



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



**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990
All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end
of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or pntt or type See Specific Instructions</p>	<p>C Name of organization, number and street, city, town, state, and ZIP code</p> <p>ROCKY MOUNTAIN NATO</p> <p>PO BOX 999</p> <p>POLSON MT 59860-</p>	<p>D Employer identification number</p> <p>73-1631325</p>	<p>E Telephone number</p> <p>406-883-5606</p>	<p>F Group Exemption Number ▶</p>
--	---	---	--	--	--

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ _____

J Organization type (check only one) - 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

G Accounting method Cash Accrual
Other (specify) ▶ _____

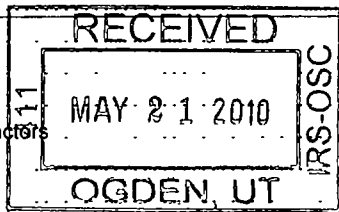
H Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000
A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 47,072.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments			
	4	Investment income			
	5a	Gross amount from sale of assets other than inventory			
	5b	Less cost or other basis and sales expenses			
	5c	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)			
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	47,072.		
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities Subtract line 6b from line 6a		47,072.		
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a				
8	Other revenue (describe ▶ _____)				
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			47,072.	
Expenses	10	Grants and similar amounts paid (attach schedule)			
	11	Benefits paid to or for members			
	12	Salaries, other compensation, and employee benefits			
	13	Professional fees and other payments to independent contractors			
	14	Occupancy, rent, utilities, and maintenance			
	15	Printing, publications, postage, and shipping			
	16	Other expenses (describe ▶ SEE ATTACHMENT)			82,910.
17	Total expenses Add lines 10 through 16			82,910.	
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 9			(35,838.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			36,329.
	20	Other changes in net assets or fund balances (attach explanation)			
	21	Net assets or fund balances at end of year Combine lines 18 through 20			491.



Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions)		(A) Beginning of year	(B) End of year
	22	Cash, savings, and investments		36,329.	2,738.
	23	Land and buildings			
	24	Other assets (describe ▶ _____)			
	25	Total assets		36,329.	2,738.
	26	Total liabilities (describe ▶ CREDIT CARD PAYABLE)			2,247.
	27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		36,329.	491.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2007)

COPY DATE MAY 17 2010

SCANED JUN 15 2010

1510

Part III Statement of Program Service Accomplishments (See the instructions)		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? _____		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See the instr)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
SEE STMT				

Part V Other Information (Note the statement requirement in General Instruction V)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0			
	b Did the organization file Form 1120-POL for this year?	37b		
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 39a			
	b Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

- 40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____
- b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____
- d Enter amount of tax on line 40c reimbursed by the organization ▶ _____
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e		X
-----	--	---
- 41 List the states with which a copy of this return is filed ▶ _____
- 42a The books are in care of ▶ GARY DUPUIS Telephone no ▶ 406-883-5606
Located at ▶ 416 MAIN STREET, POLSON, MONTANA ZIP + 4 ▶ 59860-
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country ▶ _____
See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c		X
-----	--	---

If "Yes," enter the name of the foreign country ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

Please Sign Here

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

▶ *Gary Dupuis* Signature of officer Date _____
▶ GARY DUPUIS PRESIDENT
▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature	<i>J. Howell</i>	Date	05/14/2010	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)	P00052740
Firm's name (or yours if self-employed), address, and ZIP + 4	JEFF HOWELL CPA PLLC PO BOX 991 POLSON MT 59860			EIN	▶ 20-2097099		
				Phone no	▶ 406-883-1040		

List of Officers, Directors, Trustees and Key Employees

US 990

990: Page 5, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

2007

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
GARY DUPUIS POLSON MT DARREL GABEL LANDER WY ROBYNN GABEL LANDER WY BILL CAMPBELL SHERIDAN WY AL WAGNER GRANGEVILLE ID				