 12 | | | |
|------|---|---------------|------|----------------|--------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8 | 79,6 | 584. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 51,5 | | | | |
| 3 | 3 Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 94,8 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | | | 0. | | | |
| 10 | | | | | | | | |
| Pai | t XII Financial Statements and Reporting | | | 322,9 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | Officer if Schedule O contains a response of flore to any line in this flat All | | | Yes | No. | | | |
| 1 | Accounting method used to prepare the Form 990. Cash X Accrual Other | | | 103 | " | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | | | | |
| 2 8 | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | ΪŽ | 1 | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re | viewed on a | | | | | | |
| | separate basis, consolidated basis, or both: | violioù dir a | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| ı | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a si | eparate | | | | | | |
| | basis, consolidated basis, or both: | | | | 1 | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ļ | | | |
| (| If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audıt, | 2 c | х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | | |
| 3 8 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle | 3 a | | х | | | |
| ı | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require | d audit | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 b | | | | | |
| BAA | | | Form | 1 990 (| (2014) | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

| • 5 | Section 501(c)(4), (5), or (6) o | rganizations Complete Part III | | | | | | | |
|-----|--|---|---|--|--|--|--|--|--|
| | of organization | | | Employer identifica | tion number | | | | |
| Bio | Sky Resort Associ | ation Inc. | | 81-042640 | 8 | | | | |
| Pai | t I-A Complete if the or | rganization is exempt under section | on 501(c) or is a s | section 527 organiz | zation. | | | | |
| 1 | Provide a description of the | organization's direct and indirect political o | ampaign activities in | Part IV | | | | | |
| 2 | Political expenditures | | | ▶\$ | | | | | |
| 3 | Volunteer hours | | | | | | | | |
| Pai | t I-B Complete if the or | rganization is exempt under section | on 501(c)(3). | | | | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ► \$ | | | | | |
| 2 | Enter the amount of any exc | ise tax incurred by organization managers | under section 4955 | ▶\$ | | | | | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No | | | | |
| 4 a | Was a correction made? | | | | Yes No | | | | |
| _ | If 'Yes,' describe in Part IV. | | | | | | | | |
| Pai | | rganization is exempt under section | | | | | | | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt function | n activities >\$ | | | | | |
| 2 | | | | | | | | | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b | | | | | | | | |
| 4 | 1 Did the filing organization file Form 1120-POL for this year? | | | | | | | | |
| 5 | Enter the names, addresses organization made payments | and employer identification number (EIN) 5. For each organization listed, enter the a is received that were promptly and directly de il action committee (PAC) If additional spa | mount paid from the flivered to a separate po | filing organization's fund olitical organization, such | ds. Also enter the as a separate | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

| Schedule C (Form 990 or 990-EZ) 20 | ¹⁴ Big Sky Re | sort Association | Inc. | 81-0426 | |
|--|------------------------------|--|-------------------------------|----------------------------------|-----------------------------|
| Part II-A Complete if section 501 | the organization | on is exempt under se | ection 501(c)(3) and | l filed Form 5768 (el | ection under |
| A Check ► ☐ if the filin | ng organization belo | ngs to an affiliated group (and | d list in Part IV each affili | ated group member's name | |
| | | nd share of excess lobbying | | • | |
| _ | · · | ecked box A and 'limited co | | | |
| | Limits on Lobi | oying Expenditures eans amounts paid or incur | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total Johnying expendit | tures to influence r | public opinion (grass roots le | obbying) | | |
| | | legislative body (direct lob | | | |
| c Total lobbying expendit | | • | | | |
| d Other exempt purpose | | • | | | - |
| e Total exempt purpose of | - | lines 1c and 1d) | | | |
| f Lobbying nontaxable ail | mount. Enter the a | mount from the following ta | ble in | | |
| If the amount on line le, co | tumn (a) or (b) is | The lobbying nontaxable | amount is | | |
| Not over \$500,000 | <u> </u> | 20% of the amount on line 1e. | · | | |
| Over \$500,000 but not over \$1 | ,000,000 | \$100,000 plus 15% of the excess | s over \$500,000 | | |
| Over \$1,000,000 but not over | \$1,500,000 | \$175,000 plus 10% of the excess | s over \$1,000,000. | | |
| Over \$1,500,000 but not over | \$17,000,000 | over \$1,500,000. | | | |
| Over \$17,000,000 | | \$1,000,000 | | | |
| g Grassroots nontaxable | | | | | |
| h Subtract line 1g from li | ne 1a. If zero or le | ss, enter -0- | | | |
| i Subtract line 1f from lir | ne 1c If zero or les | ss, enter -0- | | | |
| j If there is an amount othe section 4911 tax for the | | er line 1h or line 1i, did the or | ganızatıon file Form 4720 | reporting | Yes No |
| (Son | ne organizations th colum | 4-Year Averaging Period nat made a section 501(h) ens below. See the instruction | lection do not have to | complete all of the five | |
| | Lot | bying Expenditures During | 4-Year Averaging Peri | od | |
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2 a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |
| BAA | | | | Schedule C (Form | 990 or 990-EZ) 2014 |

