

ACBS-FY21

FY21 Application for Funding

Arts Council of Big Sky

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Application Form

Guidelines & Applications Tips

Guidelines:

- Please direct questions or concerns to Jenny Muscat, Operations Manager, at jenny@resorttax.org or 406-995-3234
- Please only provide the information requested within this application
 - Supplemental materials will not be accepted or included in the final board review
- Blackmail or bribery of staff or board members is strictly prohibited and will result in disqualification
- Please proofread your application for grammar and validate your data prior to submission
- When applicable, group themed initiatives into larger project/program requests
 - You can apply for funds for up to 8 projects/programs
 - Please group all operational (payroll, training, maintenance, etc) costs into 1 project and individually list capital projects or programs
- Avoid organizational jargon and use layman's terms to minimize follow up questions
- You may SAVE the application at any time and return to it
- Final submission happens upon clicking 'SUBMIT'
- **The deadline for applications is Thursday, April 30 @ 11:59pm (Mountain Time)**

Acknowledgement*

I have read and understand the instructions and guidelines for this application

Document Uploads:

You may be required to upload the following documents in this application. We recommend saving these files in one location on your computer for easy upload.

- 990 Form
- Auditor's Report
- Operating Budget Current Fiscal Year
- Profit & Loss Budget vs Actual Previous Fiscal Year
- Balance Sheet Previous Fiscal Year

You will be asked to download the '3-Year Financial Forecast' and complete both worksheets, 'Itemized Expenses & Revenues' *AND* 'Reserves & Cash Flow,' save and upload in the Financial Information section below. Use the links below to download your preferred format. (We suggest using EXCEL as formulas are set to populate totals and percentages for you.)

- EXCEL (3-Year Financial Forecast)

- WORD (3-Year Financial Forecast)
- PDF (3-Year Financial Forecast)

Background Information

Please complete the following section with information about your organization:

Request Title*

Please enter your "'Organization Acronym"-FY21' in the following format. For example: *BSRAD-FY21*

ACBS-FY21

Fees*

Does your organization charge any dues or fees? If yes please explain in the next question.

No

Explain Fees

If applicable, please explain any fees or dues your organization charges and what portion of your total revenue this accounts for:

FTE Count*

Please list the number of full-time employees in your organization. If you have none please enter 0:

3

PTE Count*

Please list the number of part-time employees in your organization. If you have none please enter 0:

0

Volunteer Count*

Please list the number of volunteers in your organization. If you have none please enter 0:

75

Future Personnel Growth*

Please explain any predicted 3-year growth to the numbers listed above (FTE, PTE, Volunteers). And explain if you anticipate Resort Tax funds will support this growth:

We are planning to add one full-time Event Coordinator position this fall, contingent on our Murdock Trust grant application (submitted this March) that would help pay for this. We do not anticipate any Resort Tax funding for this position.

Our Development Coordinator has recently left, leaving this part-time position open (8-16 hours/week). We have postponed hiring for this until the coronavirus pandemic has calmed down. We do not anticipate any Resort Tax funding for this position.

Organizational Partnerships

Please explain any other organizations you have partnered with and provide details for any ongoing strategic partnerships:

We partner with the following organizations:

Big Sky Community Organization (public art, programming, future community center, Mountainfilm)

Women In Action (programs)

Big Sky School District (programs, outreach, artist-in-residence, field trips)

Montana State University (Madrigal Dinner, Bravo! Big Sky Festival, field trips for Big Sky high-schoolers)

Big Sky Town Center Owner's Association (public art)

Big Sky Rotary (recycling)

Montana Arts Council (programs)

Humanities Montana (programs)

Number of Projects/Programs*

How many projects/programs are you requesting Resort Tax funds for?

Applicants can apply for funds for up to 8 projects/programs. When applicable, please consider grouping themed initiatives into larger project/program requests.

3

For applicants with multiple projects please note that the application will expand and create additional project/program information sections for each project you are requesting funding for based upon the number entered above. Please enter your projects in order of highest to lowest priority as you complete the application.

Forecasted Request FY21*

In last year's application, what amount did you predict you would be requesting for this year (FY21)?

If you did not apply last year please enter 0.

Please reference question #5 "Total Cash Flow 3-Year Requirement" on last year's application to gather this data.

\$250,000.00

Total Funds Requested FY21*

Please enter the total amount of funds your organization is requesting for all projects/programs for this year (FY21):

Please ensure that all requests for all projects add up to this total, the form does not calculate a total for you.

\$233,000.00

Explain Variance

If applicable, please explain any differences in your current request vs the amount entered on last year's application:

Variance of \$17,000, we've tried to cut out a few items or reduced anticipated costs.

State your estimated payment request schedule FY21. Amounts should add up to *Total Funds Requested FY21*.

For any month you are NOT requesting funds please enter 0.

Important: July 15, 2020, will be the first day a payment can be requested. Funding will not be available until a contract has been signed and the Award Orientation has been completed.

July 2020 Estimate*

\$32,500.00

August 2020 Estimate*

\$12,500.00

September 2020 Estimate*

\$2,500.00

October 2020 Estimate*

\$0.00

November 2020 Estimate*

\$0.00

December 2020 Estimate*

\$10,500.00

January 2021 Estimate*

\$10,000.00

February 2021 Estimate*

\$40,000.00

March 2021 Estimate*

\$20,000.00

April 2021 Estimate*

\$15,000.00

May 2021 Estimate*

\$40,000.00

June 2021 Estimate*

\$50,000.00

When projecting future requests, please ensure these numbers are as accurate as possible. While calculating these numbers keep the following in mind:

- **Economic Growth**
- **Staffing Changes**
- **Changes in Community Needs**

Future Funding Request FY22*

What is your forecasted Resort Tax request for FY22 (7/1/21-6/30/22)?

\$215,000.00

Future Funding Request FY23*

What is your forecasted Resort Tax request for FY23 (7/1/22-6/30/23)?

\$220,000.00

Mill Levy Authority*

Does your organization have mill levy authority?

No

Public Safety

Public Safety*

Does your organization provide a public service that responds to emergency calls?

No

Financial Information

Please complete the following questions and upload all available documents for your organization; if a document is not available please explain why:

3-Year Financial Forecast*

Please download the '3-Year Financial Forecast' and complete both worksheets: 'Itemized Expenses & Revenues' AND 'Reserves & Cash Flow.' And save the completed workbook, and upload your '3-Year Financial Forecast.' Use the links below to download your preferred format. (We suggest using EXCEL as formulas are set to populate totals and percentages for you.)

- EXCEL (3-Year Financial Forecast)
- WORD (3-Year Financial Forecast)
- PDF (3-Year Financial Forecast)

ACBS 3-Year Financial Forecast (FY21).xlsx

990 Form

Please upload a copy of your organization's most recently completed 990 form. If you are unable to provide a 990 form, briefly explain why:

Arts Council of Big Sky 2018 Public Disclosure Copy.pdf

Auditor's Report

Please upload a copy of your organization's most recently completed Auditor's Report. If you are unable to provide an Auditor's Report, briefly explain why:

We do not get an Auditor's Report each year.

Operating Budget Current Fiscal Year

Please upload a copy of your organization's complete operating budget for your current fiscal year. If you are unable to provide this document, briefly explain why:

RT 2019-20 Budget.pdf

Profit & Loss | Budget vs Actual Previous Fiscal Year

Please upload a copy of your organization's Profit and Loss, Budget vs. Actual from your previous completed fiscal year. If you are unable to provide this document, briefly explain why:

RT BVA 2018-19.pdf

Balance Sheet Previous Fiscal Year

Please upload your organization's balance sheet from your previous completed fiscal year. If you are unable to provide your document, briefly explain why:

RT Balance Sheet 10.31.19.pdf

Funding Sources*

Please explain your approach and sources for funding, including what part Resort Tax currently provides, among other funding sources. Additionally, describe your long-term plan to supplement Resort Tax Funds:

2018-19 Fiscal Year
 Resort Tax Funding 31%
 Program Income 25%
 Donation Income 20%
 Sponsorship Income 13%
 Grant Funding 6%
 Other Sources 5%

Our Resort Tax percentage has fluctuated from year to year, around 23-31%. We do anticipate getting a large amount of individual contributions for two large upcoming public art projects over the next two fiscal years. We will continue to use Resort Tax to fund much of our summer programming, but will also continue to NOT have Resort Tax fund any of our overall operations and overhead--or other programs throughout the

year. Much of our public art projects have not included Resort Tax funding, but we may ask for a small amount in the next few years for two big community projects.

Strategic Plan/Long-Term Plan*

Does your organization have a strategic plan/long-term plan? If yes, please upload in the next question.

Yes

Strategic/Long-Term Plan Explanation

If your organization has a strategic/long-term plan please upload **ONLY** the executive summary/overview:

I.E 3 year plan, 5-year plan, etc...

