			EXTENDED TO AUGUST 15, 2016			
	n	00	Return of Organization Exempt From Incom	ie Tax	OMB No. 1545-0047	
Forr	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva	te foundation	2015	
Department of the Treasury			Do not enter social security numbers on this form as it may be made	public.	Open to Public	
		enue Service	Information about Form 990 and its instructions is at www.irs.gov/form		Inspection	
<u>A</u> F	or the	e 2015 calend	lar year, or tax year beginning OCT 1 , 2015 and ending DEC 31	L, 2015		
B c a	heck if pplicabl	le: C Name of	f organization D Empl	loyer identific	ation number	
	Addre chang	BIG	SKY YOUTH EMPOWERMENT PROJECT INC			
Name Doing business as 81-0543						
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number						
	Final	-	BOX 6757	406-5	539-0399	
	ated	City or t	town, state or province, country, and ZIP or foreign postal code G Gross	receipts \$	166,762.	
	Amen		EMAN, MT 59771-6757 H(a) Ist	his a group ret		
	Applic tion pendi	F Name a		subordinates?		
	-	SAME			cluded? Yes No	
					ist. (see instructions)	
				oup exemption		
	orm of art I				State of legal domicile: MT	
Fa					/ E NT T	
ce	1		be the organization's mission or most significant activities: BIG SKY YOUTH E	IN ORDER		
nan			bx ► if the organization discontinued its operations or disposed of more than 259			
Governance			ting members of the governing body (Part VI, line 1a)	I	8	
ဗီ		Number of inc	8			
s S			18			
Activities &			of individuals employed in calendar year 2015 (Part V, line 2a) of volunteers (estimate if necessary)		100	
cti			d business revenue from Part VIII, column (C), line 12		0.	
◄			business taxable income from Form 990-T, line 34		0.	
			Prior	Year	Current Year	
e	8	Contributions	and grants (Part VIII, line 1h) 64	12,992.	137,464.	
enu	9	Program servi	ice revenue (Part VIII, line 2g)	0.	0.	
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	2,387.	<822.2	
-	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,163.	24,161.	
				77,542.	160,803.	
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
		.	to or for members (Part IX, column (A), line 4)	0.	0.	
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) 32 fundraising fees (Part IX, column (A), line 11e) 10,543.	39,548. 0.	79,972.	
Sen	16a	Professional f	iundraising fees (Part IX, column (A), line 11e)		0.	
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e) 41	L0,973.	68,917.	
				50,521.	148,889.	
			expenses. Subtract line 18 from line 12	72,979.>	> 11,914.	
or	15		Beginning of		End of Year	
ets lanc	20	Total assets (77,171.	496,799.	
Ass d Ba	21		s (Part X, line 26)	2,072.	12,951.	
Net Assets or Fund Balances	22			75,099.	483,848.	
Pa	irt II	Signature				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and statements, and to	o the best of my	knowledge and belief, it is	
true,	correc	ct, and complete	e. Declaration of preparer (other than officer) is based on all information of which preparer has any kr	10wledge.		
Sig	n	Signature	e of officer	Date		

Sign	lightataro or ornoor		Bulo						
Here	PETE MACFADYEN, DIRECT	OR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	HEATHER WALSTAD	HEATHER WALSTAD	08/12/16 self-employed P01077744						
Preparer	Firm's name 🕞 ANDERSON ZURMUER		Firm's EIN ► 81-0385940						
Use Only	Firm's address 1019 EAST MAIN,	STE 201							
	BOZEMAN, MT 59715 Phone no.406-556-6160								
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
532001 12-	332001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)								

1 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2015) BIG SKY YOUTH EMPOWERMENT PROJECT INC	81-0543203	Page 2
Fai	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: BIG SKY YOUTH EMPOWERMENT PROVIDES OPPORTUNITIES TO EXTR		
	TEENAGERS IN ORDER TO FOSTER SELF RELIANCE, CRITICAL THI		_
	AND COMMUNITY PARTICIPATION THROUGHOUT GALLATIN COUNTY,		/
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 2	XNo
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes .	X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as		
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	hd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 119,075 • including grants of \$) (Revenu)
	DURING THE SHORT YEAR 2015 (OCT 1, 2015 - DEC 31, 2015),		
	14 GROUP MENTORING PROGRAMS SERVING 82 UNIQUE INDIVIDUAL		ROM
	GALLATIN COUNTY, MT. EACH GROUP MENTORING PROGRAM WAS 1		
	LENGTH AND EACH GROUP MET TWICE PER WEEK FOR A LIFE SKII (3HRS) AND A WEEKEND ADVENTURE (7HRS).	ILS WORKSHOP	
	(SHRS) AND A WEEKEND ADVENTORE (THRS).		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	e\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	e \$)
4d	Other program services (Describe in Schedule O.)		
÷υ)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 119,075.	/	
		Form 990	0 (2015)
532002 12-16-	-15		
440	2 812 792194 141005 2015.04010 BIG SKY YOUTH EMPOWE	RMENT P 1410()5 1

Form	aan	(2015)
гош	990	(2010)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2015)

532003 12-16-15

Form	990	(2015)
	330	(2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	1	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

532004 12-16-15

BIG	SKY	YOUTH	EMPOWERMENT	PROJECT	INC	81
qardi	ina Ot	her IRS F	ilings and Tax Con	npliance		