| Complete if the o | | | section 501(c)(3) | and has | NOT filed F | orm 5768 |
|-----------------------|------------------|----------|-------------------|---------|-------------|----------|
| (election under s | section 501(h)). | <u>-</u> | | | | |

| | (a) | | (b) | |
|---|-------|----|-----------|--|
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | Amount | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. | | | ; | |
| a Volunteers? | | | ; | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | _1 | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | <u></u> - | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total Add lines 1c through 1i | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | E | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | 1/-VE | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | Х |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | X |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | X |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

| • | Dues, assessments and similar amounts from members | | | |
|-----------------------------------|--|-----|--|----|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | |
| i | a Current year | 2a | | |
| b Carryover from last year | | | | |
| (| C Total | 2 c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | 0. |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | 0. |

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer Identification number

| | Big Sky Resort Association DBA Big Sky Chamber of Com | Inc. | | 01_0426400 | | | | |
|------|--|--|--|---|--|--|--|--|
| Davi | | er Similar Funds or | 81-0426408 Accounts | | | | | |
| Par | Complete if the organization ans | wered 'Yes' to Form 990. | Part IV, line 6. | Accounts. | | | | |
| | | (a) Donor advised t | | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | (a) Ponor davisou . | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | |
| 3 | Aggregate value of grants from (during year). | | | | | | | |
| 4 | Aggregate value at end of year | | ··· = | | | | | |
| _ | Did the control of th | | accate hold in donor ad | used funds | | | | |
| 5 | Did the organization inform all donors and dor are the organization's property, subject to the | organization's exclusive legal | control? | ∐ Yes ∐ No | | | | |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing to the donor or donor advisor, | ng that grant funds can t , or for any other purpos | e conferring Yes No | | | | |
| Par | t II Conservation Easements. | | | | | | | |
| | Complete if the organization ans | | | | | | | |
| 1 | Purpose(s) of conservation easements held by | | | II. | | | | |
| | Preservation of land for public use (e g , r | recreation or education) | | orically important land area | | | | |
| | Protection of natural habitat | L | Preservation of a cen | ified historic structure | | | | |
| _ | Preservation of open space | hald a muchfood concernation cont | tribution in the form of a a | oncernation excement on the | | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | neia a qualmed conservation com | unbulion in the form of a c | onservation easement on the | | | | |
| | | | | Held at the End of the Tax Year | | | | |
| a | Total number of conservation easements | | 2 | a | | | | |
| t | Total acreage restricted by conservation ease | ments | 2 | b | | | | |
| • | Number of conservation easements on a certi | fied historic structure included | ın (a) 2 | С | | | | |
| c | Number of conservation easements included in structure listed in the National Register | n (c) acquired after 8/17/06, ar | nd not on a historic 2 | d | | | | |
| 3 | Number of conservation easements modified, trar tax year ► | nsferred, released, extinguished, | or terminated by the organ | nization during the | | | | |
| 4 | Number of states where property subject to conse | ervation easement is located > | | | | | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easeme | | g, inspection, handling o | f violations, Yes No | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, | | vation easements during th | ne year | | | | |
| 7 | Amount of expenses incurred in monitoring, inspe | ecting, and enforcing conservation | n easements during the ye | ear | | | | |
| | ► \$ | Ψ. | | | | | | |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the re | quirements of section 17 | ''(h)(4)(B)(I) | | | | |
| 9 | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote | s conservation easements in its r to the organization's financial : | evenue and expense state statements that describe | ment, and balance sheet, and s the organization's accounting for | | | | |
| Par | conservation easements. t Organizations Maintaining Colle | ctions of Art. Historical | Treasures, or Other | r Similar Assets. | | | | |
| rar | Complete if the organization ans | wered 'Yes' to Form 990, | , Part IV, line 8. | | | | | |
| 1 a | If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final | eld for public exhibition, education | n, or research in furtheran | | | | | |
| t | b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | | | | | | | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | | | | | | |
| | (ii) Assets included in Form 990, Part X | | | | | | | |
| 2 | If the organization received or held works of art, I amounts required to be reported under SFAS | historical treasures, or other simil 116 (ASC 958) relating to thes | lar assets for financial gail se items | n, provide the following | | | | |
| a | Revenue included in Form 990, Part VIII, line | 1 | | ► \$ | | | | |
| ŀ | Assets included in Form 990, Part X | | | ► \$ | | | | |