RT Executive Summary.docx

Project/Program 1 Information

Please complete the following section pertaining to your organization's 1st priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 1*

Please enter the name for your 1st priority project/program:

2021 Summer Programming

Amount Requested | Project/Program 1*

State the amount you are requesting for project/program 1:

\$185,500.00

Percent of Total | Project/Program 1*

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

81

Category | Project/Program 1*

Please select the category that best pertains to this project/program:

Tourism & Economic Development

Category (Other) | Project/Program 1

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 1*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

- Preserve a cohesive, but distinct character throughout the community
- Provide residents with cultural opportunities
- Embrace Big Sky's DNA as a destination, born out of a visitor economy

Strategy Explanation | Project/Program 1*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

We think our concerts help preserve Big Sky's distinct character--a fun, safe, family-friendly place where people can enjoy everything from the great outdoors to great cultural activities. The concerts enhance Big Sky's reputation as a fun, exciting tourist destination. Our summer offerings provide a cultural amenity to those who live here, while also providing an added event for visitors to Big Sky. Our summer concerts embrace Big Sky's DNA as a tourist destination by giving visitors access to (mostly) free events while they are here. Many of those visitors spend money at the concerts and at the surrounding businesses.

Note: this request is for the summer event season for 2021. Instead of separating the different events into separate projects, I have lumped all of our summer programming (Music in the Mountains, Bravo! Big Sky, Shakespeare in the Parks, Mountainfilm) into one project now called 2021 Summer Programming.

Other Community Needs | Project/Program 1

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

Our events help promote economic activity by drawing several thousand people to Big Sky each week. They generate Resort Tax revenue through attendees spending money at grocery stores, restaurants, food vendors, hotels, shops, etc. The concert series in particular draws people from around the state and beyond and has a reputation for being one of the best music series in the region. In addition, they have helped put Big Sky on the map as a must-stop destination for touring musicians.

Community Target Segment | Project/Program 1*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

- Businesses
- Children/Families

Property Owner/HOAs
Local Workforce
Non-Profits
Outdoor Recreationalist
Part-Time Residents
Tourist/Visitor
Year-Round Residents

More Detail Community Segment | Project/Program 1

If applicable, please provide more detail on your community target segment:

Our summer events truly do cater to nearly every segment. Businesses sponsor and attend the events, they are family friendly, attended by locals and visitors, and appeal to those with limited income (most of our events are free).

Schedule | Project/Program 1*

What is the schedule of this project/program? Select all that apply:

Annually Recurring

Schedule Explanation | Project/Program 1

If applicable, please provide more detail on the schedule of this program/project:

The 2021 free concert season is scheduled for June 24 to September 12 and includes 11 Thursday concerts, a July 4 concert, Montana Shakespeare in the Parks, the Bravo! Big Sky Festival (formerly the classical music festival), and Mountainfilm.

Additional Operating Costs | Project/Program 1*

Will the outcome of this project result in a need for additional operating and maintenance costs? If yes, please explain in the next question.

No

Additional Operating Costs Explanation | Project/Program 1

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

Resort Tax funding does not cover the full cost of our summer programming, all additional costs are covered by the Arts Council.

Goals | Project/Program 1*

What are the goals of this project/program and how will they be measured?

- Provide a quality music series that appeals to a wide range of attendees

- Provide a safe, family-friendly event for locals and visitors
- Act as a catalyst for local businesses during the summer season
- Help put Big Sky on the map as a summer destination for musicians and concertgoers
- Provide a cultural amenity that complements our abundant outdoor recreational offerings
- Increase visitation from the surrounding Greater Yellowstone area to Big Sky
- Create visibility for the Arts Council while acting as ambassadors for the greater Big Sky community
- Provide a safe and welcoming place for our local youth to gather

Shared Goals & Collaboration | Project/Program 1*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question.

Yes

Shared Goals & Collaboration Explanation | Project/Program 1

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

Area Businesses: Sponsor our events, help publicize and create awareness, generate business
 Moonlight Community Foundation: Helps fund our free ARTventure Activity Tent for youth
 Yellowstone Country Montana: Promotes our events through the Yellowstone region through print and social media
 Big Sky PBR: collaborates on music, adds value to event
 YCCF: supports Bravo! Big Sky as part of varied summer programming
 Big Sky Town Center: works with us to promote summer events

Community Outreach | Project/Program 1*

Please explain any community outreach that has led to the development of this project/program:

Our summer events have grown with the community. What started out as a few weekly concerts with \$5 tickets and a few hundred people has grown into hosting more than 30,000 people each summer at a state-of-the-art outdoor concert venue. We feel we have responded to the community's support of the summer concerts by increasing the talent level and adding other amenities to create an inspiring experience and a positive impression of Big Sky. We've also added educational opportunities through our ARTventure activity tent which hosted more than 1,200 kids last summer, and we've created an intern program for high school students who help coordinate the activity tent.

Start Date | Project/Program 1*

11/02/2020

Completion Date | Project/Program 1*

09/17/2021

Additional Funding Sources | Project/Program 1*

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

Yes

Additional Funding Sources Explanation | Project/Program 1

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

In a typical year we receive sponsorships (cash and in-kind) from approximately 25 area businesses. We also receive support from the three local community foundations. We sometimes are awarded additional grant income (i.e. MT Tourism, Yellowstone Country Montana, etc.), depending on the year. We do also get a small amount of individual donations that support the concerts.

Fees & Revenue | Project/Program 1*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

Yes

Fees & Revenue Explanation | Project/Program 1

If applicable, please explain any other fees or revenue associated with this project/program:

We do get a small amount of revenue from vendor sales, merchandise sales and raffles from the concerts.

Project/Program 2 Information

Please complete the following section pertaining to your organization's 2nd priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 2*

Please enter the name for your 2nd priority project/program:

2020 Music in the Mountains: Portable Stage

Amount Requested | Project/Program 2*

State the amount you are requesting for project/program 2:

\$32,500.00

Percent of Total | Project/Program 2

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

54

Category | Project/Program 2*

Please select the category that best pertains to this project/program:

Tourism & Economic Development

Category (Other) | Project/Program 2

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 2*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

- Preserve a cohesive, but distinct character throughout the community
- Provide residents with cultural opportunities
- Embrace Big Sky's DNA as a destination, born out of a visitor economy
- Improve & develop new park spaces & gathering spaces

Strategy Explanation | Project/Program 2*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

The 2020 concert season has presented us with a number of challenges. First, because of the community center construction, we will not be able to use Town Center Park and our permanent stage for the concerts. This has forced us to find an alternate location which will take a lot of work to get prepared and suitable for concerts. This will also necessitate bringing in a portable stage each week for the concerts, at a substantial cost to the Arts Council.

It's hard to imagine a summer without free music, so if we are able to have the concerts they will go a long way in helping to preserve the character of this community, as they have become one of the most important parts of the summer. The series will also certainly help support the visitor community by bringing people here, while also giving our locals a much-needed cultural event to look forward to each week.

Because of the alternate location, we would be creating a new, temporary public gathering space.

Other Community Needs | Project/Program 2

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

If we are able to have the concerts this summer, they will truly be appreciated by the local community. We have all been through a tough few months and the concerts would help bring everyone together (safely, of course) to celebrate what a caring and amazing community we live in. Not having the concerts would be a cultural and economic loss for the community. A 2018 Economic Impact Analysis showed that ACBS events generate \$2.2 million that stays in the local economy each year.

Community Target Segment | Project/Program 2*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

- Businesses
- Children/Families
- Property Owner/HOAs
- Local Workforce
- Non-Profits
- Outdoor Recreationalist
- Part-Time Residents
- Tourist/Visitor
- Year-Round Residents

More Detail Community Segment | Project/Program 2

If applicable, please provide more detail on your community target segment:

As stated above, our summer events truly do cater nearly every segment. Businesses sponsor and attend the events, they are family friendly, attended by locals and visitors, and appeal to those with limited income (most of our events are free).

Schedule | Project/Program 2*

What is the schedule of this project/program? Select all that apply:

- One Time

Schedule Explanation | Project/Program 2

If applicable, please provide more detail on the schedule of this program/project:

With the Covid crisis, we may have to adjust the summer 2020. The requested amount here is for renting a portable stage for a full schedule of concerts from June 25-September 3. OUR REQUEST MAY DECREASE BASED ON SCHEDULE. WE WILL KNOW BY JUNE 3.

Additional Operating Costs | Project/Program 2*

Will the outcome of this project result in a need for additional operating or maintenance costs? If yes, please explain in the next question.

Yes

Additional Operating Costs Explanation | Project/Program 2

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

The requested amount is for stage rental only. We will still need to rent generators for power, and will incur additional labor costs to set up and take down stage each week. We will also have to fund the concert site preparation, as the alternate location in the Town Center will be most likely in a dirt/sage brush area that will need significant preparations to be suitable and safe for events.

Goals | Project/Program 2*

What are the goals of this project/program and how will they be measured?

The goal is simply to secure funding to rent a portable stage each week to have the concerts. If we don't have the stage, there will be no concerts this summer. This is an unexpected cost and a one-time (hopefully) request. In our talks with the BSCO, the usual location in Len Hill Park will be available for use in 2021.

Shared Goals & Collaboration | Project/Program 2*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question.

Yes

Shared Goals & Collaboration Explanation | Project/Program 2

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

We have been working closely with the Big Sky Community Organization, the Town Center and Lone Mountain Land Company to find a suitable alternate location for the concerts in 2020.