Part U Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule Ocinitia is response or note to any line in this Part V Image: Check if Schedule Ocinitia is response or note to any line in this Part V Ia Enter the number of promyses reported or from State any line in this Part V Image: Check if Schedule Ocinitia is response or note to any line in this Part V ID Enter the number of promyses reported or from W3. Transmitled Wage and Tax Statements. Image: Check if Tax Statements is two reports in Schedule O. Image: Check if Tax Statements is two reports in Schedule O. Image: Check if Tax Statements is Check if Tax Statements. Image: Check if Tax Statements is Check if Tax Statements. Image: Check if Tax Statements is Ch	Form	990 (2015) BIG SKY YOUTH EMPOWERMENT PROJECT INC	1	81-0543	203	Р	age 5
1a Enter the number reported in Box3 of Form 1098. Enter 0 if not applicable Image: Comparison of the complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Comparison of the complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Wage and Tax Statements. Image: Complexes reported on Form W.3. Transmittal of Wage and Wa	Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
a Enter the number efforms VMS of Enter-0: in not applicable in in< in< <th></th> <th>Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Porms W20 included in line 1a. Enter 0- if not applicable 1b 1b 0 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 18 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 18 b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? 2b X 3a Dd the organization have unrelated business gross income during the yar? 3a X 3b If "Yes," has file all a Form 300 for the yar? 3a X 3b If "Yes," has file all a Form 300 for the yar? 3a X 3c Dd the organization have unrelated business gross income during the yar? 3a X 3b If "Yes," is the fact and 300 for the yar? 3a X 3c Se instructures for file organization have an interest in, or a signature or other stathority organization for the yar? 3a X 3c If "Yes," is the Sa or 5b, did the organization have an unal gross receipts that are normally greater than \$100,000, and did the organization file form 808/17. 5a X 3c If "Yes," is the sa or 5b, did the organization file form 808/17. 5a <th></th> <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>						Yes	No
c Did the organization comply with backup withholding ules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? Ic X 2a Either the number of employees reported on Form W3, transmittal of Wage and Tax Statements, field for the calendar year ading with or within the year covered by this return. 2a It& It& 2b If at least one is reported on Ine 2a, did the organization fiel all required federal employment tax returns? 2b X 3b Did the organization have unnelade basiness goes incrom of St. 1000 or more during the year? 3a X 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a party to a prohibitiod tax shelter transmettion? 5a X 5 Did and organization have annual gross receipts that are normally greater than \$100,000, and id the organization have annual gross receipts that are normally creater than \$100,000, and id the organization have annual gross receipts that are normally creater than \$100,000, and id the organization have annual gross receipts that are normally creater than \$100,000, and id the organization have annual gross receipts that are normally creater than \$100,000, and id the organization have annual gross receipts that are normally creater than \$100,000, and id the organization solid ary contributions that are process takement that such contributions or gifts were not tax deductible? 7a X 0 If Yes, '' id the organization have are depased targ	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
gambling) winnings to prize winners? ic X 2a Enter the number of engloyes reported on from W3, Transmittal of Wage and Tax Statements. 1a ic X 2a Enter the number of engloyes reported on line 2a, did the organization fiel all required federal engloyment tax returns? 2b X bit at least one is reported on line 2a, did the organization fiel all required federal engloyment tax returns? 3a X bit 0 the organization have unrelated business gross income of \$1,000 or more during the yas? 3a X bit 1*ves, the file of A CPM 03/F Tork is yea? 3a X bit 1*ves, the file at comparization have an interest in, or a signature or other authority over, a financial accounts (FBAP). 5a X Sw instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAP). 5a X Sw instructions functions approximation particle is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X D Id any taxable party notify the organization file Tom 8888 framaziton in any time during the tax year? 5a X Ge Dess the organization nave rule tax deductibles for 88887 file anormally greater than \$100,000, and did the organization nealer \$x 5b X D Of any taxable party notify the organization file of the value of the goods or seric	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3, transmittal of Wage and Tax Statements, the for the calendary year ending with or within the year covered by this return. 2a 18 bit of the data form space of the same of the sa	с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
tied for the calendary year ending with or within the year covered by this return 12 18 b If at least one is reported on line 2a, did the organization fiel all required feed end projormat ta tract structures? 26 X 3a Dd the organization have unrelated business grass income of \$1,000 or more during the year? 3a X 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account i, a concign country; 2b 3a X 5a Was the organization on the foreign country; 2b 5a X X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization in bits form 8B87 12 5a X 6b If "Yes," enter the name of the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or gifts were not tax deductible? 5a X 6b If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 7b Organization shell were very solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 7b If "Yes," did the organization the dual party is a contribution and party for groods and services provided to the party? 7a X <t< td=""><td></td><td>(gambling) winnings to prize winners?</td><td></td><td></td><td>1c</td><td>Х</td><td></td></t<>		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 12 a, did the organization file all required to effe (see instructions) 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effe (see instructions) 3a X b If "Yes," has if field a form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X b If "Yes," has if field a form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X d At any time during the calendary ser, dit the organization have an interest in, or a signature or other mauthority over, a 4a X d May the organization have under the organization have an interest in, or a signature or other subcity over, a 5a X 5a Was the organization are of the foreign country, be See X X 5a Was the organization have mund gross receives that are normally greater than \$100,000, and did the organization solicit any contributions inder section 170(c). See X b Did the organization neave signation of the signation of the provide the section 170(c). See X b Did the organization neave signation of the organization are spress attement that such contributions or gifts were not tax deductible or the value of the goods or services provided to the payor? Ta X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a X 3a Dd the organization have unrelated business gross income of \$1,000 more during the year? 3b X 3b Diff Yees, the file a Common of \$1,000 more during the year? 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account), a control sea bank account, securities account, or other financial account)? 4a X b If Yees, 'enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 11A, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Sa X 6b If Yees, 'i dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X 7b Organization solit, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8827? Ta X 7b Ta X The organization celve a payment in excess of \$75 made path y as a contribution and path y for goods and services provided to the paranizato in the during the yeas a contribution and path y for which it		filed for the calendar year ending with or within the year covered by this return	2a	18			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has if lied a Form 900-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X b If "Yes," that if lied a Form 900-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X b If "Yes," that the name of the foreign country ≥ See instructions for line grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization approximation file Form 886-T? 5a X See instructions for line grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Dest enginization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5a X 7 Organization neelive apprent in ecoses of \$75 made parity as a contribution and parity for goods and services provided to the paritariato neelive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 7 Tyes, " line date the number of Forms 8282 filed during the year? To To To 7 Tyes, " did the organization necleve any funds, directly	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
b If Yes," has it filed a Form 990-T for this year? If 'No," to <i>line 3b</i> , provide an explanation in Schedule 0 3b 4a At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account in 3 foreign country (schedules a bank account, securities account, or other infancial account)? 4a X b If 'Yes, ' enter the name of the foreign country. ►		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign county (such as a bank account, securities account, or other financial account)? 4a X bit 1" Yes, " inter the name of the foreign county) ▶ See instructions for line requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X 5b D dark tax benet runnal constraint in the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions for the value contributions or gifts were not tax deductible? 6b 7a X 7 Organization needue apprent in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7a X 8 If "Yes," did the organization needing apprent in excess of \$75 made party to a prohibited tax shelter transaction? 7a X 9 If the organization needing apprent in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7a X 10 the organization needing apprent in excess of \$75 made party to pay preniums on a personal benefit contract? 7c X 11 the o	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
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9 Sponsoring organizations maintaining donor advised funds. 9a 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 12a 12a 12 Gross income from members or shareholders 11b 11b 12a 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a 14a Did the organization is licensed to issue qualified health plans </td <td>8</td> <td></td> <td>d by th</td> <td>e</td> <td>-</td> <td></td> <td></td>	8		d by th	e	-		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <					•		
10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 I0a I0a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities I0b I0b 11 Section 501(c)(12) organizations. Enter: I1a I0b I1a a Gross income from members or shareholders I1a I1a IIb b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) I1b I1b I2a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? I2a I2a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. I2b I3a I3a a Is the organization licensed to issue qualified health plans in more than one state? I3a I3a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans I3b I3c 14a Did the organization receive any payments for indoor tanning services during the tax year? I4a X							
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a a Gross income from members or shareholders 11a 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X					90		
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparization receive any payments for indoor tanning services during the tax year?							
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X			110				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 14a X c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 14a X			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 14a X c Enter the amount of reserves on hand 13c 14a X	D		116				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 13c 14a X	122	7		>	120		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X					120		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a X			120				
Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					132		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	a				104		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h						
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~		13h				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с						
			L		14a		X

532005 12-16-15

Form 990 (2015))
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BIG SKY YOUTH EMPOWERMENT PROJECT INC

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

X

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.