| Schedule D (Form 990) 2014 Big S | Sky Resor | t Ass | sociation | Inc. | Treasures, or | 81-042 | | ontınu | Page 2 red) |
|---|---------------------------------|--------------------|-------------------------------------|--------------------|--|------------------------------|------------|--|----------------|
| 3 Using the organization's acquisition | | | | | | | | | |
| items (check all that apply). | , accession, a | nu otner | — | ily Oi i | the following that ar | e a significant use of its v | JOHCCHO | • • | |
| a Public exhibition | | | d Loan | or exc | change programs | | | | |
| b Scholarly research | | | e Other | | | | | _ | |
| c Preservation for future gener | | | | | | | | | |
| Provide a description of the organiz Part XIII | | | | | | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | tion solicit or an to be mai | receive ntained | donations of ar as part of the c | t, hist irganiz | orical treasures, o zation's collection | r other similar assets | Yes | | No |
| Part IV Escrow and Custodia | l Arrangen | ents. | Complete if t | he o | rganization an: | swered 'Yes' to For | m 990 |), Part | ۱V, |
| line 9, or reported an | amount on | Form | 990, Part X, | iiiie | ۷۱. | _ | | _ | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | | | | | | er assets not included | Yes | | No |
| b If 'Yes,' explain the arrangement | ın Part XIII a | ind com | plete the follow | ng tal | ole. | | | | |
| | | | | | | | Amoun | <u>t </u> | |
| c Beginning balance | | | | | | 1 c | | | |
| d Additions during the year | | | | | | 1 d | | | |
| e Distributions during the year | | | | | | 1 e | | | |
| f Ending balance | | | | | | 1f | | | |
| 2a Did the organization include an a | | | | | | | Yes | _ | No |
| b If 'Yes,' explain the arrangement | ın Part XIII. | Check h | nere if the explai | nation | has been provide | d in Part XIII | | L | _ |
| | | | | | | 000 D + 1 1/4 1 | - 10 | | |
| Part V Endowment Funds. C | | | | | | | | Faur waar | a book |
| 1 - Paginning of year holonoo | (a) Current | year | (b) Prior yea | | (c) Two years back | (d) Three years back | (e) | Four year | S DACK |
| 1 a Beginning of year balance | | | | | | | <u> </u> | | |
| b Contributions | | | | | | | <u> </u> | | |
| c Net investment earnings, gains, and losses | | | - | | | | | | |
| d Grants or scholarships | | | | | | | ļ | | |
| Other expenditures for facilities and programs | | | | | | | | | |
| f Administrative expenses | | | | | | | <u> </u> | | |
| g End of year balance | | | <u> </u> | | | | <u> </u> | | |
| 2 Provide the estimated percentag | e of the curre | nt year | end balance (lir | ne 1g, | column (a)) held | as | | | |
| a Board designated or quasi-endown | | | | | | | | | |
| b Permanent endowment ▶ | <u></u> ۶ | | | | | | | | |
| c Temporarily restricted endowmen | nt • | | _ % | | | | | | |
| The percentages in lines 2a, 2b, | and 2c shoul | d equal | 100%. | | | | | | |
| 3a Are there endowment funds not in | the possession | of the o | organization that | are he | ld and administered | I for the | ı | | |
| organization by. | | | | | | | <u> </u> | Yes | No |
| (i) unrelated organizations. | | | | | | | 3a(i) | | - |
| (ii) related organizations | | | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(II), are the related | - | | | | | | 3b | | L |
| 4 Describe in Part XIII the intender | | | ation's endowm | ent fu | nds | | | | |
| Part VI Land, Buildings, and | | | D | 00 | 0 0 1 1 1 1 | 11. 0. 5. 5 00/ | . D | L V . I | 10 |
| Complete if the organ | ization ans | wered | 'Yes' to Forr | n 990 | J, Part IV, line | TTa. See Form 990 | | | |
| Description of property | | | t or other basis nvestment) | |) Cost or other basis (other) | (c) Accumulated depreciation | (d) | Book va | alue ——— |
| 1 a Land | | | | | | | | | |
| b Buildings | | | | | 167,000. | 55,666. | | 111 | <u>,334.</u> |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | | | | 23,807. | 20,424. | | | <u>, 383.</u> |
| e Other | | | | <u> </u> | 37,426. | 21,077. | | | <u>,349.</u> |
| Total. Add lines 1a through 1e (Colum | nn (d) must e | qual Fo | rm 990, Part X, | colum | n (B), line 10c.) | 0.1 | J. A /- | | <u>, 066.</u> |
| BAA | | | | | | Schedi | uie 🔰 (F | orm 990 | 1) 2014 |

