

# Big Sky Chamber-FY21

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## *FY21 Application for Funding*

### ***Big Sky Chamber of Commerce***

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### ***Candace Strauss***

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# Application Form

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## Guidelines & Applications Tips

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### Guidelines:

- Please direct questions or concerns to Jenny Muscat, Operations Manager, at [jenny@resorttax.org](mailto: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

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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*

Big Sky Chamber-FY21

### Fees\*

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

Yes

### Explain Fees

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

The Big Sky Chamber is a 501(c)(6) nonprofit membership organization and supports 450 member businesses and their employees through its membership program. Total annual dues revenue is approximately \$200,000 with 83% of businesses paying \$350 or less. A tiered dues schedule starts at \$205 for nonprofits/sole-proprietors with an entry Base level of \$350 for commercial entities, then scales up in investment opportunity in the following increments: \$575, \$1,500, \$3500, \$5,000, \$7,500 and \$10,000.

### 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:

3

### Volunteer Count\*

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

27

### 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:

The Big Sky Chamber as the VOICE of business budgeted to hire a communications specialist to ensure the information about the organization's vital work on behalf of its 450 member businesses, their employees, and the community at large is disseminated. The Chamber also acts as the communication vehicle for other Big Sky organizations like Resort Tax, BSWSD#363, Canyon Water/Gallatin River Task Force and the Big Sky Community Housing Trust. This has been a contracted position in the past.

### Organizational Partnerships

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

The Big Sky Chamber and Visit Big Sky although each stand alone 501(c)(6)s, share expenses related to personnel, rent, utilities and insurance which allows them to focus more funds on program to deliver on their intertwined missions. The Chamber having birthed the Big Sky Community Housing Trust, partners with it to address affordable housing, and the Power of Partnership continues with Big Sky Transportation District and Big Sky Community Organization related to the \$10.3 million TIGER Project.

### 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.*

\$459,400.00

### 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.*

\$379,511.00

### Explain Variance

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

The Big Sky Chamber recognizes the dire conditions under which the Resort Tax FY21 Allocation cycle will occur as a result of the COVID-19 public health pandemic and ensuing economic collapse of Big Sky's visitor economy. We are being very frugal and only asking for monies essential to continue operations in support of our local businesses and their employees reeling from the impacts of closure. They will need assistance with reopening. The quality of life of Big Sky residents depends on it.

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\*

\$27,600.00

### August 2020 Estimate\*

\$31,600.00

### September 2020 Estimate\*

\$31,600.00

### October 2020 Estimate\*

\$30,600.00

### November 2020 Estimate\*

\$30,600.00

**December 2020 Estimate\***

\$29,600.00

**January 2021 Estimate\***

\$31,600.00

**February 2021 Estimate\***

\$31,600.00

**March 2021 Estimate\***

\$30,600.00

**April 2021 Estimate\***

\$31,600.00

**May 2021 Estimate\***

\$32,600.00

**June 2021 Estimate\***

\$39,911.00

**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)?

\$450,000.00

### **Future Funding Request FY23\***

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

\$500,000.00

### **Mill Levy Authority\***

Does your organization have mill levy authority?

No

## **Public Safety**

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### **Public Safety\***

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

No

## **Financial Information**

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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)

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:

Big Sky Resort Association Inc. 990 for 2018.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:

The Big Sky Chamber is not audited.

## 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:

Budget FY end 6-30-2020.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:

P-L budget vs actual previous FY end 6-30-2019.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:

Balance Sheet previous fiscal year 6-30-2019.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:

The Big Sky Chamber by definition is a 501(c)(6) nonprofit, membership organization so funding is typically built on a membership model. In addition to annual membership dues, incremental private support comes via program/event sponsorship sales, and advertising sales in digital/print publications. In FY20, this represented 33.5% of the Chamber's overall annual operating budget with Resort Tax funds contributing 59%. These percentages exclude the Visit Big Sky management fee expense reimbursement as detailed earlier. It should be noted that as a (c)(6), philanthropy, be it from individuals or corporate/private foundations, is not a fundraising tool available to the Big Sky Chamber. In addition, Big Sky's rural, resort community represents an unknown, finite number of businesses to solicit membership. Bozeman however has 5,000 businesses so the Big Sky Chamber is doing its best to recruit members from those businesses working in Big Sky and benefiting from our community's growth.



### 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...*

Elevate 2023 Strategic Priorities.pdf

## Project/Program 1 Information

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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:

Leadership, Staffing and Operations of the Big Sky Chamber of Commerce

### Amount Requested | Project/Program 1\*

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

\$357,511.00

### 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.*

94

### Category | Project/Program 1\*

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

## Community Development & Social Services

### 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:

- Promote the development of affordable housing
- Improve and maintain infrastructure
- Support high-quality community & emergency services
- Support independently-owned small businesses
- Preserve a cohesive, but distinct character throughout the community
- Increase transportation options to serve recreation & mobility
- Protect & enhance our water resources
- Work to become a sustainable & resilient community

### Strategy Explanation | Project/Program 1\*

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

The Big Sky Chamber is a CATALYST, a CONVENER and a CHAMPION for a strong and thriving Big Sky community. Having birthed out Visit Big Sky in 2013, and engaged in strategic planning in 2017, the organization's Elevate Big Sky 2023 Strategic Plan identifies the following four priorities comprising the organization's Scope of Work: 1) Advocating for our member businesses which includes public policy and government affairs, member education and training, information dissemination and member to member networking; 2) Creating a Positive Business Climate encompassing qualified workforce efforts, entrepreneurship, HR/health/recruitment support, leadership development and nonprofit assistance; 3) Encouraging Community Infrastructure Investment around affordable workforce housing, telecommunications, transportation, utilities, and water; and 4) Facilitating Local Governance with the Big Sky Resort Area District, Gallatin, and Madison Counties, the State of Montana and federal representatives.

### 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:

The Big Sky Chamber was the Catalyst that initiated the Our Big Sky Community Visioning process after being asked repeatedly to conduct community strategic planning. It benefited our member businesses and their employees, however all Big Sky stakeholders benefited including residents, 2nd homeowners, community nonprofits, government entities and our visitors. Businesses cannot succeed if the larger community is not healthy and sustainable, therefore, if it impacts OUR COMMUNITY it's OUR BUSINESS.