Community Outreach | Project/Program 2*

Please explain any community outreach that has led to the development of this project/program:

The ACBS has been working with various Big Sky entities to secure a location for the portable stage. The community has been supportive of this project to make sure the concerts are able to take place.

Start Date | Project/Program 2*

06/25/2020

Completion Date | Project/Program 2*

09/03/2020

Additional Funding Sources | Project/Program 2

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

Yes

Additional Funding Sources Explanation | Project/Program 2

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

The Arts Council is planning on contributing some of its own funds for the additional costs associated with the portable stage. We are also hoping to get some in-kind donations to help with site preparation. We have a \$5,000 grant pending with Yellowstone Country Montana to help with this as well.

Fees & Revenue | Project/Program 2*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

No

Fees & Revenue Explanation | Project/Program 2

If applicable, please explain any other fees or revenue associated with this project/program:

Project/Program 3 Information

Please complete the following section pertaining to your organization's 3rd priority project/program that you are requesting funds for. There will be subsequent sections to complete for organizations with multiple projects. Please enter your projects in order of highest to lowest priority as you complete the application.

Project/Program 3*

Please enter the name for your 3rd priority project/program:

2020 July 4 Fireworks

Amount Requested | Project/Program 3*

State the amount you are requesting for project/program 3:

\$15,000.00

Percent of Total | Project/Program 3*

What percent of your total ask does this project/program represent?

Please enter percentages as numbers only, special characters will not be accepted. I.E. 50% should be entered as 50.

100

Category | Project/Program 3*

Please select the category that best pertains to this project/program:

Tourism & Economic Development

Category (Other) | Project/Program 3

If you selected "other" in the previous question, please explain the nature of your project/program:

Our Big Sky Strategies | Project/Program 3*

Please select which strategies outlined in the Our Big Sky Community Vision and Strategy this project/program is working to achieve. Select all that apply:

Provide residents with cultural opportunities

Embrace Big Sky's DNA as a destination, born out of a visitor economy

Strategy Explanation | Project/Program 3*

Briefly explain how your project/program is meeting the needs of the strategies selected in the previous question:

The fireworks are an integral piece of Big Sky's July 4 celebration, which is the Arts Council's biggest event of the year and is a highlight for tourists and locals alike.

Other Community Needs | Project/Program 3

If applicable, please explain any community needs or priorities that this project/program is assisting with that are not outlined in the Our Big Sky Plan:

Community Target Segment | Project/Program 3*

Identify the community target segment(s) that applies to this project/program. Please select all that apply. You can provide more explanation if needed in the next question:

Businesses

Children/Families
Property Owner/HOAs
Local Workforce
Non-Profits
Outdoor Recreationalist
Part-Time Residents
Tourist/Visitor
Year-Round Residents

More Detail Community Segment | Project/Program 3

If applicable, please provide more detail on your community target segment:

Everyone loves fireworks! Well, almost everyone...

Schedule | Project/Program 3*

What is the schedule of this project/program? Select all that apply:

One Time

Schedule Explanation | Project/Program 3

If applicable, please provide more detail on the schedule of this program/project:

If we are NOT able to have the July 4 concert, it might be possible to have fireworks at the usual time and have people celebrate at their own homes--not necessarily gathering in one space. We will make this decision by the June 3 Q&A.

Additional Operating Costs | Project/Program 3*

Will the outcome of this project result in a need for additional operating or maintenance costs? If yes, please explain in the next question.

No

Additional Operating Costs Explanation | Project/Program 3

If applicable, please provide more detail on how you plan to fund the additional operating and maintenance costs:

Goals | Project/Program 3*

What are the goals of this project/program and how will they be measured?

To have a successful July 4 celebration.

Shared Goals & Collaboration | Project/Program 3*

Are you collaborating with any other organizations or partners on this project/program? If yes, please explain in the next question:

Yes

Shared Goals & Collaboration Explanation | Project/Program 3

If applicable, please explain any collaboration on this project/program with other organizations or partners and your shared goals:

We collaborate with the Big Sky Town Center and the Fire Department on selecting a safe and suitable location to stage the fireworks.

Community Outreach | Project/Program 3*

Please explain any community outreach that has led to the development of this project/program:

The Arts Council has provided the fireworks for the Big Sky community since taking it over from the previous Big Sky Community Corporation. We have increased the budget a few times over the years to where it is now, which provides a nice display for the community and enhances the event.

Start Date | Project/Program 3*

07/04/2020

Completion Date | Project Program 3*

07/04/2020

Additional Funding Sources | Project/Program 3*

Does your budget include any additional funding sources for this project/program, including any matches, assistance, or support you have received? If yes, please explain in the next question.

No

Additional Funding Sources Explanation | Project/Program 3

If applicable, please explain any additional funding sources for this project/program, including any matches, assistance, or support you have received:

Fees & Revenue | Project/Program 3*

Are there any other fees or revenue associated with this project/program? If yes, please explain in the next question.

No

Fees & Revenue Explanation | Project/Program 3

If applicable, please explain any other fees or revenue associated with this project/program:

COVID-19

COVID-19*

What, if any, predicted impacts of COVID-19 will directly impact your operation and request?

As mentioned above, the largest part of our request (Project #1) is for the 2021 summer. We don't anticipate COVID-19 affecting our summer season then, but obviously we don't know for sure. For now we are planning on Summer 2021 being a normal summer for our events and will adjust in the future if we need to.

The other two projects we are requesting funds for may be directly impacted. The requested amount is for a full schedule this summer. If we end up reducing the number of concerts, or not having any at all, we would REDUCE our request for these two projects. If we are able to still have some concerts, we may try to start later in the summer and extend them into September and/or have several bands over Labor Day weekend as a mini-festival, just to try and keep the music going and generate some cultural tourism traffic.

We will let the Resort Tax Board know of our plans before the June 3 Q&A, so that we can reduce our request if needed.

Overall, at this point we have not had to reduce staff or programs, as the virus hit us at a slower time. We did have to postpone our high school field trip to Seattle (now scheduled for September). We have created several virtual online programs, including hosting livestream concerts on Friday afternoons, online adult painting workshops, kids drawing classes and more. We received funding from the PPP program and do not anticipate reducing staff at this point or requesting Resort Tax Funds for current staffing needs or operations. There are many unknowns, however, moving forward. We don't know how this will affect our donor base. If we don't have concerts or even reduce the number we will see a significant decrease in revenue from sponsorships, vendor sales, merchandise sales and possibly donations. The bottom line is we would still like to find a way to use some of the FY20 Resort Tax funding already allocated to us to host some type of concert season this summer. We will know our plan before the June 3 Q&A session, so that we will be able to a) possibly reduce our FY21 request and b) return or not use some of the FY20 allocation.

Application Verification & Summary

Community Messaging*

Please provide a brief description of your application for community messaging purposes:

The summer programming provided by the Arts Council has become integral to Big Sky's DNA, bringing locals and visitors together for high-quality, family friendly cultural activities. In 2019, Music in the Mountains was voted Best Annual Event by readers of Explore Big Sky.

Please ensure that your application is complete, all calculations are accurate, and it has been proofread before submitting for Board review. Once you select Submit you will no longer be able to edit your application.

Completion*

Incomplete applications may not be considered for funding. It is the applicant's responsibility to provide all the information requested in the proper format by the application deadline.

I certify this application is complete and accurate

Date Submitted*

04/28/2020

Once you click 'SUBMIT', do not refresh the page. It may take a few moments to process the information and submit the application.

Staff Questions

Staff Questions for Applicant*

File Attachment Summary

Applicant File Uploads

- ACBS 3-Year Financial Forecast (FY21).xlsx
- Arts Council of Big Sky 2018 Public Disclosure Copy.pdf
- RT 2019-20 Budget.pdf
- RT BVA 2018-19.pdf
- RT Balance Sheet 10.31.19.pdf
- RT Executive Summary.docx

*** Please be sure to complete both the
"Itemized Expenses & Revenues" AND "Reserves & Cash Flow" Worksheets.**

GLOSSARY OF TERMS

- **Full Time Equivalent (FTE):** A unit that indicates the workload of an *employed* person to makes workloads comparable across various contexts. Please use a 40-hour week as full time. For example, if your organization employs one person at 20 hours per week and hires an accountant for 10 hours per week the FTE is $\frac{3}{4}$. Likewise, if your organization employs two people at 40 hours per week each, hires a grant writer at 10 hours per week and a fundraiser at 10 hours per week the FTE is $2\frac{1}{2}$.
- **In-Kind:** Goods, services and transactions not involving money. For example, goods or services are exchanged for other goods or services with no monetary change. Another example, charitable giving in which, instead of giving money to buy goods and services, the goods and services themselves are given. Employee benefits such as a company car or gym membership would also be considered in-kind.
- **On Hand Restricted:** A reserve of money that can only be used for specific purposes and the purpose cannot be changed by the organization's board or director. For example, on hand restricted applies to contributions in which, donors indicated that the contributions must be used in a manner the donor has chosen.
- **On Hand Unrestricted:** A reserve of money given by a donor in which, the organization is free to use as they see fit. For example, when given a donation of unrestricted funds, the organization might allocate their use toward helping offset operating costs such as rent, labor costs and utility bills.
- **Capital Reserves Goal:** The ideal end result for a reserve of money that will specifically be used for capital investment projects or any other large and anticipated expense(s) that will be incurred in the future.