	- • • • • • • • • • • • • • • • • • • •	1.1	0	Yes	5
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1 a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
	Enter the number of voting members included in line 1a, above, who are independent		8		
	Did any officer, director, trustee, or key employee have a family relationship or a business relations	•			
	officer, director, trustee, or key employee?		2		_
	Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors, or trustees, or key employees to a management company or other person?				
	Did the organization make any significant changes to its governing documents since the prior Forn				_
	Did the organization become aware during the year of a significant diversion of the organization's a				_
	Did the organization have members or stockholders?		6		_
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or			
	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
	The governing body?			X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	1	
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)		1	
•				Yes	;
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	bay before filing the forn	1? 11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	x	
		ico to conflicte?			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri Did the organization regularly and consistently monitor and enforce compliance with the policy? If		12 b	<u> </u> ^	+
			40-	x	
	in Schedule O how this was done			X	
	Did the organization have a written whistleblower policy?			X	-
	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and appro				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17	45	x	1
	The organization's CEO, Executive Director, or top management official		15a		+
	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	omont with a			
Ja	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	·	46-		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		16a		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	exempt status with respect to such arrangements?	•	16b		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 501(a)(3)a a	nlv) availa	hle	
	for public inspection. Indicate how you made these available. Check all that apply		ny avalia		
•		in in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interest policy	, and fina	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's the PETE MACFADYEN $-406-539-0399$	DOOKS and records:			
0	$\mathbf{FETE} \mathbf{HACLADIEW} = 400-332-0323$				
U					
	PO BOX 6757, BOZEMAN, MT 59771-6757			n 990	2

Part VII	Compensation of Officer	s, Directors, Tr	rustees, Key	Employees, H	lighest C	Compensated
	Employees, and Indepen	dent Contracto	ors			

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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					o 10 -	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper		()		and related
	below	vidual	Institutional trustee	er	Key employee	est cc loyee	her			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) RICH HOHNE	3.00	l								
PRESIDENT		Х		х				0.	0.	0.
(2) CHRISTI COUBROUGH	3.00	l								
TREASURER		Х		х				0.	0.	0.
(3) CLAIRE BAKER	3.00									
SECRETARY		Х		х				0.	0.	0.
(4) AMY HART	3.00									
BOARD MEMBER		Х						0.	0.	0.
(5) CHUCK BORG	3.00									
BOARD MEMBER		Х						0.	0.	0.
(6) SCOTT DEHLENDORF	3.00	1								
BOARD MEMBER		Х						0.	0.	0.
(7) SARA SCHWERIN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) YUCCA RIESCHEL	3.00	l								
BOARD MEMBER		Х						0.	0.	0.
(9) PETER W. MACFADYEN	40.00									
EXECUTIVE DIRECTOR				х				77,625.	0.	16,761.
		1								
		4								
		4								
		4								
	_									
		1								
		4								
		_				<u> </u>	<u> </u>			
		4								
				<u> </u>		_	<u> </u>			
		4								
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532007 12-16-15

Form **990** (2015)

									ROJECT INC	81-0	543	203	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	1					
	(A) Name and title	(B) Average hours per week (list any hours for	Average ours per week (ist any pours for				than is bot pr/trus	tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		an com	(F) timate nount other pensa om th	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	anizat d relat anizati	ed
	Sub-total Total from continuation sheets to Part V								77,625.		0.	. 0.		
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							► ho r	77,625. eceived more than \$100),000 of reportab	0. le	1	6,7	<u>61.</u> 0
3	Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s								highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								•			5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co										npens	ation 1	rom	
	the organization. Report compensation for (A) Name and business			onai DNI		vith	or w	/ithir	n the organization's tax (B) Description of s		C	(C compe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than			000 /	
53200 12-16-	3											Form	ອອບ (∠015)

				EMPOWERN	MENT PROJE	CT INC	81-0543	203 Page 9
Pa	rt VI	III Statement of Rever	nue					
_		Check if Schedule O cont	ains a response	or note to any lin		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues	1b					
ts, (Arr		c Fundraising events		7,750.				
Gif ilar		d Related organizations						
ns, Sim		e Government grants (contribut						
utio	f	f All other contributions, gifts, gran		100 714				
Oth		similar amounts not included abo		129,714. 2,769.				
.uo		g Noncash contributions included in lines			137,464.			
0	ſ	h Total. Add lines 1a-1f		Business Code	137,101.			
e	2 8	a		Busiliess Code				
Program Service Revenue		L.						
Sei		с						
am eve		d						
ogr	e	e						
Ъ	f	f All other program service reve	nue					
	ç	g Total. Add lines 2a-2f						
	3	Investment income (including			1 000			1 000
		other similar amounts)			1,928.			1,928.
	4	Income from investment of ta		F				
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
		a Gross rentsb Less: rental expenses		<u> </u>				
		c Rental income or (loss)		<u> </u>				
			L					
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	b Less: cost or other basis						
		and sales expenses		2,750.				
		c Gain or (loss)		<2,750.	>			
		d Net gain or (loss)		····· •	<2,750.	> <2,750.	>	
Other Revenue	8 a	a Gross income from fundraisin including \$ 7,7	•					
Sev		contributions reported on line						
ler		Part IV, line 18		27,370.				
Oth		b Less: direct expenses		<u> </u>	24 161			24,161.
		c Net income or (loss) from fund	-	▶	24,161.			24,101.
	98	a Gross income from gaming ac						
	ŀ	Part IV, line 19 b Less: direct expenses						
		c Net income or (loss) from gam						
		a Gross sales of inventory, less	-					
		and allowances						
	k	b Less: cost of goods sold						
		c Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	a						
	k	b		ļ ļ				
		c						
		d All other revenue						
		e Total. Add lines 11a-11d			160,803.	<2,750.	> 0.	26,089.
53200	12	Total revenue. See instructions.		▶	T00,003.	<u> </u>	r 0.	Form 990 (2015

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Part IX Statement of Functional Expenses