### 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  
 Property Owner/HOAs  
 Local Workforce  
 Non-Profits  
 Part-Time Residents  
 Tourist/Visitor  
 Year-Round Residents  
 Other (please explain in the next question)

## More Detail Community Segment | Project/Program 1

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

With 50% of our workforce commuting in from the greater Gallatin Valley, of which 39% would choose to live in Big Sky if they could afford it, we also support these individuals, the transient trade in-commuters and our J-1 visa program workers.

## Schedule | Project/Program 1\*

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

Ongoing  
 Annually Recurring

## Schedule Explanation | Project/Program 1

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

These expenses represent costs for the Big Sky Chamber to operate. Our work is in service of the Big Sky community, and that service is provided by individuals. People expenses equate to salaries and benefits, rent, utilities and miscellaneous admin.

## 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.

Yes

## 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:

As the Big Sky community continues to grow, so does the need for resources to serve it. This requires additional staff and thus adds to operating costs. The invaluable benefits provided by the Big Sky Chamber to its member businesses, their employees and the community at-large is an ongoing effort. If we truly wish to Elevate Big Sky and support its continued evolution from a tourist destination to a sustainable community, the premiere community in Montana to live, work and play, we need people.

## Goals | Project/Program 1\*

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

The Big Sky Chamber is the VOICE of Big Sky business serving as a CHAMPION for a healthy economy by working collaboratively with community stakeholders as a CONVENER and a CATALYST to improve the overall quality of life in the region. As a 501(c)(6) non-profit business membership organization, we exist to support businesses, especially to Support Independently Owned Small Businesses, and their employees. Healthy businesses are the measurement of the Big Sky Chamber's success. With the global COVID-19 public health pandemic and ensuing economic collapse, our role now more than ever to support businesses, to help them to STAY in business and to retain their workforce, is critical. Working together, we can build a stronger Big Sky.

## 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:

The Big Sky Chamber works collaboratively with its Local Government entities including Resort Tax, Gallatin and Madison Counties, and at least 10 Economic Development and Nonprofit Community Organizations to deliver on its mission. With our finite resources, we try to leverage partners' offerings like those of the Bureau of Business & Economic Research and Montana Nonprofit Association to be able to inform, educate, and deliver programming to our member businesses without duplication of effort.

## Community Outreach | Project/Program 1\*

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

Elevate Big Sky 2023 is the result of a 6-month, intensive strategic planning process which included multiple off-site, day-long meetings of the Big Sky Chamber's Board of Directors and staff with a professional facilitator, with input from businesses. It is a 5-year road map to keep the Big Sky Chamber focused and on course to serve as the Voice of business, championing a healthy economy and working collaboratively with community stakeholders as a catalyst to improve the overall quality of life in the region. Our role in this growing community is a fluid one oftentimes oscillating among Catalyst – Convener – Champion. Our plan revolves around harnessing the organization's intellectual, political and financial capital to advance Big Sky.

## Start Date | Project/Program 1\*

07/01/2020

### Completion Date | Project/Program 1\*

06/30/2021

### 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:

Our private revenue sources including membership dues, sponsorship sales, program underwriting and advertising sales from publications all contribute to covering these expenses.

### 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.

No

### Fees & Revenue Explanation | Project/Program 1

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

*[Unanswered]*

## Project/Program 2 Information

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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:

Local Governance Facilitation - Eggs&Issues/Gallatin-Madison Joint County Commission Meeting | Coordinating Council of Big Sky

**Amount Requested | Project/Program 2\***

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

\$11,000.00

**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.*

3

**Category | Project/Program 2\***

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

Community Development & Social Services

**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:

- Support independently-owned small businesses
- Preserve a cohesive, but distinct character throughout the community
- Provide transparency/engagement & governance options
- Embrace Big Sky's DNA as a destination, born out of a visitor economy
- Work to become a sustainable & resilient community

**Strategy Explanation | Project/Program 2\***

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

Big Sky as an unincorporated, census-designated place (CDP) straddling Gallatin and Madison Counties, with 7 Special Districts, 80+ HOAs, 50+ nonprofit community organizations and 1000s of engaged citizens yields a unique operating framework that supports local governance. The Big Sky Chamber in its role of Facilitating Local Governance, identified the need to convene Big Sky's two governing counties to foster more collaboration. What was once an ad hoc meeting with a handful of people has evolved into well-established and highly anticipated public meetings twice a year with participation from at least a dozen community organizations and a 100+ engaged community members. In addition, the Big Sky Chamber having initiated the strategic planning process that generated the Our Big Sky Community Plan, continues to provide administrative support to facilitate the operations of the newly formed Coordinating Council of Big Sky dedicated to ensuring the Our Big Sky plan's implementation.

## 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:

Big Sky is entrepreneurial by nature and very informal in how it operates. The Joint County Commission public meetings provide a structural framework where there was none to facilitate civic engagement with our extremely diverse population base of a minority of year-round residents, 70% 2nd homeowners, small businesses, their employees, and a seasonal, transient and in-commuting workforce to serve the thousands of visitors annually and the continued build out of our "town" one block at a time.

## 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
- Part-Time Residents
- Year-Round Residents
- Other (please explain in the next question)

## More Detail Community Segment | Project/Program 2

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

All Big Sky stakeholders benefit, including government entities and public officials which aren't listed as Community Target Segment options above.

## Schedule | Project/Program 2\*

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

- Annually Reccuring

## Schedule Explanation | Project/Program 2

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

The Joint County Commission public meetings occur twice annually on the first Wednesdays of November and April. The Coordinating Council is scheduled to meet 3-4 times a year, ideally once per quarter.