*** Please be sure to complete both the "Itemized Expenses & Revenues" AND "Reserves & Cash Flow" Worksheets.**

ITEMIZED EXPENSES AND REVENUES <i>(Include all organization projects and programs, not only those requesting resort tax funding)</i>	<i>Please enter the dates of your Organization's Current Fiscal Year below:</i>
	11/1/2019 - 10/31/2020

		Previous Fiscal Year (Budgeted)	Previous Fiscal Year (Actual)	Current Fiscal Year (Budgeted)	Next Fiscal Year Anticipated	% Change From Previous Fiscal Year	% of Total Revenue (Current Fiscal Year)		
Revenue	Resort Tax	\$ 210,000.00	\$ 191,851.00	\$ 215,000.00	\$ 215,000.00	2%	26%		
	Other Public Grants	\$ 50,000.00	\$ 34,800.00	\$ 56,650.00	\$ 116,500.00	13%	7%		
	Private Donations (not including In-Kind)	\$ 130,750.00	\$ 127,408.00	\$ 201,500.00	\$ 366,500.00	54%	24%		
	Fundraising Events (Net Amount)	\$ 80,000.00	\$ 47,340.00	\$ 68,500.00	\$ 68,500.00	-14%	8%		
	Dues & Fees	\$ 50,000.00	\$ 56,925.00	\$ 50,000.00	\$ 55,000.00	0%	6%		
	Other*	\$ 214,050.00	\$ 172,726.00	\$ 231,350.00	\$ 272,900.00	8%	28%		
	Total	\$ 734,800.00	\$ 631,050.00	\$ 823,000.00	\$ 1,094,400.00	11%	100%	Should total 100%	
Expenses	Administration	Payroll	\$ 48,211.00	\$ 40,171.00	\$ 81,100.00	\$ 95,050.00	68%	10%	
		Fundraising	\$ 7,000.00	\$ 11,865.00	\$ 10,850.00	\$ 10,850.00	55%	1%	
		Marketing	\$ 35,000.00	\$ 37,525.00	\$ 30,000.00	\$ 30,000.00	-14%	4%	
	Operations/ Programming	Payroll	\$ 108,000.00	\$ 72,500.00	\$ 132,000.00	\$ 184,000.00	22%	16%	
		Other	\$ 509,765.00	\$ 520,380.00	\$ 597,320.00	\$ 554,000.00	17%	70%	
	Other**	\$ -	\$ -	\$ -	\$ -	#DIV/0!	0%		
Total	\$ 707,976.00	\$ 682,441.00	\$ 851,270.00	\$ 873,900.00	20%	100%	Should total 100%		
Capital Expenditures	Total		\$ -		\$ 220,000.00	#DIV/0!	N/A		
Income	Net Income	\$ 26,824.00	\$ (51,391.00)	\$ (28,270.00)	\$ 500.00	195%	N/A		

* **Revenue Other:** Other revenue includes vendor sales, merchandise sales, raffles, sponsorships.

****Expenses Other:**

*****Explain Variances:** We are hoping to hire a full time Event Coordinator in November 2020, and we are currently planning two major public art installations for 2021 that will increase our overall donation income as well as the expense of purchasing and installing the artwork.

*** Please be sure to complete both the
"Itemized Expenses & Revenues" AND "Reserves & Cash Flow" Worksheets.**

3-YEAR CASH FLOW

(Include all organization projects and programs, not only those requesting resort tax funding)

	2019-20	2020-21	2021-22	TOTAL
Payroll	\$ 213,100.00	\$ 293,860.00	\$ 303,250.00	\$ 810,210.00
Total # of FTE Personnel	\$ 3.00	\$ 4.25	\$ 4.25	N/A
Operations/Programming	\$ 638,170.00	\$ 580,540.00	\$ 580,430.00	\$ 1,799,140.00
Capital Expenditures	\$ -	\$ 220,000.00	\$ 100,000.00	\$ 320,000.00
Total	\$ 851,270.00	\$ 1,094,400.00	\$ 983,680.00	\$ 2,929,350.00

RESERVES: Capital, Programming, and/or Operating: **As of 4/23/2020**

On Hand Restricted**	\$	140,238.00
On Hand Unrestricted**	\$	87,632.00
Goal (if currently no reserves)	\$	30,114.00

**Purpose of Restricted and Unrestricted Capital Reserves: The purpose of our cash reserve account is to cover expenses if we experience a downturn in the economy (slush fund) or to pay for needed infrastructure or capital expenditures.

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **NOV 1, 2018** and ending **OCT 31, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ARTS COUNCIL OF BIG SKY		D Employer identification number 81-0457768
	Doing business as		E Telephone number 406-995-2742
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 625,968.
	PO BOX 160308		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code BIG SKY, MT 59716-0308		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: REBECCA APPENZELLER SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.BIGSKYARTS.ORG		L Year of formation: 1989 M State of legal domicile: MT	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE RESIDENTS, VISITORS, AND ARTISTS IN THE BIG SKY COMMUNITY WITH PREMIER EVENTS, EDUCATION,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	12
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	22,020.
b Net unrelated business taxable income from Form 990-T, line 38	7b	20,495.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	955,966.	435,701.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,688.	47,474.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143.	46.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,711.	65,804.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,089,508.	549,025.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	133,704.	102,460.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,612.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	488,666.	494,379.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	622,370.	596,839.
19 Revenue less expenses. Subtract line 18 from line 12	467,138.	-47,814.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	647,643.	595,165.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,798.	1,204.
		641,845.	593,961.

Part II Signature Block

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	Signature of officer		Date		
	REBECCA APPENZELLER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KIELY S. THOEN, CPA	<i>Kiely S. Thoen</i>	04/13/20	<input type="checkbox"/>	P01257958
	Firm's name ▶ ANDERSON ZURMUEHLEN & CO. P.C.	Firm's EIN ▶ 81-0385940			
Firm's address ▶ P.O. BOX 748 BUTTE, MT 59703		Phone no. 406-782-0451			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE RESIDENTS, VISITORS, AND ARTISTS IN THE BIG SKY COMMUNITY WITH PREMIER EVENTS, EDUCATION, AND CREATIVE OPPORTUNITIES IN THE ARTS. ACTIVITIES INCLUDE CONCERTS, THEATRICAL EVENTS, AND EDUCATION EVENTS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 307,908. including grants of \$) (Revenue \$ 6,299.) MUSIC IN THE MOUNTAINS IS A SERIES OF WEEKLY CONCERT EVENTS IN THE SUMMER FEATURING A VARIETY OF MUSICAL STYLES INCLUDING COUNTRY, CELTIC, JAZZ, BLUEGRASS, ETC. THE EVENTS ARE FREE TO GENERAL PUBLIC, AND ALSO INCLUDES A FOURTH OF JULY CONCERT AND A PERFORMANCE OF MONTANA SHAKESPEARE IN THE PARKS.

4b (Code:) (Expenses \$ 80,309. including grants of \$) (Revenue \$ 2,646.) THE CLASSICAL MUSIC FESTIVAL IS A THREE-DAY CULTURAL EVENT FEATURING SOLO AND ORCHESTRAL CLASSICAL MUSIC PERFORMANCES AS WELL AS EDUCATIONAL OUTREACH EVENTS. THIS FESTIVAL FEATURES TWO FREE OUTDOOR CONCERTS AND ONE INDOOR, TICKETED CONCERT.

4c (Code:) (Expenses \$ 24,558. including grants of \$) (Revenue \$ 3,600.) THE ARTVENTURE PROGRAM TAKES NINTH AND TENTH GRADE STUDENTS ON ARTS FIELD TRIPS TO BIG SKY AND BOZEMAN, AND TAKES SELECT ELEVENTH GRADE STUDENTS TO SEATTLE FOR A FIVE-DAY ARTS EXPERIENCE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 102,321. including grants of \$) (Revenue \$ 34,929.)