BIG SKY YOUTH EMPOWERMENT PROJECT INC

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 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	23,911.	17,933.	2,989.	2,989.
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	40,410.	37,658.	1,752.	1,000.
8	Pension plan accruals and contributions (include		,	_,	_,
0	section 401(k) and 403(b) employer contributions)	430.	390.	20.	20.
9	Other employee benefits	6,438.	6,276.		162.
9 10	Payroll taxes	8,783.	7,151.	842.	790.
11		0,703.	,,131.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Fees for services (non-employees):				
	Management				
b		669.		669.	
	Accounting	005.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	994.		574.	420.
12	Advertising and promotion	3,436.	3,037.	399.	
13	Office expenses	2,928.	,	428.	2,500.
14	Information technology				
15	Royalties				
16	Occupancy	1,698.	168.	1,407.	123.
17	Travel	,		, -	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	107.		107.	
21	Payments to affiliates	-		-	
22	Depreciation, depletion, and amortization	5,093.		5,093.	
23	Insurance	3,502.	3,502.	- ,	
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 0.)				
а	PROGRAM ACTIVITIES	24,137.	24,137.		
b	MENTOR	6,002.	6,002.		
c	YOUTH EXPENSE	4,277.	4,277.		
d	VEHICLE EXPENSE	3,007.	3,004.	3.	
e e	All other expenses	13,067.	5,540.	4,988.	2,539.
25	Total functional expenses. Add lines 1 through 24e	148,889.	119,075.	19,271.	10,543.
<u>25</u> 26	Joint costs. Complete this line only if the organization		,0,0,		_0,010
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				
	IT TOHOWING SUP 98-2 (ASC 958-720)				

532010 12-16-15

09440812 792194 141005

10 2015.04010 BIG SKY YOUTH EMPOWERMENT P 141005_1

Form **990** (2015)

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_iabilities

Vet Assets or Fund Balances

basis. Complete Part VI of Schedule D 10a 76,801. 55,219. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 48,077. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets Other assets. See Part IV, line 11 15 477,171. Total assets. Add lines 1 through 15 (must equal line 34) 16 2,072. 17 Accounts payable and accrued expenses Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 2,072. Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 467,301.

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Total liabilities and net assets/fund balances

and complete lines 30 through 34.

483,848.

12,951.

476,050. 7,798.

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33

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7,798.

475,099.

477,171.

Form 990 (2015)

496,799.

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51,987.

46,840.

496,799.

12,951.

Form	n 990 (2015) BIG SKY YOUTH	EMP	OWERMENT PROJE	ECT INC	81-	0543203 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			361,077.	1	390,174.
	2	Savings and temporary cash investments			7,798.	2	7,798.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	5,000.	4	0.		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	fficers, directors, nployees. Complete		5		
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect	rsons (as defined under c)(3)(B), and contributing				
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other	102	100 500			

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 148, 889. 2 Total expenses (must equal Part IX, column (A), line 25) 2 148, 889. 3 Total expenses (must equal Part IX, column (A), line 25) 2 148, 889. 4 4775, 099. 3 11, 914. 5 <3, 165.> 5 <3, 165.> 6 7 Investment expenses 6 7 7 8 Prior period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 483, 848. Part XII Financial Statements and Reporting 10 Ves No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other No 1 Accounting method used to pr		990 (2015) BIG SKY YOUTH EMPOWERMENT PROJECT INC	81-054	3203	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 160,803. 2 Total expenses (must equal Part IX, column (A), line 25) 2 148,889. 3 Revenue less expenses. Subtract line 2 from line 1 3 11,914. 4 475,099. 3 11,914. 5 Net unrealized gains (losses) on investments 6 - 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 At83,848. - - - - - - 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. -	Pa	rt XI Reconciliation of Net Assets				
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits				. 3a		X
	b					
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		L

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2015	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/formation	orm990.

Nam	me of the organization Employer identification number										
Der	41			EMPOWERMENT					1-0543203		
Pa		Reason for Public			-			S.			
	organ	ization is not a private found		. .		,					
1		A church, convention of ch					1)(A)(i).				
2		A school described in sect		•			-				
3		A hospital or a cooperative					•				
4		A medical research organiz	ation operated in co	njunction with a hospita	al described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
_		city, and state:									
5		An organization operated for		ellege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in		
•		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6									and the state of the set for		
7		An organization that norma		intial part of its support	from a gov	ernmentai	unit or from t	ine general	public described in		
•		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete De	+ 11 \						
8 9	x	A community trust describe						-lain faca a	and even a very links from		
9	22	An organization that norma									
		activities related to its exen income and unrelated busin	-	-					-		
		See section 509(a)(2). (Con				sses acqu	lifed by the of	ganization	aller June 30, 1975.		
10		An organization organized a	• •	ively to test for public s	afety See	section 50)9(a)(4)				
11		An organization organized a		•	-			arry out the	e purposes of one or		
		more publicly supported or									
		lines 11a through 11d that	•								
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	l by its sup	ported or	ganization(s),	typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting		
		organization. You must o									
b		Type II. A supporting org	anization supervised	d or controlled in connec	ction with it	s support	ed organizatio	on(s), by ha	iving		
		control or management o	of the supporting org	anization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally interpretent of the second	grated. A supportin	g organization operated	l in connec	tion with, a	and functiona	Illy integrat	ed with,		
		_ its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	V.				
е		☐ Check this box if the orga					а Туре I, Туре	e II, Type III			
	_	functionally integrated, or									
		er the number of supported of									
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount o	fmonetary	(vi) Amount of		
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				above (see instructions))	Yes	No	instruct	ions)	instructions)		
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Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 BIG SKY YOUTH EMPOWERMENT PROJECT INC 81-0543203 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

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		organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶∐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions L	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 BIG SKY YOUTH EMPOWERMENT PROJECT INC 81-0543203 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	470,400.	488,994.	799,421.	642,992.	137,464.	2,539,271.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	470,400.	488,994.	799,421.	642,992.	137,464.	2,539,271.
	Amounts included on lines 1, 2, and						· · ·
	3 received from disgualified persons	55,910.	42,390.	61,920.	41,781.	35,580.	237,581.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	55,910.	42,390.	61,920.	41,781.	35,580.	237,581.
	Public support. (Subtract line 7c from line 6.)		,	- ,	, -		2,301,690.
	tion B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	470,400.	488,994.	799,421.	642,992.	137,464.	2,539,271.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		45.	531.	781.	1,928.	3,285.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b		45.	531.	781.	1,928.	3,285.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	470,400.	489,039.	799,952.	643,773.	139,392.	2,542,556.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	90.53 %
	Public support percentage from 2014					16	93.29 %
	ction D. Computation of Investion					· · · ·	
17	Investment income percentage for 20	15 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.13 %
	Investment income percentage from 2					18	.05 %
19a	33 1/3% support tests - 2015. If the	-					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
53202	23 09-23-15			15	Sche	edule A (Form 990	or 990-EZ) 2015