## 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.

No

## 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:

*[Unanswered]*

## Goals | Project/Program 2\*

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

Overall the Big Sky Chamber's Local Governance Facilitation program aims to ensure collaborative and informed governance of Big Sky as it continues to evolve from a tourist destination to a sustainable community. It requires relationship building with our governing bodies, partnership among our community's nonprofit organizations, and civic engagement from Big Sky's diverse stakeholders. Measurement of relationships is a bit difficult, but some KPIs to measure success include number of people to present at and/or participate in the events, and assistance provided by officials during Legislative Session on critical issues impacting Big Sky.

## 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:

The Big Sky Chamber collaborates with Resort Tax, Gallatin and Madison Counties, and 15 other Big Sky community nonprofit organizations to facilitate these public forums and council meetings with the goal of a more collaborative local governance and more efficient and thoughtful deployment of our resources. To name a few: Big Sky Community Housing Trust, BSCWSD #363, Gallatin River Task Force, Big Sky Medical Center, BSSD#72, Big Sky Transportation District, and Big Sky Community Organization.

## Community Outreach | Project/Program 2\*

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

Previously, the structural deficit in terms of an operating framework to provide for efficient and effective local governance manifested itself in another community organization's urgency becoming the Big Sky Chamber's emergency to facilitate the critical community-wide dialogue. The result, the creation of the Joint County Commission Meeting. The Coordinating Council evolved out of a group assembled by a community member and the Big Sky Chamber dubbed the "G-9" which represented the nine largest recipients of Resort Tax allocations. It also includes additional members from the Our Big Sky Plan Advisory Committee created to inform the strategic planning process along with surveys, in-person events, public meetings, and a dedicated website.



### **Start Date | Project/Program 2\***

07/01/2020

### **Completion Date | Project/Program 2\***

04/30/2021

### **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.

No

### **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 Big Sky Chamber has considered charging a fee for the Eggs&Issues portion of the combined event with the Gallatin-Madison Joint County Commission public meetings. However we do not want cost to be a barrier to civic engagement and collaborative governance. It is essentially another public forum bringing the challenges facing Big Sky and possible solutions to the public for discussion. The goal is to get as broad a participation as possible with "light breakfast" viewed as an incentive.

### **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:

It is not an option to charge for the Counties' public meetings.

## Project/Program 3 Information

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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:

Advocating for Our Community | Creating a Positive Business Climate - MT Chamber Days and BBER Economic Outlook Seminar

### Amount Requested | Project/Program 3\*

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

\$11,000.00

### 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.*

3

### Category | Project/Program 3\*

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

Community Development & Social Services

### Category (Other) | Project/Program 3

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

*[Unanswered]*

### 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:

- Preserve a cohesive, but distinct character throughout the community
- Provide transparency/engagement & governance options
- Embrace Big Sky's DNA as a destination, born out of a visitor economy
- Work to become a sustainable & resilient community

### Strategy Explanation | Project/Program 3\*

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

The Big Sky Chamber exists to support Big Sky's continued evolution from a destination ski resort to a sustainable and resilient community. As the Voice of business, combined with that of partners like Resort Tax, we work to speak collectively to speak to our government officials on behalf of Big Sky and its needs. The following events provide state-wide visibility and a forum to speak up for ourselves. The MT Chamber Business Days at The Capitol convenes business leaders and government officials to talk face-to-face about top legislative priorities and network. It coincides with the opening of the biennial Legislature or "Campaign Season," the 1st day of filing for political office, depending on the year. The Bureau of Business & Economic Research's Annual Economic Outlook Seminar brings economists on a 10-city statewide tour including Big Sky to present national, state and local economic forecasts and to discuss a pain point, past topics Affordable Housing and Workforce Availability.

### 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
- Local Workforce
- Year-Round Residents
- Other (please explain in the next question)

### More Detail Community Segment | Project/Program 3

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

In addition to those checked, this program's primary Community Target Segment is government entities and public officials which aren't listed as options above.

### Schedule | Project/Program 3\*

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

- Annually Recurring

### Schedule Explanation | Project/Program 3

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

The Montana Chamber Business Days at The Capitol event is held annually in Helena in January and the Bureau of Business and Economic Research's Economic Outlook Seminar is hosted annually in 10 cities throughout Montana, including Big Sky in March.

### **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:

*[Unanswered]*

### **Goals | Project/Program 3\***

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

Our goals are to advocate for our member businesses and their employees by enabling the Big Sky community to access expert analysis on the projected outlook for the U.S., state and local economy and engage in a discussion around a critical issue impacting communities statewide. Another goal is to facilitate local governance by building and stewarding a relationship between Big Sky community leaders and its state and federally elected officials.

### **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:

In the past board and staff representative of both the Big Sky Chamber and Resort Tax have attended the MT Chamber Business Days along with private business owners. The conversations had by these individuals with our elected officials require collaboration with all Big Sky stakeholders. This collaboration takes place daily among community nonprofit organizations serving Big Sky as we have all come to work together toward the same end goal as articulated through the Our Big Sky Plan.

### **Community Outreach | Project/Program 3\***

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

Numerous surveys of Big Sky residents attached to different studies throughout the years from housing to tourism to water, including the most recent one conducted by Outlaw Partners in response to COVID-19,

always articulate the community's desire to be more informed. The BBER Economic Outlook Seminar, as well as other Chamber programs from Eggs&Issues | Gallatin-Madison Joint County Commission Meetings and our annual Community Building Forum all attempt to provide an opportunity to plug in, get educated and stay informed as to what is happening with Big Sky's continued development.

### Start Date | Project/Program 3\*

07/01/2020

### Completion Date | Project Program 3\*

06/30/2021

### 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?

COVID19 is directly impacting our 450+ member business, of which 83% are nonprofits, sole proprietors and small businesses and pay annual dues of \$350 or less. As many of them remain closed due to directives from the Governor, with no revenue coming in, it will be very difficult for them to pay Chamber membership dues when they are fighting to keep their business afloat. Annually, dues revenue is roughly \$200,000 in operating support to our organization. We have forecast a 31.5% decrease YOY. The businesses are owned

and run by employees many of whom are Big Sky residents. These unemployed workers who shop local will not have the discretionary funds to support our local businesses coming out of this so again, our businesses will most likely not be able to support the Big Sky Chamber. Staff is currently working remotely to support our businesses in their greatest time of need. Recognizing the the forthcoming decrease in our private support and knowing the similar impact the closures have had on Resort Tax collections especially for the March-June time period, we have been extremely frugal in our FY21 operating budget and request for funds, only asking for what we really need to stay whole and to operate. Our businesses, their employees and our residents quality of life including their livelihoods depend on our businesses surviving. The Big Sky Chamber will do all it has to to be there to help them re-open and start again in our new normal.