4e Total program service expenses 515,096.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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	X	

Part 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [MT]
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [BRIAN HURLBUT - 406-995-2742 PO BOX 160308, BIG SKY, MT 59716-0308]

Part VII 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIA LENNON VICE PRESIDENT	1.00	X		X				0.	0.	0.
(2) NANCY PEYTON DIRECTOR	1.00	X						0.	0.	0.
(3) RICH ADDICKS DIRECTOR	1.00	X						0.	0.	0.
(4) EWA ZIRKLE DIRECTOR	1.00	X						0.	0.	0.
(5) PATTY RHEA DIRECTOR	1.00	X						0.	0.	0.
(6) JEREMY BLYTH TREASURER	1.00	X		X				0.	0.	0.
(7) REBECCA APPENZELLER PRESIDENT	1.00	X		X				0.	0.	0.
(8) GRANT HILTON DIRECTOR	1.00	X						0.	0.	0.
(9) LINDA GOLDINGER DIRECTOR	1.00	X						0.	0.	0.
(10) CHRISTINA CALABRESE DIRECTOR	1.00	X						0.	0.	0.
(11) DEBBY MCKENNA DIRECTOR	1.00	X						0.	0.	0.
(12) NOLAN GLUECKERT SECRETARY	1.00	X		X				0.	0.	0.
(13) BRIAN HURLBUT EXECUTIVE DIRECTOR	40.00			X				62,000.	0.	3,120.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							62,000.	0.	3,120.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							62,000.	0.	3,120.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	5,500.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	191,851.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	238,350.			
	g Noncash contributions included in lines 1a-1f: \$		13,810.			
	h Total. Add lines 1a-1f		435,701.			
	Program Service Revenue	2 a <u>MUSIC EVENT TICKET SAL</u>	Business Code 711130	47,474.	47,474.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			47,474.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		46.			46.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ <u>5,500.</u> of contributions reported on line 1c). See Part IV, line 18	a	117,827.			
		b Less: direct expenses	b	75,538.		
c Net income or (loss) from fundraising events			42,289.		42,289.	
9 a Gross income from gaming activities. See Part IV, line 19	a	2,900.				
	b Less: direct expenses	b	1,405.			
	c Net income or (loss) from gaming activities		1,495.		1,495.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	CHARGES TO CATERERS	722320	22,020.		22,020.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		22,020.			
12 Total revenue. See instructions		549,025.	47,474.	22,020.	43,830.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,833.	53,250.	17,583.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,330.	19,250.	1,080.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,500.	1,875.	625.	
10 Payroll taxes	8,797.	5,650.	3,147.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,900.		7,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	12,434.	12,144.	290.	
12 Advertising and promotion	40,724.	35,490.	5,234.	
13 Office expenses	29,312.	10,088.	19,224.	
14 Information technology				
15 Royalties				
16 Occupancy	9,838.		9,838.	
17 Travel	31,751.	26,573.	5,178.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,032.		2,032.	
23 Insurance	7,811.	7,811.		
24 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.)				
a MUSIC EVENT EXPENSE	305,375.	305,375.		
b MISCELLANEOUS	31,947.	31,947.		
c STAGE MODIFICATION	8,764.			8,764.
d TAXES	5,643.	5,643.		
e All other expenses	848.			848.
25 Total functional expenses. Add lines 1 through 24e	596,839.	515,096.	72,131.	9,612.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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
Assets	1 Cash - non-interest-bearing	246,015.	1	194,107.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,598.	9	6,866.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,407.		
	b Less: accumulated depreciation	10b 37,561.	14,321.	10c 4,846.
	11 Investments - publicly traded securities	10,709.	11	7,138.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	375,000.	15	382,208.
16 Total assets. Add lines 1 through 15 (must equal line 34)	647,643.	16	595,165.	
Liabilities	17 Accounts payable and accrued expenses	1,418.	17	-236.
	18 Grants payable		18	
	19 Deferred revenue	4,380.	19	1,440.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,798.	26	1,204.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	493,175.	27	468,492.
	28 Temporarily restricted net assets	148,670.	28	125,469.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	641,845.	33	593,961.
34 Total liabilities and net assets/fund balances	647,643.	34	595,165.	

Part 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	549,025.
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,839.
3	Revenue less expenses. Subtract line 2 from line 1	3	-47,814.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	641,845.
5	Net unrealized gains (losses) on investments	5	-70.
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	593,961.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2018)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: ARTS COUNCIL OF BIG SKY
Employer identification number: 81-0457768

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 12, 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).
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).
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).
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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] 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).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations: []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	333,731.	335,505.	367,895.	955,966.	439,204.	2432301.
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	27,976.	31,733.	39,943.	41,688.	47,474.	188,814.
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	361,707.	367,238.	407,838.	997,654.	486,678.	2621115.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						2621115.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	361,707.	367,238.	407,838.	997,654.	486,678.	2621115.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	74.	103.	122.	143.	46.	488.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	74.	103.	122.	143.	46.	488.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	42,241.	53,999.	73,020.	91,711.	20,495.	281,466.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	404,022.	421,340.	480,980.	1089508.	507,219.	2903069.

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 2018 (line 8, column (f), divided by line 13, column (f))	15	90.29 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	89.40 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.02 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.02 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

ARTS COUNCIL OF BIG SKY

Employer identification number

81-0457768

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ARTS COUNCIL OF BIG SKY	Employer identification number 81-0457768
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 191,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARTS COUNCIL OF BIG SKY	Employer identification number 81-0457768
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>10,468.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>9,705.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>8,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARTS COUNCIL OF BIG SKY	Employer identification number 81-0457768
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 9,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARTS COUNCIL OF BIG SKY	Employer identification number 81-0457768
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK DONATION _____ _____ _____	\$ 10,468.	03/26/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ARTS COUNCIL OF BIG SKY	Employer identification number 81-0457768
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization ARTS COUNCIL OF BIG SKY **Employer identification number** 81-0457768

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items.

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 on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		42,407.	37,561.	4,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,846.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BRONZE SCULPTURE	15,000.
(2) BRONZE HORSE SCULPTURE	360,000.
(3) ROBERT WINSLOW	7,208.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	382,208.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

FORM 990 PART X LINE 15

THE ORGANIZATION OWNS A BRONZE SCULPTURE APPRAISED AT \$15,000 IN 1995. IN ADDITION, THE ORGANIZATION RAISED FUNDS TO PURCHASE ANOTHER BRONZE SCULPTURE IN 2018. BOTH BRONZE SCULPTURES ARE ART PIECES ON DISPLAY FOR THE PUBLIC'S VIEWIING. THE ORGANIZATION ALSO PURCHASED A ROBERT WINSLOW SCULPTURE IN 2019.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AUCTION FOR THE ARTS (event type)	TOTE BAG PROJECT (event type)	1 (total number)	
Revenue	1	Gross receipts	119,804.	3,523.	123,327.
	2	Less: Contributions	5,500.		5,500.
	3	Gross income (line 1 minus line 2)	114,304.	3,523.	117,827.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	9,997.		9,997.
	8	Entertainment	1,300.		1,300.
	9	Other direct expenses	64,233.	8.	64,241.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			75,538.
11	Net income summary. Subtract line 10 from line 3, column (d)			42,289.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		2,900.	2,900.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		1,405.	1,405.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,405.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				1,495.

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ARTS COUNCIL OF BIG SKY

Employer identification number

81-0457768

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND CREATIVE OPPORTUNITIES IN THE ARTS. ACTIVITIES INCLUDE CONCERTS,
THEATRICAL EVENTS, AND EDUCATION EVENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER EVENTS AND PROGRAMS INCLUDE THE MADRIGAL DINNER, THE NUTCRACKER
BALLET, PUBLIC ART, AND PDS CONCERTS WHICH ARE FREE CLASSICAL
CONCERTS. THE ARTS COUNCIL ALSO OFFERS ARTIST WORKSHOPS AND DOES
VARIOUS OUTREACH EFFORTS IN THE LOCAL SCHOOLS.

EXPENSES \$ 102,321. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,929.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT THE APPROPRIATE
MEETING AND DISCUSSED AND APPROVED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT AND ARE REQUIRED TO
DISCLOSE ANY CONFLICTING INTERESTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE BOARD PERFORMS A COMPREHENSIVE ANALYSIS OF COMPARABLE LOCAL
NON-PROFITS AND REVIEW OF THE MONTNA NONPROFIT ASSOCIATION COMPENSATION
REPORT AND MAKES A RECOMMENDATION OF THE EXECUTIVE DIRECTOR'S SALARY TO THE
ENTIRE BOARD. THE BOARD VOTES AND APPROVES THE SALARY AFTER ANY DISCUSSION
THAT TAKES PLACE.

Name of the organization

ARTS COUNCIL OF BIG SKY

Employer identification number

81-0457768

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning **NOV 1, 2018**, and ending **OCT 31, 2019**

2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ARTS COUNCIL OF BIG SKY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 160308</p> <p>City or town, state or province, country, and ZIP or foreign postal code BIG SKY, MT 59716-0308</p>	<p>D Employer identification number (Employees' trust, see instructions.) 81-0457768</p> <p>E Unrelated business activity code (See instructions.) 722320</p>
--	---------------------	--	---

<p>C Book value of all assets at end of year 595,165.</p>	<p>F Group exemption number (See instructions.)</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. **1** Describe the only (or first) unrelated trade or business here **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **BRIAN HURLBUT** Telephone number **406-995-2742**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 22,020.			
b Less returns and allowances			
c Balance	1c 22,020.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 22,020.		22,020.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 22,020.		22,020.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	SEE STATEMENT 2	28	525.
29 Total deductions. Add lines 14 through 28		29	525.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	21,495.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30		32	21,495.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	21,495.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	21,495.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	20,495.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	4,304.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	4,304.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	4,304.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	4,304.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	4,160.
c	Tax deposited with Form 8868	50c	171.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	4,331.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	27.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **KIELY S. THOEN, CPA** Preparer's signature: **KIELY S. THOEN, CPA** Date: **04/13/20** Check if self-employed PTIN: **P01257958**