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activities Test. Answer (a) and (b) below.	Î	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2015

09440812 792194 141005 2015.04010 BIG SKY YOUTH EMPOWERMENT P 141005_1

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

- Adjusted Net Income		(A) Prior Year	(optional)
short-term capital gain	1		
overies of prior-year distributions	2		
er gross income (see instructions)	3		
lines 1 through 3	4		
reciation and depletion	5		
ion of operating expenses paid or incurred for production or			
ction of gross income or for management, conservation, or			
tenance of property held for production of income (see instructions)	6		
er expenses (see instructions)	7		
sted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
regate fair market value of all non-exempt-use assets (see			
uctions for short tax year or assets held for part of year):			
age monthly value of securities	1a		
age monthly cash balances	1b		
market value of other non-exempt-use assets	1c		
I (add lines 1a, 1b, and 1c)	1d		
ount claimed for blockage or other			
ors (explain in detail in Part VI):			
uisition indebtedness applicable to non-exempt-use assets	2		
tract line 2 from line 1d	3		
n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
instructions).	4		
value of non-exempt-use assets (subtract line 4 from line 3)	5		
iply line 5 by .035	6		
overies of prior-year distributions	7		
mum Asset Amount (add line 7 to line 6)	8		
- Distributable Amount			Current Year
sted net income for prior year (from Section A, line 8, Column A)	1		
r 85% of line 1	2		
mum asset amount for prior year (from Section B, line 8, Column A)	3		
r greater of line 2 or line 3	4		
me tax imposed in prior year	5		
ributable Amount. Subtract line 5 from line 4, unless subject to			
rgency temporary reduction (see instructions)	6		
	veries of prior-year distributions r gross income (see instructions) lines 1 through 3 eciation and depletion on of operating expenses paid or incurred for production or tetion of gross income or for management, conservation, or tenance of property held for production of income (see instructions) r expenses (see instructions) sted Net Income (subtract lines 5, 6 and 7 from line 4) - Minimum Asset Amount egate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year): age monthly value of securities age monthly value of securities age monthly value of securities age monthly cash balances market value of other non-exempt-use assets 1 (add lines 1 a, 1 b, and 1c) ount claimed for blockage or other rs (explain in detail in Part VI): isition indebtedness applicable to non-exempt-use assets ract line 2 from line 1d deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, nstructions). ralue of non-exempt-use assets (subtract line 4 from line 3) ply line 5 by .035 veries of prior-year distributions mum Asset Amount (add line 7 to line 6) - Distributable Amount ested net income for prior year (from Section A, line 8, Column A) · 85% of line 1 num asset amount for prior year (from Section B, line 8, Column A) · greater of line 2 or line 3 me tax imposed in prior year ibutable Amount. Subtract line 5 from line 4, unless subject to gency temporary reduction (see instructions)	veries of prior-year distributions 2 r gross income (see instructions) 3 lines 1 through 3 4 eciation and depletion 5 on of operating expenses paid or incurred for production or 5 ction of gross income or for management, conservation, or 6 tenance of property held for production of income (see instructions) 7 sted Net Income (subtract lines 5, 6 and 7 from line 4) 8 - Minimum Asset Amount 8 egate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year): 1a age monthly value of securities 1a age monthly cash balances 1b narket value of other non-exempt-use assets 1c I (add lines 1a, 1b, and 1c) 1d ount claimed for blockage or other 1d rs (explain in detail in Part VI): 1 uisition indebtedness applicable to non-exempt-use assets 2 ract line 2 from line 1d 3 id deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, nstructions). 4 value of non-exempt-use assets (subtract line 4 from line 3) 5 ply line 5 by .035 6	veries of prior-year distributions 2 r gross income (see instructions) 3 lines 1 through 3 4 ecilation and depletion 5 on of operating expenses paid or incurred for production or ction of gross income or for management, conservation, or 6 r expenses (see instructions) 7 sted Net Income (subtract lines 5, 6 and 7 from line 4) 8 - Minimum Asset Amount (A) Prior Year egate fair market value of all non-exempt-use assets (see cutions for short tax year or assets held for part of year): age monthly value of securities 1a age monthly cash balances 1b market value of other non-exempt-use assets 1c (jadd lines 1a, 1b, and 1c) 1d oount claimed for blockage or other rs (explain in detail in Part VI): 1d isition indebtedness applicable to non-exempt-use assets 2 ract line 2 form line 1d 3 ideemed held for exempt use. Enter 1:1/2% of line 3 (for greater amount, rstructions) 5 ply line 5 by .035 6 veries of prior-year distributions 7 mum Asset Amount 1 set on tin crome for prior year (from Section A, line 8, Column A) 1 ?S% of line 1

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15 Schedule A (Form 990 or 990-EZ) 2015 BIG SKY YOUTH EMPOWERMENT PROJECT INC 81-0543203 Page 8 Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, SECTION A

THE ORGANIZATION HAD A CHANGE IN YEAR END FROM SEPTEMBER 30 TO DECEMBER

31 IN 2015. THEREFORE, THE 2015 COLUMN IS A THREE MONTH PERIOD FROM

OCTOBER 1, 2015 TO DECEMBER 31, 2015. THE PRIOR FOUR YEARS REPORTED

WERE TWELVE MONTH PERIODS FROM OCTOBER 1 TO SEPTEMBER 30.

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Department of the Treasury Internal Revenue Service

(Form	990)
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 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.