## ***Application Verification & Summary***

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### **Community Messaging\***

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

Our Community. Our Business. The Big Sky Chamber, in serving its 450+ member businesses, their thousands of employees and our Big Sky community at-large works every day to Elevate Big Sky in its continued evolution from a destination ski resort to a healthy and sustainable community.

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\***

04/21/2020

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

## File Attachment Summary

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### ***Applicant File Uploads***

- 3-Year Financial Forecast (FY21).xlsx
- Big Sky Resort Association Inc. 990 for 2018.pdf
- Budget FY end 6-30-2020.pdf
- P-L budget vs actual previous FY end 6-30-2019.pdf
- Balance Sheet previous fiscal year 6-30-2019.pdf
- Elevate 2023 Strategic Priorities.pdf

**\* 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.**

<b>ITEMIZED EXPENSES AND REVENUES</b> <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> <b>07/01/19 - 06/30/20</b>		
		<b>Previous Fiscal Year (Budgeted)</b>	<b>Previous Fiscal Year (Actual)</b>	<b>Current Fiscal Year (Budgeted)</b>	<b>Next Fiscal Year Anticipated</b>	<b>% Change From Previous Fiscal Year</b>	<b>% of Total Revenue (Current Fiscal Year)</b>	
<b>Revenue</b>	Resort Tax	\$ 340,000.00	\$ 340,000.00	\$ 385,000.00	\$ 379,511.00	13%	37%	
	Other Public Grants					#DIV/0!	0%	
	Private Donations (not including In-Kind)					#DIV/0!	0%	
	Fundraising Events (Net Amount)					#DIV/0!	0%	
	Dues & Fees	\$ 236,500.00	\$ 208,257.00	\$ 253,075.00	\$ 204,445.00	7%	24%	
	Other*	\$ 283,800.00	\$ 302,203.00	\$ 408,075.00	\$ 317,998.00	44%	39%	
	<b>Total</b>	<b>\$ 860,300.00</b>	<b>\$ 850,460.00</b>	<b>\$ 1,046,150.00</b>	<b>\$ 901,954.00</b>	<b>18%</b>	<b>100%</b>	
<b>Expenses</b>	Administration	Payroll	\$ 165,000.00	\$ 165,000.00	\$ 187,000.00	\$ 192,500.00	13%	17%
		Fundraising					#DIV/0!	0%
		Marketing	\$ 110,000.00	\$ 73,853.00	\$ 173,440.00	\$ 103,660.00	58%	17%
	Operations/ Programming	Payroll	\$ 242,981.00	\$ 148,228.00	\$ 176,200.00	\$ 231,292.00	-27%	17%
		Other	\$ 329,419.00	\$ 377,418.00	\$ 498,358.00	\$ 363,708.00	51%	48%
	Other**	\$ 10,400.00	\$ 8,610.00	\$ 10,400.00	\$ 10,400.00	0%	1%	
	<b>Total</b>	<b>\$ 857,800.00</b>	<b>\$ 773,109.00</b>	<b>\$ 1,045,398.00</b>	<b>\$ 901,560.00</b>	<b>22%</b>	<b>100%</b>	
<b>Capital Expenditures</b>	<b>Total</b>					#DIV/0!	N/A	
<b>Income</b>	<b>Net Income</b>	<b>\$ 2,500.00</b>	<b>\$ 77,351.00</b>	<b>\$ 752.00</b>	<b>\$ 394.00</b>	<b>-232%</b>	<b>N/A</b>	

\* Revenue Other: The Visit Big Sky management fee reimbursed to the Big Sky Chamber for its FTEs including salaries, benefits and payroll taxes along with rent.

\*\*Expenses Other: \$2,000 is for participation in the statewide Tourism Matters to Montana lobbying effort and in-kind expenses.

\*\*\*Explain Variances: The resort tax ask went up due to the increase of rent and raises for staff; dues income increased because of the many new businesses opening in Big Sky; other income increased due to the additional management fee income from Visit Big Sky for marketing salaries; administration payroll increased because of staff raises; marketing salaries increased due to the increase of a marketing staff person; operations payroll was decreased because of the reclass of staff to marketing; Other expenses increased because of the additional programs the Chamber had planned for the community benefit.

**\* 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)*

	Current <i>07/01/2020 - 06/30/2021</i>	Year 2 <i>07/01/2021 - 06/30/2022</i>	Year 3 <i>07/01/2022 - 06/30/2023</i>	TOTAL
<b>Payroll</b>	\$ 527,452.00	\$ 583,968.00	\$ 613,166.00	\$ 1,724,586.00
<b>Total # of FTE Personnel</b>	\$ 8.25	\$ 9.00	\$ 9.00	N/A
<b>Operations/Programming</b>	\$ 374,108.00	\$ 461,000.00	\$ 490,000.00	\$ 1,325,108.00
<b>Capital Expenditures</b>				\$ -
<b>Total</b>	\$ 901,560.00	\$ 1,044,968.00	\$ 1,103,166.00	\$ 3,049,694.00

#### RESERVES: Capital, Programming, and/or Operating

On Hand Restricted**	\$	31,835.00
On Hand Unrestricted**	\$	503,289.00
Goal (if currently no reserves)		

\*\*Purpose of Restricted and Unrestricted Capital Reserves: The on hand restricted funds are to be used for Wayfinding signage/streetscape lighting (lamp posts) repair. The on hand unrestricted funds of \$425,938 are held for a possible future office relocation due to a lack of a long term lease at the current location; at present a month to month lease. The balance of the unrestricted funds are budgeted for future administrative and operating expenses to finish out FY 20.