Firm's name: **ANDERSON ZURMUEHLEN & CO., P.C.** Firm's EIN: **81-0385940**

Firm's address: **P.O. BOX 748 BUTTE, MT 59703** Phone no.: **406-782-0451**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.		
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

CHARGES TO CATERING COMPANIES FOR SERVING FOOD AND BEVERAGES AT EVENTS

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	525.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	525.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ARTS COUNCIL OF BIG SKY

FORM 990 PAGE 10

81-0457768

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	1,233.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,254.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Arts Council of Big Sky
Profit & Loss Budget Overview
 November 2019 through October 2020

Nov '19 - Oct 20

Ordinary Income/Expense

Income

400 · Donations Income

400-01 · Donation Income - General	155,000.00
400-02 · Donation Income - CMF	40,000.00
400-04 · Donation Income - STMF	1,500.00
400-05 · Donation Income - Other	5,000.00

Total 400 · Donations Income 201,500.00

405 · Program Income

405-01 · Event Ticket Sales	50,000.00
405-02 · Art Auction Sales	137,000.00

Total 405 · Program Income 187,000.00

410 · Resort Tax Funding 215,000.00

415 · Vendor 24,000.00

416 · Merchandise Sales 7,500.00

417 · Raffle Proceeds 5,000.00

420 · Sponsorship 96,600.00

425 · Grants Income 56,650.00

430 · Administrative Support 30,000.00

435 · Miscellaneous Income 50.00

Total Income 823,300.00

Gross Profit 823,300.00

Expense

500 · General and Administrative

500-01 · Dues and Subscriptions	1,500.00
500-02 · Director and Officer Insurance	950.00
500-03 · Work Comp Insurance	400.00
500-04 · Employee Health Insurance	7,200.00
500-05 · Web Hosting Fees	200.00
500-11 · Credit Card Fees	500.00
500-12 · Finance Charge	50.00
500-13 · Bank Service Charges	250.00
500-14 · Gifts	500.00
500-97 · Income Tax	5,500.00
500-99 · Depreciation Expense	4,000.00

Total 500 · General and Administrative 21,050.00

510 · Office Rent and Utilities

510-01 · Rent Expense	12,000.00
510-03 · Office Phones	760.00
510-04 · Cell Phone	2,160.00

Total 510 · Office Rent and Utilities 14,920.00

520 · Office Supplies

520-01 · General Office Supplies	2,200.00
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Arts Council of Big Sky
Profit & Loss Budget Overview
 November 2019 through October 2020

	Nov '19 - Oct 20
520-02 · Postage and Delivery	1,250.00
520-03 · Computer Software	6,500.00
520-04 · Computer Hardware	2,000.00
520-05 · Admin Printing Costs	2,500.00
Total 520 · Office Supplies	14,450.00
530 · Professional Fees	
530-01 · Accounting Fees	7,500.00
530-04 · Administrative Support	30,000.00
530-05 · Website Maintenance/Design	1,000.00
530-06 · Contract Labor	500.00
530-07 · General Advertising	1,750.00
530-08 · Graphic Design	1,000.00
530-09 · Consulting Fees	1,000.00
Total 530 · Professional Fees	42,750.00
540 · Professional Development	
540-01 · Lodging	3,000.00
540-02 · Meals	1,500.00
540-03 · Travel	2,000.00
540-04 · Entertainment	800.00
540-05 · Mileage Reimbursement	250.00
540-06 · Registration Fees	2,250.00
Total 540 · Professional Development	9,800.00
550 · Payroll Expenses	
550-01 · Administrative Salary (ED)	20,000.00
550-03 · Donations Administrator	17,500.00
550-04 · Development Director	30,000.00
550-05 · Summer Intern	1,500.00
550-10 · Administrative Social Security	6,000.00
550-11 · Administrative Medicare	1,500.00
550-12 · Administrative Unemployment	1,000.00
550-20 · Health Insurance Stipend	3,600.00
Total 550 · Payroll Expenses	81,100.00
600 · Fundraising	
600-03 · Gifts	250.00
600-04 · Printing	500.00
600-05 · Meals and Entertainment	10,000.00
600-06 · Postage	100.00
Total 600 · Fundraising	10,850.00
700 · Program Expenses	
700-01 · Program Performer Fee	141,000.00
700-02 · Program Venue Fee	1,750.00
700-03 · Program Sound and Light	37,500.00
700-04 · Program Set-Up	15,000.00

Arts Council of Big Sky Profit & Loss Budget Overview November 2019 through October 2020

	Nov '19 - Oct 20
700-05 · Program Electrical	750.00
700-06 · Program Equipment Rental	60,000.00
700-07 · Program Equipment	1,500.00
700-08 · Program Repairs and Maintenance	6,000.00
700-09 · Program Portable Toilets	21,000.00
700-10 · Program Fireworks	15,000.00
700-11 · Program Security	8,000.00
700-12 · Program General Labor	500.00
700-13 · Program Advertising	30,000.00
700-14 · Program Printing Costs	8,000.00
700-15 · Program Transportation Expense	12,000.00
700-16 · Program Catering/Food Expense	28,500.00
700-17 · Program Supplies	3,500.00
700-18 · Program Merchandise	2,500.00
700-19 · Program Meals and Entertainment	5,500.00
700-20 · Program Gifts	250.00
700-21 · Program Music License Fees	2,000.00
700-23 · Program Credit Card Fees	1,500.00
700-24 · Program Resort Tax	500.00
700-25 · Program Liability Insurance	6,250.00
700-26 · Program Work Comp Insurance	800.00
700-29 · Program Ticket Fee	250.00
700-30 · Program Mileage Reimbursement	500.00
700-31 · Program Postage	350.00
700-32 · Program Graphic Design	1,500.00
700-33 · Program Artwork	68,500.00
700-34 · Hotel Rooms	10,000.00
700-35 · Program Raffle Winner	2,500.00
700-37 · Public Art Project Expense	23,000.00
700-40 · Program Salary (ED)	50,000.00
700-42 · Program Salary (Prog. Director)	52,000.00
700-43 · Program Salary (Devel Director)	30,000.00
700-50 · Program Social Security	6,200.00
700-51 · Program Medicare	1,500.00
700-52 · Program Unemployment	750.00
Total 700 · Program Expenses	656,350.00
Total Expense	851,270.00
Net Ordinary Income	-27,970.00
Other Income/Expense	
Other Income	
800 · Other Income	
Total Other Income	0.00
Other Expense	

Arts Council of Big Sky
Profit & Loss Budget Overview
November 2019 through October 2020

	<u>Nov '19 - Oct 20</u>
810 · Other Expense	
Total 810 · Other Expense	<u>0.00</u>
Total Other Expense	<u>0.00</u>
Net Other Income	<u>0.00</u>
Net Income	<u><u>-27,970.00</u></u>

Arts Council of Big Sky
Profit & Loss Budget vs. Actual
November 2018 through October 2019

	Nov '18 - Oct 19	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
400 · Donations Income				
400-01 · Donation Income - General	93,109.15	90,000.00	3,109.15	103.46%
400-02 · Donation Income - CMF	31,975.00	35,000.00	-3,025.00	91.36%
400-03 · Donation Income - CT	100.00	0.00	100.00	100.0%
400-04 · Donation Income - STMF	0.00	750.00	-750.00	0.0%
400-06 · Donation Income - Butterfield	2,224.00	5,000.00	-2,776.00	44.48%
Total 400 · Donations Income	127,408.15	130,750.00	-3,341.85	97.44%
405 · Program Income				
405-01 · Event Ticket Sales	56,924.76	50,000.00	6,924.76	113.85%
405-02 · Art Auction Sales	98,660.00	165,000.00	-66,340.00	59.79%
405-03 · Parking Fees	85.00	0.00	85.00	100.0%
Total 405 · Program Income	155,669.76	215,000.00	-59,330.24	72.41%
410 · Resort Tax Funding	191,850.99	210,000.00	-18,149.01	91.36%
415 · Vendor	22,020.47	24,000.00	-1,979.53	91.75%
416 · Merchandise Sales	9,632.80	15,000.00	-5,367.20	64.22%
417 · Raffle Proceeds	2,900.00	5,000.00	-2,100.00	58.0%
420 · Sponsorship	73,300.01	80,000.00	-6,699.99	91.63%
425 · Grants Income	34,800.00	50,000.00	-15,200.00	69.6%
430 · Administrative Support	5,000.00	5,000.00	0.00	100.0%
435 · Miscellaneous Income	0.00	50.00	-50.00	0.0%
Total Income	622,582.18	734,800.00	-112,217.82	84.73%
Gross Profit	622,582.18	734,800.00	-112,217.82	84.73%
Expense				
500 · General and Administrative				
500-01 · Dues and Subscriptions	2,357.75	1,500.00	857.75	157.18%
500-02 · Director and Officer Insurance	875.00	850.00	25.00	102.94%
500-03 · Work Comp Insurance	262.87	500.00	-237.13	52.57%
500-04 · Employee Health Insurance	2,400.00	0.00	2,400.00	100.0%
500-05 · Web Hosting Fees	200.00	200.00	0.00	100.0%
500-10 · Miscellaneous Expenses	0.00	0.00	0.00	0.0%
500-11 · Credit Card Fees	466.46	250.00	216.46	186.58%
500-12 · Finance Charge	37.06	0.00	37.06	100.0%
500-13 · Bank Service Charges	209.69	250.00	-40.31	83.88%
500-14 · Gifts	675.79	500.00	175.79	135.16%
500-97 · Income Tax	5,643.00	2,250.00	3,393.00	250.8%
500-98 · IRS Audit Penalties	0.00	0.00	0.00	0.0%
500-99 · Depreciation Expense	711.00	4,000.00	-3,289.00	17.78%
Total 500 · General and Administrative	13,838.62	10,300.00	3,538.62	134.36%
510 · Office Rent and Utilities				
510-01 · Rent Expense	8,160.00	8,160.00	0.00	100.0%
510-02 · Electric	0.00	0.00	0.00	0.0%