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



Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Vet" or Form 800, Part IV, Inel 4. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of caritobions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of caritobions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds con be used only for chartible purposes and not for the benefit of the organization inform all grantes, donors, and donor advisors in writing that grant funds con be used only for chartible purposes and not for the benefit of the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(y) of conservation easements. (vs) No Part III Conservation Easements. (a) accurate a structure in the cargonization in education (the cargonization in the form of a conservation easements. (b) of a the cargonization in the dat the cargonization in the dat the cargonization in the form of a conservation easements. (b) of a the cargonization held a qualified conservation contribution in the form of a conservation easements. (b) of a the cargonization held a qualified conservation conservation easements. (b) of a the cargonization held a the far Yara in the cargonization held a qualified conservation conseaveration assements	Nam	e of the organization BIG SKY YOUTH EMPOWERME	NT PROJECT INC	Em	ployer identification numbe 81-0543203
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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 cartified historic structure Preservation of open space 2 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Image: Test the tax year. a Total number of conservation easements Image: Test the tax year. Image: Test the tax year. b Total arcmage restricted by conservation easements Image: Test the tax year. Image: Test the tax year. a Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure isted in the National Register Image: Test the tax year. Image: Test the tax year. 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year year Image: Test the tax year. Image: Test the tax year. 4 Number of states where property subject to conservation easements is located the tax start of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Image: Test the tax year. 5 S S S S No 6 Staff and volunteer hours	Da				
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Protection of natural habitat Preservation of a cartified historic structure Preservation of open space 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. Total arceage restricted by conservation easements 1 Total arceage restricted by conservation easements 2 A truther of conservation easements included in (a) 2 a total number of conservation easements included in (a) and the National Register 3 Number of conservation easements included in (c) acquired atter 8/17/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year 3 Number of states where property subject to conservation easements is located > 3 Number of states where property subject to conservation easements is located > 4 Number of states where property subject to conservation easements is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements to holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Sone seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section	1				
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day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Za b Total accessore to conservation easements on a certified historic structure included in (a) Za c Number of conservation easements included in (c) acquired after 2/17/06, and not on a historic structure Za d Number of conservation easements included in (c) acquired after 2/17/06, and not on a historic structure Za d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	-				
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listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a historic struct	ure	
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		listed in the National Register		2d	
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S 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)? Yes No 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 IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 X		violations, and enforcement of the conservation easements it holds?			Yes 📖 No
 \$	6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing cons	servation eas	sements during the year
 \$		▶			
 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	7	Amount of expenses incurred in monitoring, inspecting, handling of vio	olations, and enforcing conserva	tion easeme	nts during the year
 and section 170(h)(4)(B)(ii)? Yes No 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 X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gian, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets included in Form 990, Part X c Assets in		►\$			
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-		YOUTH EMP						31-05			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	reasures, o	or Othe	er Simila	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check ar	ly of the	e following tha	at are a sig	gnificant (use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	e 🛄 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	XIII.		
5	During the year, did the organization solicit of								7		-
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the org	ganizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:							
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance						. 1 f				
	Did the organization include an amount on F						ty?	L	Yes		J No ∣
Pa	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete						0]
1 0		(a) Current year	(b) Prior		(c) Two year			oare back	(e) Four	Voare	hack
10	Designing of year balance	(a) Current year	(D) Prior	year	(C) Two year	IS DACK (Cals Dack	(e) i oui	years	Dauk
	Beginning of year balance										
b	Contributions										
с d	Net investment earnings, gains, and losses										
	Grants or scholarships Other expenditures for facilities										
e											
f	and programs										
	Administrative expenses End of year balance										
g 2	End of year balance Provide the estimated percentage of the cur		L no (lino 1 a c	olumn ((a)) held as:						
2 a	Board designated or quasi-endowment	Tent year end balanc	%								
a h	Permanent endowment	%									
Č	Temporarily restricted endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that a	e held a	and administe	ered for th	ne organiz	ation			
04	by:			o noid e			ie erganiz	actori	Г	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the									I	
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, lir	ne 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr			t or other (other)	• • •	cumulate	d	(d) Bool	< value	9
1a	Land	`			· /						
	Buildings										
	Leasehold improvements				4,578.		2,42	26.		2,1	52.
	Equipment			12	24,210.		74,3		4	9,8	35.
	Other						•			-	
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)				5	1,9	87.
				4.5							

Schedule D (Form 990) 2015

532052 09-21-15

Schedu	ule D	(Form 990) 2015	BIG	SKY	YOUTH	EMPOWER	MEN	T PROJECT	INC	81	-0543203	Page 3
Part	VII	Investments -	Other Se	ecuritie	es.							
		Complete if the org	anization a	inswered	l "Yes" on I	orm 990, Part I	V, line 1	11b. See Form 990	, Part X	, line 12.		
(a) De	escript	tion of security or cate	JOTY (including	g name of s	ecurity)	(b) Book value		(c) Method of	valuatio	n: Cost or end	I-of-year market	value
(1) Fina	ancia	I derivatives										
(2) Clo	sely-ł	held equity interests										
(3) Oth												
(A)	MU	TUAL FUNDS				46,8	40.	END-OF-Y	ZEAR	MARKET	VALUE	
(B)												
(C)												
(D)												
(E)												
(F)												
(G)												
(H)	2 al /b			(D) line :		46,8	10					
) must equal Form 990 Investments -				40,0	40.					
Fail	VIII		-				/ line f	11 a Cas Farma 000		line 10		
		Complete if the org (a) Description of			res on i	(b) Book value					l-of-year market	value
(1)			investmen						Valuatio		l'or your market	Value
<u>(1)</u> (2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
	Col. (b) must equal Form 990), Part X, col	. (B) line	13.) 🕨							
Part	IX	Other Assets.										
		Complete if the org	anization a	Inswered	l "Yes" on l	orm 990, Part I	V, line 1	11d. See Form 990	, Part X	, line 15.		
					(a) Des	cription					(b) Book v	alue
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9) Tatal (0-1				(D) line 15	.)						
Part	_	mn (b) must equal Fo		ап X, соі	. (B) line 15	.)				▶		
i art	^	Complete if the org		neworod	l "Vee" on l	Form 990 Part IV	/ line 1	11e or 11f See For	m 000	Part X line 25		
1.			escription of			0111 330, 1 2111		b) Book value	11 330,	rarr A, inte 25	•	
(1)	Fode	eral income taxes							-			
(1)	Teut								-			
(3)									-			
(4)									-			
(5)												
(6)												
(7)												
(8)												
(9)												
	Colur	mn (b) must equal Fo	orm 990, Pa	art X, col	. (B) line 25	.) ►						
-		for uncertain tax po					note to	the organization's	financia	al statements t	that reports the	
	-	tion's liability for un						-			-	
											edule D (Form 9	

Sche	dule D (Form 990) 2015 BIG SKY YOUTH EMPOWERMENT	PROJECT	INC	81-0543203	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per F		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		xpenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1.1	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities			- 1	
b	Prior year adjustments			-	
с	Other losses			-	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
c E	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Da	rt XIII Supplemental Information.				