**Big Sky Resort Association Inc.**

2018  
CLIENT COPY

INCOME TAX RETURNS





CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

ANDERSON ZURMUEHLEN & CO., P.C. • MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Big Sky Resort Association Inc.  
PO Box 160100  
Big Sky, MT 59716

Big Sky Resort Association Inc.:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. **Return Form 8879-EO to us by November 15, 2019.**

Best regards,

A handwritten signature in black ink that reads 'James E. Woy'. The signature is fluid and cursive, with the first name 'James' being more prominent.

James E. Woy, CPA

# CARRYOVER DATA TO 2019

Name <b>BIG SKY RESORT ASSOCIATION INC.</b>	Employer Identification Number <b>81-0426408</b>
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Based on the information provided with this return, the following are possible carryover amounts to next year.

<b>FEDERAL NET OPERATING LOSS</b>	<b>29,590.</b>
<b>FEDERAL AMT NET OPERATING LOSS</b>	<b>29,590.</b>

COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**BIG SKY RESORT ASSOCIATION INC.**

**81-0426408**

Name and title of officer

**SCOTT JOHNSON  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>827,533.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize ANDERSON ZURMUEHLEN & CO., P.C. to enter my PIN 11000  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**81069738594**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 09/16/19

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

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

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

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BIG SKY RESORT ASSOCIATION INC.</b> Doing business as <b>BIG SKY CHAMBER OF COMMERCE</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 160100</b> City or town, state or province, country, and ZIP or foreign postal code <b>BIG SKY, MT 59716</b> <b>F</b> Name and address of principal officer: <b>CANDACE CARR STRAUSS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>81-0426408</b> <b>E</b> Telephone number <b>406-995-3000</b> <b>G</b> Gross receipts \$ <b>843,945.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BIGSKYCHAMBER.COM</b>		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1980</b> <b>M</b> State of legal domicile: <b>MT</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SERVING AS THE VOICE OF BUSINESS, THE BIG SKY CHAMBER OF COMMERCE CHAMPIONS A HEALTHY</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>12</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>461,176.</b>	<b>563,225.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>34,385.</b>	<b>31,180.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,127.</b>	<b>5,135.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>109,799.</b>	<b>227,993.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>608,487.</b>	<b>827,533.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>336,631.</b>	<b>480,771.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>236,272.</b>	<b>269,816.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>572,903.</b>	<b>750,587.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>35,584.</b>	<b>76,946.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>522,044.</b>	<b>577,212.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>64,270.</b>	<b>42,492.</b>
		<b>457,774.</b>	<b>534,720.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>SCOTT JOHNSON, PRESIDENT</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES E. WOY, CPA</b>	Preparer's signature <b>JAMES E. WOY, CPA</b>	Date <b>09/16/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00102054</b>
	Firm's name ▶ <b>ANDERSON ZURMUEHLEN &amp; CO., P.C.</b> Firm's address ▶ <b>P.O. BOX 748</b> <b>BUTTE, MT 59703</b>	Firm's EIN ▶ <b>81-0385940</b>	Phone no. <b>406-782-0451</b>		

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: SERVING AS THE VOICE OF BUSINESS, THE BIG SKY CHAMBER OF COMMERCE CHAMPIONS A HEALTHY ECONOMY AND WORKS COLLABORATIVELY WITH COMMUNITY STAKEHOLDERS AS A CONVEYOR AND A CATALYST TO IMPROVE THE OVERALL QUALITY OF LIFE IN THE REGION.

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.

4a (Code: ) (Expenses \$ 34,325. including grants of \$ ) (Revenue \$ 10,050. ) ELEVATE BIG SKY 2023 HIGHLIGHTS THE FOLLOWING SCOPE OF WORK OF THE ORGANIZATION:

ADVOCATING FOR OUR MEMBERS AND CREATING A POSITIVE BUSINESS CLIMATE: - THE BIG SKY CHAMBER IS THE VOICE OF BUSINESS, REPRESENTING 450+ MEMBER BUSINESSES AND THEIR THOUSANDS OF EMPLOYEES ON COMMUNITY DEVELOPMENT ISSUES SUCH AS AFFORDABLE WORKFORCE HOUSING, TRANSPORTATION/PUBLIC TRANSIT, AND TELECOMMUNICATIONS AS BIG SKY CONTINUES TO EVOLVE FROM A DESTINATION SKI RESORT TO A SUSTAINABLE COMMUNITY. THE ORGANIZATION PROMOTES MEMBER EDUCATION, ENGAGEMENT AND ACTION THROUGH PROGRAMS, EVENTS AND TRAININGS. THE DEVELOPMENT OF THE FIRST BIG SKY ECONOMIC PROFILE WILL HELP INFORM POTENTIAL NEW DEVELOPERS AND BUSINESS OWNERS ABOUT THE OPPORTUNITIES THAT EXIST

4b (Code: ) (Expenses \$ 28,206. including grants of \$ ) (Revenue \$ 21,130. ) THE BIG SKY CHAMBER ANNUAL MEETING HIGHLIGHTS PROGRAM OF WORK SUCCESSES OF THE PAST FISCAL YEAR, SPEAKS TO THE YEAR AHEAD, FACILITATES THE ELECTION OF NEW BOARD MEMBERS AND OFFICERS, AND RECOGNIZES SIGNIFICANT CONTRIBUTIONS VIA AWARDS TO THE AREA'S TOP PERFORMING BUSINESSES AND INDIVIDUALS. AN ANNUAL STATE OF THE LOCAL ECONOMY WILL ALSO BE GIVEN TO PROVIDE SPECIFIC INFORMATION ON PROJECTS, ECONOMIC DEVELOPMENT EFFORTS, AND THE BUSINESS OUTLOOK PRIOR TO THE EVENING'S FEATURED KEYNOTE SPEAKER.