Arts Council of Big Sky Profit & Loss Budget vs. Actual November 2018 through October 2019

	Nov '18 - Oct 19	Budget	\$ Over Budget	% of Budget
510-03 · Office Phones	717.82	760.00	-42.18	94.45%
510-04 · Cell Phone	720.00	1,440.00	-720.00	50.0%
510-05 · Internet Service	240.00	240.00	0.00	100.0%
Total 510 · Office Rent and Utilities	9,837.82	10,600.00	-762.18	92.81%
520 · Office Supplies				
520-01 · General Office Supplies	2,210.32	3,000.00	-789.68	73.68%
520-02 · Postage and Delivery	1,010.45	1,500.00	-489.55	67.36%
520-03 · Computer Software	4,055.19	2,000.00	2,055.19	202.76%
520-04 · Computer Hardware	134.69	1,000.00	-865.31	13.47%
520-05 · Admin Printing Costs	2,783.54	2,500.00	283.54	111.34%
Total 520 · Office Supplies	10,194.19	10,000.00	194.19	101.94%
530 · Professional Fees				
530-01 · Accounting Fees	7,900.00	7,000.00	900.00	112.86%
530-04 · Administrative Support	5,000.00	5,000.00	0.00	100.0%
530-05 · Website Maintenance/Design	290.00	750.00	-460.00	38.67%
530-06 · Contract Labor	5,244.00	0.00	5,244.00	100.0%
530-07 · General Advertising	1,821.82	1,000.00	821.82	182.18%
530-08 · Graphic Design	3,412.50	1,000.00	2,412.50	341.25%
530-09 · Consulting Fees	1,900.00	1,000.00	900.00	190.0%
530 · Professional Fees - Other	0.00	0.00	0.00	0.0%
Total 530 · Professional Fees	25,568.32	15,750.00	9,818.32	162.34%
540 · Professional Development				
540-01 · Lodging	1,204.61	2,800.00	-1,595.39	43.02%
540-02 · Meals	1,156.19	750.00	406.19	154.16%
540-03 · Travel	919.36	2,250.00	-1,330.64	40.86%
540-04 · Entertainment	840.83	500.00	340.83	168.17%
540-05 · Mileage Reimbursement	292.32	250.00	42.32	116.93%
540-06 · Registration Fees	765.00	2,250.00	-1,485.00	34.0%
Total 540 · Professional Development	5,178.31	8,800.00	-3,621.69	58.84%
550 · Payroll Expenses				
550-01 · Administrative Salary (ED)	17,083.30	16,000.00	1,083.30	106.77%
550-02 · Administrative Bonus (ED)	500.00	2,000.00	-1,500.00	25.0%
550-03 · Donations Administrator	15,860.00	15,000.00	860.00	105.73%
550-05 · Summer Intern	1,080.00	3,000.00	-1,920.00	36.0%
550-10 · Administrative Social Security	2,243.49	3,534.00	-1,290.51	63.48%
550-11 · Administrative Medicare	524.70	827.00	-302.30	63.45%
550-12 · Administrative Unemployment	379.18	650.00	-270.82	58.34%
550-20 · Health Insurance Stipend	2,500.00	7,200.00	-4,700.00	34.72%
Total 550 · Payroll Expenses	40,170.67	48,211.00	-8,040.33	83.32%
600 · Fundraising				
600-03 · Gifts	0.00	250.00	-250.00	0.0%
600-04 · Printing	400.87	750.00	-349.13	53.45%
600-05 · Meals and Entertainment	11,346.41	6,000.00	5,346.41	189.11%

Arts Council of Big Sky
Profit & Loss Budget vs. Actual
November 2018 through October 2019

	Nov '18 - Oct 19	Budget	\$ Over Budget	% of Budget
600-06 · Postage	117.25	0.00	117.25	100.0%
Total 600 · Fundraising	11,864.53	7,000.00	4,864.53	169.49%
700 · Program Expenses				
700-01 · Program Performer Fee	154,920.00	154,150.00	770.00	100.5%
700-02 · Program Venue Fee	1,975.00	2,500.00	-525.00	79.0%
700-03 · Program Sound and Light	36,380.00	34,000.00	2,380.00	107.0%
700-04 · Program Set-Up	13,711.93	12,500.00	1,211.93	109.7%
700-05 · Program Electrical	608.74	100.00	508.74	608.74%
700-06 · Program Equipment Rental	18,072.13	15,000.00	3,072.13	120.48%
700-07 · Program Equipment	1,489.20	3,500.00	-2,010.80	42.55%
700-08 · Program Repairs and Maintenance	11,431.00	10,000.00	1,431.00	114.31%
700-09 · Program Portable Toilets	19,045.00	21,000.00	-1,955.00	90.69%
700-10 · Program Fireworks	14,458.57	15,000.00	-541.43	96.39%
700-11 · Program Security	7,406.00	3,750.00	3,656.00	197.49%
700-12 · Program General Labor	10,098.00	6,000.00	4,098.00	168.3%
700-13 · Program Advertising	37,525.38	35,000.00	2,525.38	107.22%
700-14 · Program Printing Costs	7,970.63	12,500.00	-4,529.37	63.77%
700-15 · Program Transportation Expense	11,567.64	13,000.00	-1,432.36	88.98%
700-16 · Program Catering/Food Expense	29,953.52	27,500.00	2,453.52	108.92%
700-17 · Program Supplies	4,702.26	4,500.00	202.26	104.5%
700-18 · Program Merchandise	4,152.38	2,500.00	1,652.38	166.1%
700-19 · Program Meals and Entertainment	6,580.19	6,000.00	580.19	109.67%
700-20 · Program Gifts	0.00	250.00	-250.00	0.0%
700-21 · Program Music License Fees	2,700.39	2,000.00	700.39	135.02%
700-23 · Program Credit Card Fees	1,186.94	7,000.00	-5,813.06	16.96%
700-24 · Program Resort Tax	387.51	600.00	-212.49	64.59%
700-25 · Program Liability Insurance	5,885.00	8,000.00	-2,115.00	73.56%
700-26 · Program Work Comp Insurance	788.61	1,000.00	-211.39	78.86%
700-29 · Program Ticket Fee	0.00	500.00	-500.00	0.0%
700-30 · Program Mileage Reimbursement	248.82	600.00	-351.18	41.47%
700-31 · Program Postage	275.23	750.00	-474.77	36.7%
700-32 · Program Graphic Design	1,999.45	4,500.00	-2,500.55	44.43%
700-33 · Program Artwork	51,320.00	85,000.00	-33,680.00	60.38%
700-34 · Hotel Rooms	9,733.75	10,000.00	-266.25	97.34%
700-35 · Program Raffle Winner	1,405.00	2,500.00	-1,095.00	56.2%
700-36 · Butterfield Project	7,120.00	0.00	7,120.00	100.0%
700-37 · Public Art Project Expense	0.00	0.00	0.00	0.0%
700-38 · Stage Modification	8,764.12	0.00	0.00	100.0%
700-40 · Program Salary (ED)	51,250.00	48,000.00	3,250.00	106.77%
700-41 · Program Bonus (ED)	1,500.00	0.00	1,500.00	100.0%
700-42 · Program Salary (Prog. Director)	21,250.00	40,000.00	-18,750.00	53.13%
700-50 · Program Social Security	4,579.04	5,766.00	-1,186.96	79.41%
700-51 · Program Medicare	1,070.90	1,349.00	-278.10	79.39%

Arts Council of Big Sky
Profit & Loss Budget vs. Actual
 November 2018 through October 2019