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

SCHEDULE G	ppleme	ental Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)1	lete if the	e organization answered "Yes" on	Form 9	990, P	art IV, lines 17, 18,			2015
Department of the Treasury Internal Revenue Service		organization entered more than \$1 Attach to Form 990 	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization	ormation a	about Schedule G (Form 990 or 990-EZ)	and its	s instru	ictions is at WWW.irS.g	gov/fo		identification number
		YOUTH EMPOWERMENT					81-054	
Part I Fundraising Ac required to complet		Complete if the organization answe rt.	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990	0-EZ filers are not
	zation rais	sed funds through any of the followin	-					
 a Mail solicitations b Internet and email so 	olicitations			•	overnment grants nment grants			
c Phone solicitations d In-person solicitation		g 🗔 Special	fundra	aising	events			
		or oral agreement with any individual	(inclue	ding o	fficers, directors, tru	stees	or	
		Part VII) or entity in connection with p			•			res No
compensated at least \$5,0	•	lividuals or entities (fundraisers) purs e organization.	uantio	o agre	ements under which	une i	unuraiser is	to be
(i) Nome and address of indi	idual		(iii)	Did	(iu) Cross ressints		Amount pai	
(i) Name and address of indiv or entity (fundraiser)	nuuai	(ii) Activity	fundr have c or con contrib	trol of	(iv) Gross receipts from activity	· ·	or retained b fundraiser ted in col. (i)	to (or retained by)
			Yes	No				,
Total 3 List all states in which the o	roanizatio	on is registered or licensed to solicit	contrib	. •	s or has been notified	d it is	exempt from	m registration
or licensing.	5	5					1	5
LHA For Paperwork Reduction	n Act Not	tice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Fori	m 990 or 990-EZ) 2015
532081 09-14-15								

30 09440812 792194 141005 2015.04010 BIG SKY YOUTH EMPOWERMENT P 141005_1

Schedule G (Form 990 or 990-EZ) 2015 BIG SKY YOUTH EMPOWERMENT PROJECT INC 81-0543203 Page 2 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.

SPRING RUNOFF BINGO 4 (add col. (a) throu col. (c)) 1 Gross receipts 9,920. 2,000. 23,200. 35,12 2 Less: Contributions 2,000. 5,750. 7,75 3 Gross income (line 1 minus line 2) 9,920. 17,450. 27,37 4 Cash prizes			of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
generation CONCEPTY period (event type) (total number) col. (c) 1 Gross receipts 9,920. 2,000. 23,200. 35,12 2 Less: Contributions 2,000. 5,750. 7,75 3 Gross income (line 1 minus line 2) 9,920. 17,450. 27,37 4 Cash prizes 9,920. 17,450. 27,37 4 Cash prizes 9,920. 17,450. 27,37 5 Noncash prizes 9,920. 17,450. 27,37 6 Rent/facility costs 9,920. 17,450. 27,37 7 Food and beverages 9,920. 17,450. 27,37 10 Drote creates summary. Add lines 4 through 9 in column (d) 2,3,22 3,22 24,16 Part III Gaming. Complete if the organization answered "Yea" on Form 980. Part IV, line 19, or reported more than \$15,000 on Form 980. EZ, line 6a. (d) Plilipabilistimt (e) Other gaming (c) (e) Char gaming (c) <td< td=""><td></td><td></td><td></td><td>SPRING</td><td></td><td></td><td>(d) Total events</td></td<>				SPRING			(d) Total events
generation (event type) (event type) (dota number) 1 Gross receipts 9,920. 2,000. 23,200. 35,12 2 Less: Contributions 2,000. 5,750. 7,75 3 Gross income (ine 1 minus line 2) 9,920. 17,450. 27,37 4 Cash prizes							
2 Less: Contributions 2,000. 5,750. 7,75 3 Gross income (line 1 minus line 2) 9,920. 17,450. 27,37 4 Cash prizes	e			(event type)	(event type)	(total number)	
a Gross income (line 1 minus line 2) 9,920. 17,450. 27,37 4 Cash prizes	Heven	1	Gross receipts	9,920.	2,000.	23,200.	35,120
4 Cash prizes		2	Less: Contributions		2,000.	5,750.	7,750.
5 Noncash prizes		3	Gross income (line 1 minus line 2)	9,920.		17,450.	27,370.
and base of the constraint of the organization conduct gaming activities: a <td></td> <td>4</td> <td>Cash prizes</td> <td></td> <td></td> <td></td> <td></td>		4	Cash prizes				
8 Entertainment 2,489, 720. 3,20 10 Direct expenses summary. Add lines 4 through 9 in column (d) 3,22 24,16 21 Net income summary. Subtract line 10 from line 3, column (d) 24,16 21 Net income summary. Subtract line 10 from line 3, column (d) 24,16 21 Net income summary. Subtract line 10 from line 3, column (d) (e) Other gaming 21 Net income summary. Subtract line 6a. (b) Pull tabs/instant 21 Gross revenue (a) Bingo (b) Pull tabs/instant 1 Gross revenue (a) Bingo (b) Pull tabs/instant 2 Cash prizes (a) Singo/progressive bingo (c) Other gaming 3 Noncash prizes (a) Singo/progressive bingo (c) Other gaming 3 Noncash prizes (a) Singo/progressive bingo (c) Other gaming 4 Rent/facility costs (b) Pull tabs/instant (c) Other gaming 5 Other direct expenses (b) Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) (c) Pull tabs/instant <td>s</td> <td>5</td> <td>Noncash prizes</td> <td></td> <td></td> <td></td> <td></td>	s	5	Noncash prizes				
8 Entertainment 2,489, 720. 3,20 10 Direct expenses summary. Add lines 4 through 9 in column (d) 3,21 24,16 21 Net income summary. Subtract line 10 from line 3, column (d) 24,16 21 Net income summary. Subtract line 10 from line 3, column (d) 24,16 21 Net income summary. Subtract line 10 from line 3, column (d) (e) Other gaming 24,11 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 1 Gross revenue (a) Bingo (b) Pull tabs/instant 1 Gross revenue (a) Bingo (b) Pull tabs/instant 2 Cash prizes (a) Bingo (b) Pull tabs/instant 3 Noncash prizes (a) Enter the state(s) in which the organization conducts gaming activities: 3 Note apprise (b) Pull tabs/instant (c) Other gaming 4 Rent/facility costs (b) Pull tabs/instant (c) Other gaming 5 Other direct expenses (b) Pull tabs/instant (c) Pull tabs/instant 6 Volunteer labor No No	xpense	6	Rent/facility costs				
8 Entertainment 2,489 720. 3,20 10 Direct expenses summary. Add lines 4 through 9 in column (d) 3,21 24,16 Part III Gaming. Complete if the organization answerd '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 (c) Other gaming (d) Total gaming (co.l. (a) through col 90 1 Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (co.l. (a) through col 91 Gross revenue (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (co.l. (a) through col 92 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (co.l. (a) through col 92 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (co.l. (a) through col 93 Noncash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (co.l. (a) through col 94 Rent/facility costs (a) Pull Yes (b) Pull tabs/instant (c) Pull tabs/instant (c) Pull tabs/instant 95 Other direct expenses summary. Add lines 2 through 5 in	Direct E	7	Food and beverages				
9 Other direct expenses 2,489. 720. 3,20 10 Direct expenses summary. Add lines 4 through 9 in column (d) 3,20 3,20 11 Net income summary. Subtract line 3, column (d) 24,16 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. (e) Other gaming (c) Other gaming <p< td=""><td>- </td><td>8</td><td>Entertainment</td><td></td><td></td><td></td><td></td></p<>	-	8	Entertainment				
11 Net income summary. Subtract line 10 from line 3, column (d) 24,16 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 (col. (a) through col gg (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (col. (a) through col gg 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col. (a) through col gg 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col. (a) through col gg 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col. (a) through col gg 2 Cash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col. (a) through col gg 3 Noncash prizes (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col. (a) through col gg 5 Other direct expenses (b) Yes % No No No		9		0 400		720.	3,209.
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 (c) (d) Total gaming (c) (a) through col (a) through co				h 9 in column (d)		🕨	3,209
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (col. (a) through col 1 Gross revenue							24,101
(a) Bingo bingo/progressive bingo (c) Other gaming col. (a) through col 1 Gross revenue	-						
1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 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? Ves b if "No," explain:	e			(a) Bingo		(c) Other gaming	(d) Total gaming (add
1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 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? Ves b if "No," explain:	enu				bingo/progressive bingo		col. (a) through col. (c)
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3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain: Coa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b	+	1	Gross revenue				
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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? b If "No," explain: Coa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b	。 l	2	Cash prizes				
5 Other direct expenses 6 Volunteer labor 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? 9 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes 9 If "Yes," explain:	asuadx						
6 Volunteer labor 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 a Is the organization licensed to conduct gaming activities in each of these states? b b f Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes	Uirect E	4	Rent/facility costs				
6 Volunteer labor 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 a Is the organization licensed to conduct gaming activities in each of these states? b b f Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes		5	Other direct expenses				
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? b If "No," explain: 0a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes	+	<u> </u>		Yes %	Yes %	Yes %	
 8 Net gaming income summary. Subtract line 7 from line 1, column (d)		6	Volunteer labor				
P 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? b If "No," explain: Coa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Coa Were any of the organization is gaming licenses revoked, susp		7	Direct expense summary. Add lines 2 throug	h 5 in 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? b If "No," explain: Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: b If "Yes," explain: 		0	Not coming income cummon . Subtract line 7	7 from line 1 column (d)		•	
a Is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain: Yes Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: Yes		8	Net gaming income summary. Subtract line /	r from line 1, column (d)			
 b If "No," explain: Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 	9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:	а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b If "Yes," explain:	b	lf "	No," explain:				
b If "Yes," explain:							
b If "Yes," explain:	0a	We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax	/ear?	Yes No
Schedule G (Form 990 or 990-EZ)							
32082 09-14-15 Schedule G (Form 990 or 990-EZ)		_					
	3208	2 09	9-14-15			Schedule G (For	rm 990 or 990-EZ) 201