(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

BAA

TEEA3303L 08/25/14

Schedule D (Form 990) 2014

(8)

| Schedule D (Form 990) 2014 Big Sky Resort Association Inc. | 81-0 | 426408 Page 4 |
|--|---------------------------------------|----------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements | - | n. N/A |
| Complete if the organization answered 'Yes' to Form 990, Par | t IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| a Net unrealized gains (losses) on investments | 2 a | |
| b Donated services and use of facilities | 2 b | 1 |
| c Recoveries of prior year grants | 2 c | |
| d Other (Describe in Part XIII.) | 2 d | |
| e Add lines 2a through 2d | 2 | ē |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIII) | 4 b | |
| c Add lines 4a and 4b | 4 | c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statement | s With Expenses per Ref | urn. N/A |
| Complete if the organization answered 'Yes' to Form 990, Par | t IV, line 12a. | |
| 1 Total expenses and losses per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | 2 b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIII.) | 2 d | |
| e Add lines 2a through 2d | 2 | e |
| 3 Subtract line 2e from line 1 | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | · · · · · · · · · · · · · · · · · · · | |
| | 4a | |
| b Other (Describe in Part XIII.) | 4 b | |
| c Add lines 4a and 4b. | 4 | с |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Part XIII Supplemental Information. | | - |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

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.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Big Sky Resort Association Inc. DBA Big Sky Chamber of Commerce Employer identification number 81-0426408

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Organization has 405 members. The members join the Chamber of Commerce and select their level of membership based on a tiered dues schedule. Tiered levels are comprised of varying levels of member representation in Chamber materials and events.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

An annual election is held, which votes are administered by ballot to all members. The majority vote recipients are then selected as the governing body (members can respond with a vote or designate their proxy to another member or the current Board).

Form 990, Part VI, Line 11b - Form 990 Review Process

The 990 is reviewed by the Board of Directors before signing and submitting to the IRS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management Salaries of all employees are reviewed and approved by the Board of Directors annually and in the event of any change.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All documents are avialable upon request.