	Nov '18 - Oct 19	Budget	\$ Over Budget	% of Budget
700-52 · Program Unemployment	625.45	1,000.00	-374.55	62.55%
Total 700 · Program Expenses	564,137.78	597,315.00	-33,177.22	94.45%
Total Expense	680,790.24	707,976.00	-27,185.76	96.16%
Net Ordinary Income	-58,208.06	26,824.00	-85,032.06	-217.0%
Other Income/Expense				
Other Income				
800 · Other Income				
800-01 · Interest Income (PDS)	0.00	0.00	0.00	0.0%
800-02 · Interest Income (CT)	0.00	0.00	0.00	0.0%
800-03 · Interest Income (FSB)	45.10	0.00	45.10	100.0%
800-04 · Interst Income (E.Jones)	0.96	0.00	0.96	100.0%
800-10 · Dividend Income (PDS)	0.00	0.00	0.00	0.0%
800-11 · Dividend Income (CT)	0.00	0.00	0.00	0.0%
800-20 · Gain or Loss on Sale	0.00	0.00	0.00	0.0%
800-21 · Unrealized Gain on Investments	1,577.19	0.00	1,577.19	100.0%
800-22 · In Kind Revenue	6,844.99	0.00	6,844.99	100.0%
800 · Other Income - Other	0.00	0.00	0.00	0.0%
Total 800 · Other Income	8,468.24	0.00	8,468.24	100.0%
Total Other Income	8,468.24	0.00	8,468.24	100.0%
Other Expense				
810 · Other Expense				
810-01 · Unrealized Loss on Investments	1,647.36	0.00	1,647.36	100.0%
810 · Other Expense - Other	0.00	0.00	0.00	0.0%
Total 810 · Other Expense	1,647.36	0.00	1,647.36	100.0%
Total Other Expense	1,647.36	0.00	1,647.36	100.0%
Net Other Income	6,820.88	0.00	6,820.88	100.0%
Net Income	-51,387.18	26,824.00	-78,211.18	-191.57%

Arts Council of Big Sky
Balance Sheet
 As of October 31, 2019

	Oct 31, 19
ASSETS	
Current Assets	
Checking/Savings	
100 · Cash Accounts	
100-01 · FSB Operating 4123	68,517.82
100-97 · Petty Cash	120.00
Total 100 · Cash Accounts	68,637.82
110 · Cash Accounts (Restricted)	
110-01 · FSB Classical Music 4834	30,658.66
110-03 · FSB STMF Operating 2119	1,142.14
110-05 · AB Arts on the Street 8270	63,572.06
110-06 · FSB Contingency Reserve #5105	30,096.42
Total 110 · Cash Accounts (Restricted)	125,469.28
Total Checking/Savings	194,107.10
Other Current Assets	
125 · Prepaid Event Expenses	6,866.04
130 · Stock Accounts	
130-01 · Edward Jones (#144-09472-1-4)	3,261.19
130-02 · Edward Jones (#144-14256-1-6)	3,877.47
130-03 · Edward Jones (#144-12643-1-2)	0.13
Total 130 · Stock Accounts	7,138.79
Total Other Current Assets	14,004.83
Total Current Assets	208,111.93
Fixed Assets	
150 · Fixed Assets	
150-01 · Equipment	26,195.73
150-02 · Office Equipment	15,101.97
150-05 · Tent	1,109.00
150-06 · Artwork	382,207.50
150-99 · Accumulated Depreciation	-37,561.00
Total 150 · Fixed Assets	387,053.20
Total Fixed Assets	387,053.20
TOTAL ASSETS	595,165.13
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
200 · Accounts Payable	475.00
Total Accounts Payable	475.00
Other Current Liabilities	
220 · Deferred Event Income	1,440.00
240 · Payroll Liabilities	
240-01 · Federal Withholding	724.00
240-02 · Federal Social Security	1,232.28
240-03 · Federal Medicare	288.20
240-04 · State Withholding	488.00
240-05 · State Unemployment	59.50
Total 240 · Payroll Liabilities	2,791.98
Total Other Current Liabilities	4,231.98
Total Current Liabilities	4,706.98
Total Liabilities	4,706.98

1:00 PM

04/16/20

Accrual Basis

Arts Council of Big Sky
Balance Sheet
As of October 31, 2019

	<u>Oct 31, 19</u>
Equity	
300 · Equity	
300-02 · Temporary Restricted Assets	272,412.03
300-03 · Fund Balance	<u>-80,031.69</u>
Total 300 · Equity	192,380.34
310 · Retained Earnings	449,464.99
Net Income	<u>-51,387.18</u>
Total Equity	<u>590,458.15</u>
TOTAL LIABILITIES & EQUITY	<u>595,165.13</u>

Executive Summary:

The Arts Council of Big Sky (ACBS) formed a committee to review the previous Strategic Plan, completed in 2015, and provide an updated plan to the Board for discussion. The objective of the new Strategic Plan is to provide overall goals of the ACBS for the next 3-5 years in order to: (1) guide our yearly business plans, (2) communicate our plans to members of the organization and supporters and (3) encourage advancement of the organization consistent with these overarching goals.

The following Findings and Ways Forward have been completed and will be entered into the overall Strategic Plan, which will be finished this May and presented to the full board at the June meeting.

1. KEY FINDINGS

- **Integrate Arts Council Vision into Community Vision**

Work with community leaders and Coordination Council on aligning community priorities with ACBS mission and vision. Help be the voice for arts and culture as the community works toward strategic vision. This would also include further engagement with community members to be responsive to community needs/desires for arts and culture, and create more opportunities to interact with the public about what the ACBS is planning.

- **Increase Organizational Capacity and Effectiveness**

Continue to identify expanded staffing needs, including the hiring of a part-time Development Assistant and a full-time Events Coordinator. Identify staffing needs with future community center classroom, public art program and marketing--areas identified that may require additional staffing. Continue to expand the board to include members from all parts of Big Sky communities as well as providing them with the information and expectations required to function effectively.

- **Diversify and Increase Funding**

In order for the ACBS to expand financial capacity, it will be necessary to expand and diversify revenue streams to meet organizational and programmatic goals. Continuing to build on donor relations should also provide both additional funding and guidance in community needs.

- **Enhance Program Events**

It was generally concluded that most of our current programs need to be enhanced rather than create a slate of new programs. Take what we do and make it better. Specific areas to target for enhancement include: enacting changes to make Bravo Big Sky more successful, enhancing the Mountain Film event to make an even more attended event.

- **Expand Public Art**

Public Art has become one of the Arts Council's largest programs, and will continue to

be expanded over the coming years. There are significant infrastructure needs associated with the public art program that will require additional funding and collaboration with other local organizations.

- **Develop Community Center Educational Programming**

This will be a major priority for the ACBS as the community center classroom comes online in the fall of 2021. ACBS staff will need to examine community needs and plan classes/workshops and associated staffing. It was generally concluded that the classroom represents a huge opportunity to expand the scope of what the ACBS can offer to the community.

- **Develop Long-Term Plan for Music in the Mountains**

Continue to evaluate Music in the Mountains program in regards to growth curve, park capacity, infrastructure, location and vendor policies. Examine the effect of the updated Town Center park and adjacent Community Center building has on the program as we move forward.

- **Liaise with Other Art Efforts & Events in Big Sky**

Big Sky is a rapidly developing community and new art and visitor focused events are being announced almost every year. Working to see how ACBS can be represented or influence new programs is important. We also want to continue to stay engaged in the long-term desire for independent art center as we focus on the opening of the art classroom in the new community center. Examine ways to promote synergy and consolidate funding.

2. WAYS FORWARD

Integrate Arts Council Vision into Community Vision

- Participate on the Community Coordination Council
- Ensure funding requests from Resort Tax Board integrate with the Community Vision & Priorities
- Improve branding and activities that better communicate shared vision to public
- Provide support and advocacy for local artists and musicians
- Engage more intentionally with community members to be responsive to community needs/desires

Increase Organizational Capacity and Effectiveness

- Consider hiring a new Event Coordinator as funding sources are identified
- Invest in marketing support in line with yearly business plans (staff or contract)
- Develop roster of art classroom instructors for the new Community Center
- Further expand the number of board members and ensure representation from all community areas along with diversity of skills

- Ensure Board members have the resources they need and understand their responsibilities

Diversify and Increase Funding

- Continue to improve donor relations
- Diversify funding sources including new funding sources and grow income
- Expand the commercial sponsorship program
- Continue to expand donor relations and provide opportunities for greater donor input
- Expand donation methods (planned giving, company matches, recurring donations, multi-year pledges, in-kind donation wish list, etc.)

Enhance Events and Programs

- Implement changes to increase attendance at Bravo Big Sky and better integrate this program into the ACBS summer events calendar
- Continue to provide adjustments to the Mountainfilm festival to increase attendance
- Consider a new program to replace the Nutcracker during the holiday period

Expand Public Art

- Work to develop a Public Art Trail including art in the proposed Pedestrian Tunnel Project
- Define and potentially expand our purpose for public art: not just the physical sculpture, but the art could honor native cultures, regional history, social issues.
- Incorporate temporary (pop-up) public art
- Collaborate with other organizations (Visit Big Sky, Crail Ranch, BSCO, etc.)

Develop Community Center Educational Programming

- Assess community needs and provide methods for feedback on programs
- Collaborate with other organizations to develop programs (BSSD, Discovery, BSCO, Resorts, etc.)
- Create programming and determine equipment and staffing needs

Develop Long-Term Plan for Music in the Mountains

- Evaluate program in regards to growth curve, park capacity, infrastructure, location and vendor policies
- Evaluate suitability of venue location and proactively assess and address needs

Liaise with Other Art Efforts & Events in Big Sky

- Continue to collaborate and discuss art programs with other culture organizations in Big Sky
- Participate in planning of an Arts Center as opportunities develop