4c (Code: ) (Expenses \$ 11,170. including grants of \$ ) (Revenue \$ 0. ) ENCOURAGING COMMUNITY INFRASTRUCTURE INVESTMENT AND FACILITATING LOCAL GOVERNANCE:

- ENCOURAGING COMMUNITY INFRASTRUCTURE INVESTMENT INVOLVES BEING A CONVENER AND CATALYST TO SEEK SOLUTIONS TO ISSUES IMPACTING THE GROWING COMMUNITY. THE BIG SKY CHAMBER BIRTHED THE BIG SKY COMMUNITY HOUSING TRUST/HDCR WHICH HAS LEAD TO THE FIRST 52-UNIT DEED-RESTRICTED WORKFORCE HOUSING PROJECT IN BIG SKY. WORKING WITH THE WESTERN TRANSPORTATION INSTITUTE AT MSU, THE BIG SKY CHAMBER WAS INSTRUMENTAL IN SECURING A \$10.3 MILLION TIGER GRANT FOR IMPROVED SERVICE AND SAFETY ALONG MT HWY 64 AND ENHANCED PUBLIC TRANSIT FOR THE 50% OF THE IN-COMMUTING WORKFORCE. OTHER EFFORTS INCLUDE PARTICIPATING IN A COMPREHENSIVE COMMUNITY ENGAGEMENT PROCESS WITH THE PUBLIC ENERGY

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 73,701.



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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, unrelated business 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 (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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 NONE
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. [ ] 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 CANDACE CARR STRAUSS - 406-995-3000 PO BOX 160100, BIG SKY, MT 59716

**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) DAVID O'CONNOR PAST CHAIR	1.00	X		X				0.	0.	0.
(2) BILL SIMKINS DIRECTOR	1.00	X						0.	0.	0.
(3) KEVIN GERMAIN DIRECTOR	1.00	X						0.	0.	0.
(4) KEN LANCEY TREASURER	1.00	X		X				0.	0.	0.
(5) GREG LISK DIRECTOR	1.00	X						0.	0.	0.
(6) SCOTT JOHNSON PRESIDENT	1.00	X		X				0.	0.	0.
(7) FRANK ACITO DIRECTOR	1.00	X						0.	0.	0.
(8) BRITT IDE DIRECTOR	1.00	X						0.	0.	0.
(9) SHANNON SEARS DIRECTOR	1.00	X						0.	0.	0.
(10) KATIE GRICE DIRECTOR	1.00	X						0.	0.	0.
(11) CANDACE CARR STRAUSS CEO	20.00 20.00			X				102,971.	0.	10,163.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

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 1

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	208,257.				
	c	Fundraising events	1c	14,818.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	340,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	150.				
	g	Noncash contributions included in lines 1a-1f: \$		500.				
	h	<b>Total.</b> Add lines 1a-1f		563,225.				
	Program Service Revenue	2 a	<b>ANNUAL MEETING DINNER</b>	Business Code 722511	21,130.	21,130.		
b		<b>ECONOMIC PROFILE</b>	561499	5,000.	5,000.			
c		<b>SPONSORSHIP</b>	721199	2,500.	2,500.			
d		<b>COMMUNITY BUILDING FOR</b>	611430	2,000.	2,000.			
e		<b>EMAIL BLAST AND BUSINE</b>	541800	550.	550.			
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		31,180.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,135.			5,135.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real (ii) Personal					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 14,468. of contributions reported on line 1c). See Part IV, line 18	a	13,477.				
		Less: direct expenses	b	16,412.				
		Net income or (loss) from fundraising events			-2,935.			-2,935.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>MANAGEMENT FEE INCOME</b>	541900	230,197.			230,197.		
b	<b>MISCELLANEOUS</b>	813910	731.			731.		
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		230,928.					
12	<b>Total revenue.</b> See instructions		827,533.	31,180.	0.	233,128.		

**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 .....	108,000.		108,000.	
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 .....	279,081.		279,081.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,950.		4,950.	
9 Other employee benefits .....	51,755.		51,755.	
10 Payroll taxes .....	36,985.		36,985.	
11 Fees for services (non-employees):				
a Management .....	2,027.		2,027.	
b Legal .....				
c Accounting .....	2,500.		2,500.	
d Lobbying .....	2,000.		2,000.	
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 Advertising and promotion .....	42,223.		42,223.	
13 Office expenses .....	19,658.		19,658.	
14 Information technology .....	8,423.		8,423.	
15 Royalties .....				
16 Occupancy .....	92,865.		92,865.	
17 Travel .....	8,225.		8,225.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	35,605.	28,206.	7,399.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,183.		1,183.	
23 Insurance .....	2,926.		2,926.	
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 <b>POSITIVE BUSINESS CLIMA</b>	34,325.	34,325.		
b <b>GOVERNANCE FACILITATION</b>	10,670.	10,670.		
c <b>DUES</b>	4,144.		4,144.	
d <b>EVENTS AND PUBLIC AFFAI</b>	1,198.		1,198.	
e All other expenses _____	1,844.	500.	1,344.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	750,587.	73,701.	676,886.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	258,618.	<b>1</b>	300,659.
	<b>2</b> Savings and temporary cash investments .....	228,110.	<b>2</b>	233,223.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	34,133.	<b>4</b>	26,208.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 32,218.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 32,218.	1,183.	<b>10c</b> 0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	17,122.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	522,044.	<b>16</b>	577,212.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	37,197.	<b>17</b>	29,212.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	27,073.	<b>19</b>	13,280.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	64,270.	<b>26</b>	42,492.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	425,938.	<b>27</b>	502,884.
	<b>28</b> Temporarily restricted net assets .....	31,836.	<b>28</b>	31,836.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	457,774.	<b>33</b>	534,720.	
<b>34</b> Total liabilities and net assets/fund balances .....	522,044.	<b>34</b>	577,212.	

**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	827,533.
2	Total expenses (must equal Part IX, column (A), line 25)	2	750,587.
3	Revenue less expenses. Subtract line 2 from line 1	3	76,946.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	457,774.
5	Net unrealized gains (losses) on investments	5	
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	534,720.