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2015.04010 BIG SKY YOUTH EMPOWERMENT P 141005_1

Schedule G (Form 990 or 990-EZ) 2015 BIG S	KY YOUTH EMPOWE	RMENT PROJECT IN	IC 81-0543203 Pa
11 Does the organization conduct gaming activi	ies with nonmembers?		Yes
12 Is the organization a grantor, beneficiary or tr			
to administer charitable gaming?			Yes
13 Indicate the percentage of gaming activity co			1 1
a The organization's facility			<u>13a</u>
b An outside facility			13b
14 Enter the name and address of the person w	no prepares the organization's	gaming/special events books a	nd records:
Name 🕨			
Address ►			
15a Does the organization have a contract with a			nue? Yes
b If "Yes," enter the amount of gaming revenue		▶ \$ and ·	the amount
of gaming revenue retained by the third party			
c If "Yes," enter name and address of the third	party:		
Name 🕨			
Address ►			
6 Gaming manager information:			
Name 🕨			
Gaming manager compensation 🕨 \$			
Director/officer Emplo	oyee Indeper	ident contractor	
17 Mandatory distributions:			
 a Is the organization required under state law t 	o make charitable distributions	from the gaming proceeds to	
			Yes
b Enter the amount of distributions required un			
organization's own exempt activities during t			, -
Part IV Supplemental Information. Provide		Part I, line 2b, columns (iii) and ((v); and Part III, lines 9. 9b. 10b. 1
15c, 16, and 17b, as applicable. Als			· · · · · · · · · · · · · · · · · · ·
32083 09-14-15		So 32	chedule G (Form 990 or 990-EZ)
40812 792194 141005			OWERMENT P 141005

Schedule G (Form 990) or 990-EZ)	BIG	SKY	YOUTH	EMPOWERMENT	PROJECT	INC	81-0543203	Page 4
Part IV Supple	mental Infor	mation	(contin	ued)					
							Sch	nedule G (Form 990 or	990-EZ)
532084 04-01-15					22			-	,
					33				

09440812 792194 141005 2015.04010 BIG SKY YOUTH EMPOWERMENT P 141005_1

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fr	2U15 Open to Public
Name of the organization BIG SKY YOUTH EMPOWERMENT PROJECT INC	Employer identification number 81-0543203
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSING SELF RELIANCE, CRITICAL THINKING SKILLS, AND COMMUNITY PARTHROUGHOUT GALLATIN COUNTY, MONTANA.	
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY IS PRESENTED TO THE BOARD OF DIRECTORS FOR T APPROVAL BEFORE FILING.	HEIR REVIEW AND
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THERE IS A FORMAL ANONYMOUS REVIEW OF THE EXECUTIVE DIRECT EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUT	TOR BY THE
	BOARD OF DIRECTORS
DIRECTOR IS NOT PRESENT	
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE UPON REQUEST.	

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

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Form 8868	
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(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Department of the Treasury
Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension,	complete only Part I and check this box
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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print	BIG SKY YOUTH EMPOWERMENT PROJECT INC	81-0543203			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 6757	Social security number (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				

BOZEMAN, MT 59771-6757

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Enter the Return code for the return that this application is for (file a separate application for each return)	υı	1 1	L.

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
 The books are in the care of ▶ PO BOX 6757 - Telephone No. ▶ 406-539-0399 If the organization does not have an office or place of busin If this is for a Group Return, enter the organization's four d box ▶ . If it is for part of the group, check this box ▶ I request an automatic 3-month (6 months for a corpora AUGUST 15, 2016, to file the exercise for the organization's return for: ▶ calendar year or X tax year beginning OCT 1, 2015 	_ ness in the Ur igit Group Exe and atta ition required empt organiza	Fax No. ► hited States, check this box emption Number (GEN) If t ch a list with the names and EINs of a to file Form 990-T) extension of time un	his is fo II memb ntil	or the whole of the extension of the ext	group, check this ension is for.
 2 If the tax year entered in line 1 is for less than 12 month Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 43 	,		nal retur	m	
nonrefundable credits. See instructions.	,,	, ,	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6	069, enter an	y refundable credits and			
estimated tax payments made. Include any prior year or			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include you	r payment wit	h this form if required			

•	Balance addi da		. Inolado your paymone with this to	,
	by using EFTPS (Electronic Federal Tax Pay	yment System). See instructions.	

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2014)

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