**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 C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**BIG SKY RESORT ASSOCIATION INC.**

Employer identification number

**81-0426408**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

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

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

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

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

**Part IV Supplemental Information**

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

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**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization **BIG SKY RESORT ASSOCIATION INC.** Employer identification number **81-0426408**

**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		32,218.	32,218.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)	
<b>Total.</b> (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 descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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 descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**BIG SKY RESORT ASSOCIATION INC.**

Employer identification number

**81-0426408**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**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))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	27,945.		27,945.
	2	Less: Contributions	14,468.		14,468.
	3	Gross income (line 1 minus line 2)	13,477.		13,477.
Direct Expenses	4	Cash prizes	3,000.		3,000.
	5	Noncash prizes			
	6	Rent/facility costs	5,747.		5,747.
	7	Food and beverages	5,230.		5,230.
	8	Entertainment	200.		200.
	9	Other direct expenses	2,235.		2,235.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-2,935.

**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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

<b>13a</b>			%
<b>13b</b>			%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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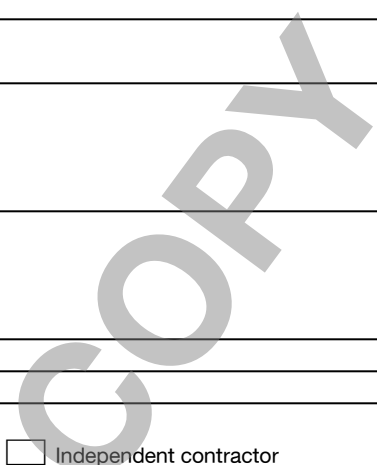
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**Part IV** Supplemental Information *(continued)*

COPY

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

BIG SKY RESORT ASSOCIATION INC.

Employer identification number

81-0426408

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

ECONOMY AND WORKS COLLABORATIVELY WITH COMMUNITY STAKEHOLDERS AS A  
CONVENER AND A CATALYST TO IMPROVE THE OVERALL QUALITY OF LIFE IN THE  
REGION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHILE ASSISTING EXISTING BUSINESSES IN MANAGING THEIR GROWTH.

- THE CHAMBER CREATES A POSITIVE BUSINESS CLIMATE BY SUPPORTING  
QUALIFIED WORKFORCE EFFORTS, LEADERSHIP DEVELOPMENT AND NON-PROFIT  
ASSISTANCE IN PARTNERSHIP WITH SUCH ORGANIZATIONS AS MONTANA STATE  
UNIVERSITY, LEADERSHIP MONTANA AND THE MONTANA NONPROFIT ASSOCIATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

UTILITY TO SITE A MID-MOUNTAIN SUBSTATION TO ADDRESS THE INCREASING  
DEMAND, INVOLVEMENT WITH THE HEALTHY HEADWATERS ALLIANCE TO DEVELOP  
ACTION PLANS FOR WATER SUSTAINABILITY IN BIG SKY, AND THE CREATION OF A  
TELECOMMUNICATIONS TASK FORCE TO ADDRESS RURAL BROADBAND AND CELL  
SERVICE IN BIG SKY.

- FACILITATING LOCAL GOVERNANCE BY BEING THE COLLABORATOR FOR THE  
COMMUNITY WITH LOCAL, REGIONAL, AND STATE OFFICIALS BY HOSTING TOWN  
HALLS, PUBLIC MEETINGS, AND A COMMUNITY DEVELOPMENT DISCUSSION  
THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION A, LINE 6:

ORGANIZATION HAS 405 ACTIVE MEMBERS. THE MEMBER JOINS THE CHAMBER OF  
COMMERCE AND SELECTS THEIR LEVEL OF MEMBERSHIP BASED ON A TIERED DUES

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization BIG SKY RESORT ASSOCIATION INC.	Employer identification number 81-0426408
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SCHEDULE. TIERED LEVELS ARE COMPRISED OF VARYING LEVELS OF MEMBERSHIP REPRESENTATION IN CHAMBER MATERIALS AND EVENTS.

FORM 990, PART VI, SECTION A, LINE 7A:

AN ANNUAL ELECTION IS HELD, IN WHICH VOTES ARE ADMINISTERED BY BALLOT TO ALL MEMBERS. THE MAJORITY VOTE RECIPIENTS ARE THEN SELECTED AS THE GOVERNING BODY; MEMBERS CAN RESPOND WITH A VOTE OR DESIGNATE THEIR PROXY TO ANOTHER MEMBER OR REMIT IT BACK TO THE CURRENT BOARD.

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

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE SIGNING AND SUBMITTING TO THE IRS.

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

EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY
- B. HAS READ AND UNDERSTANDS THE POLICY
- C. HAS AGREED TO COMPLY WITH THE POLICY
- D. UNDERSTANDS THE CHAMBER IS NOT FOR PROFIT AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX-EXEMPT STATUS, THE CHAMBER MUST ENGAGE IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

THE CEO'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

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

Name of the organization <b>BIG SKY RESORT ASSOCIATION INC.</b>	Employer identification number <b>81-0426408</b>
--	---

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

COPY



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**BIG SKY RESORT ASSOCIATION INC.**

Employer identification number

**81-0426408**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VISIT BIG SKY - 46-2417912 PO BOX 160100 BIG SKY, MT 59716	NON-PROFIT ADVERTISING	MONTANA	501(C)6				X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VISIT BIG SKY	N	35,600.	FMV
(2) VISIT BIG SKY	O	194,597.	FMV
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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# Big Sky Chamber of Commerce Profit & Loss Budget Overview

July 2019 through June 2020

	Jul '19 - Jun 20
Ordinary Income/Expense	
Income	
100 · MEMBERSHIP REVENUES	217,975.00
130 · EVENTS	33,500.00
140 · GOVERNMENTAL SOURCES	385,000.00
170 · NON-DUES REVENUE	1,600.00
190 · OTHER INCOME	408,075.00
Total Income	1,046,150.00
Gross Profit	1,046,150.00
Expense	
200 · ADMIN & OPERATIONS	798,798.00
300 · ADVERTISING & PROMOTION	16,000.00
400 · DUES TO OTHER ORGANIZATIONS	6,650.00
500 · EDUCATION	3,000.00
595 · PUBLIC AFFAIRS/EVENTS	44,000.00
610 · ADVOCACY/GOVT AFFAIRS	5,000.00
620 · GOVERNANCE FACILITATION	13,500.00
630 · INFRASTRUCTURE	80,000.00
640 · POSITIVE BUSINESS CLIMATE	59,500.00
680 · LOBBYING	2,000.00
800 · MAINTENANCE & REPAIR	2,000.00
900 · UTILITIES	6,500.00
Total Expense	1,036,948.00
Net Ordinary Income	9,202.00
Other Income/Expense	
Other Expense	
In-Kind Expenses	8,400.00
Income Tax Expense	50.00
Total Other Expense	8,450.00
Net Other Income	-8,450.00
Net Income	752.00

Big Sky Chamber of Commerce  
Statement of Activities - Budget vs. Actual  
July 2018 through June 2019

	Jul '18 - Jun 19	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
100 · MEMBERSHIP REVENUES	208,256.75	200,500.00	7,756.75	103.9%
130 · EVENTS	54,075.00	30,000.00	24,075.00	180.3%
135 · PROGRAM INCOME	0.00	3,000.00	-3,000.00	0.0%
140 · GOVERNMENTAL SOURCES	340,000.00	340,000.00	0.00	100.0%
170 · NON-DUES REVENUE	5,050.00	3,000.00	2,050.00	168.3%
190 · OTHER INCOME	243,078.33	283,800.00	-40,721.67	85.7%
Total Income	850,460.08	860,300.00	-9,839.92	98.9%
Gross Profit	850,460.08	860,300.00	-9,839.92	98.9%
Expense				
200 · ADMIN & OPERATIONS	604,824.16	654,200.00	-49,375.84	92.5%
300 · ADVERTISING & PROMOTION	42,222.79	31,900.00	10,322.79	132.4%
400 · DUES TO OTHER ORGANIZATIONS	4,144.00	6,250.00	-2,106.00	66.3%
500 · EDUCATION	863.74	3,000.00	-2,136.26	28.8%
595 · PUBLIC AFFAIRS/EVENTS	45,466.24	34,500.00	10,966.24	131.8%
600 · ORGANIZATIONAL CAPACITY BUILDIN	1,997.90	4,500.00	-2,502.10	44.4%
610 · ADVOCACY/GOVT AFFAIRS	2,750.00	5,000.00	-2,250.00	55.0%
620 · GOVERNANCE FACILITATION	7,919.95	8,000.00	-80.05	99.0%
630 · INFRASTRUCTURE	-9,500.00	20,800.00	-30,300.00	-45.7%
640 · POSITIVE BUSINESS CLIMATE	42,327.54	70,000.00	-27,672.46	60.5%
680 · LOBBYING	2,000.00	2,000.00	0.00	100.0%
800 · MAINTENANCE & REPAIR	10,507.39	2,000.00	8,507.39	525.4%
900 · UTILITIES	9,792.59	7,200.00	2,592.59	136.0%
Total Expense	765,316.30	849,350.00	-84,033.70	90.1%
Net Ordinary Income	85,143.78	10,950.00	74,193.78	777.6%
Other Income/Expense				
Other Expense				
Depreciation	1,182.55			
In-Kind Expenses	6,610.00	8,400.00	-1,790.00	78.7%
Income Tax Expense	0.00	50.00	-50.00	0.0%
Total Other Expense	7,792.55	8,450.00	-657.45	92.2%
Net Other Income	-7,792.55	-8,450.00	657.45	92.2%
Net Income	77,351.23	2,500.00	74,851.23	3,094.0%

# Big Sky Chamber of Commerce Statement of Financial Position

As of June 30, 2019

	Jun 30, 19
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
American Bank Account	233,628.05
FSB- RESTRICTED- Wayfind Maint.	31,835.65
Petty Cash Chamber	150.00
BSW/ - Operating (Big Sky Western Bank)	268,673.91
Total Checking/Savings	534,287.61
Accounts Receivable	
Accounts Receivable	25,916.00
Total Accounts Receivable	25,916.00
Other Current Assets	
A/R Other	291.51
Accrued Revenue	17,122.00
Total Other Current Assets	17,413.51
Total Current Assets	577,617.12
Fixed Assets	
Accumulated Depreciation	-32,217.55
Equipment	32,217.55
Total Fixed Assets	0.00
<b>TOTAL ASSETS</b>	<b>577,617.12</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	10,673.86
Total Accounts Payable	10,673.86
Other Current Liabilities	
Accrued Liabilities	18,227.28
Deferred Revenue Dues	13,280.00
Payroll Liabilities	310.88
Total Other Current Liabilities	31,818.16
Total Current Liabilities	42,492.02
Total Liabilities	42,492.02
Equity	
Designated Assets-VIC Relocate	369,150.00
Net Assets	56,788.22
Wayfind -Restricted Net Assets	31,835.65
Net Income	77,351.23
Total Equity	535,125.10
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>577,617.12</b>



# THE BIG SKY CHAMBER PROUDLY UNVEILS

## ELEVATE BIG SKY 2023: STRATEGIC PRIORITIES

**Our Mission:** Serving as the **VOICE** of Business, the Big Sky Chamber **CHAMPIONS** a healthy economy and works collaboratively with community stakeholders (**CONVENES**) as a **CATALYST** to improve the overall quality of life in the region.

### Advocating for YOU - Our Members

#### The Voice of Big Sky Business

- Advocacy
- Government Affairs
- Member Services
  - Education/Training
  - Information Dissemination
  - Marketing & Promotion
  - Networking
- Public Policy

### Encouraging Community Infrastructure Investment

- Community Housing
- Energy
- Telecommunications
- The Corner Property
- Transportation
- Water

### Creating a Positive Business Climate

- Entrepreneurship
- Health
- HR/Recruitment
- Leadership
- Non-profit assistance
- Qualified Workforce

### Facilitating Local Governance

- Gallatin-Madison Joint County Commissioners Meetings
- *Eggs & Issues*

Join today at [BigSkyChamber.com/membership](https://BigSkyChamber.com/membership)

**OUR COMMUNITY. OUR BUSINESS.**

*The Big Sky Chamber of Commerce is a 501 (c)(6), non-profit, membership organization*



**BIG SKY CHAMBER**