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## SCANNED MAY 11 2010

## **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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009

Open to Public Inspection

A Four abodies Calendar year, or tax year beginning    Section Street   S	Department of the Treasury Internal Revenue Sengra  assets less than \$1,250,000 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.							n							
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Section 507(c)(3) organizations and 4947(a)(1) onescent) charitable fursis must attach a completed Schedule A (Porm 580 or 580-EZ)   G. Accounting Method:   Cash   Accrual Other (poedly)   D. Tax-exempt status (check only one)   7501(c)   4   4 (insert no.)   4947(a)(1) or   527	=	initial return type. PO Box 494									•				
* Section 501(c)(3) organizations and 4947(s)(1) nonexempt charitable trusts must attach a completed Schedule & (Form 580 or 590-E2).    Website: ►	=	Specific City or town state or country and ZIP + 4								E Groun					
Section 501(p(s)) organizations and 4947(p(1) nonexempt charitable trusts must attach a completed Schedule A (Form 590 or 590-EZ).   Check	=	Amended return Instruc-									'	•			
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New Part					•			·					maniza	tion is not	
Tax-exempt status (check only one)	ı w	oheita	<u>م</u> .										-		
Check				check o	nly one) — 🗸 5	01(c) ( 4 ) <	(insert no.)	1947(a)(1) or	527	•				<b>- (</b>	,
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-022 ► \$   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1				,									re than	\$25,000.	
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, girts, grants, and similar amounts received														<b>V</b> _0,000.	• •
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1											•	\$			
1   Contributions, grifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   3												tions	for P	art I.)	
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross and Juni from selectifies field by the train inventory 5 Gain or (less) from sale of assets other (fight inventory (Subtract line 5b from line 5a) 5 Special events and activities (Subtract line 5b from line 5a) 5 Special events and activities (Subtract line 5b from line 5a) 5 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Cross profit or (loss) from select alevents and activities (Subtract line 7b from line 6a) 6 Cross profit or (loss) from select alevents and activities (Subtract line 7b from line 6a) 7 Gross sales of inventory, less returns and allowances 7 Cross profit or (loss) from select alevents and activities (Subtract line 7b from line 7a) 7 Cross profit or (loss) from select alevents and activities (Subtract line 7b from line 7a) 7 Cross profit or (loss) from select alevents and activities (Subtract line 7b from line 7a) 7 Cross profit or (loss) from select or (loss) from selectification (loss) from s															21.00
## A Investment income  ## Gross an flourit from selection settles better than inventory   Less: cost or other beards and sales exceptles	1							ntracts			[	2			
4   Investment income   5a   Gross and fount frequency assets of the run inventory   5a   5b   5b   5c   5c   5c   5c   5c   5c	ļ		_								[	3			
b Less: cost or office best sand sales expenses c Gain or (loss) from sale of assets other (bgn inventory (Subtract line 5b from line 5a) 5c Special events and activities (Simples) special special by the special s				•							[	4			
b Less: cost or office best sand sales expenses c Gain or (loss) from sale of assets other (bgn inventory (Subtract line 5b from line 5a) 5c Special events and activities (Simples) special special by the special s		5a	Gross anto	ount fre	m-sale of asse	s other than	n inventory .	5	a						
C Gain or (loss) from sale of assets other fiften inventory (Subtract line 5b from line 5a)	ŀ		Less: cost	or oth	er basis and sa	iles expense	s	5t	<u> </u>			ł			
Special events and carding (d)model abblished by an of Schedule G), if any amount is from gaming, check here ▶ □ a Gross revertible (not including \$ of contributions reported on line 1) □ Less: direct expenses chiliariman fundraising expenses □ he Less: direct expenses inventory, less returns and activities (Subtract line 6b from line 6a) □ 6c 7a Gross sales of inventory, less returns and allowances □ 7a □ 7c b Less: cost of goods sold □ 7b □ 7c 8 Other revenue (describe ▶ □ ) 9 321.00  10 Grants and similar amounts paid (attach schedule) □ 10 □ 11 □ 11 □ 12 □ 12 □ 12 □ 12 □ 12	ļ	С						ract line 5b from	n line 5	ia)	[	5c			
a Gross revertible (not including \$	9	6	Special event	sand ac	zjvpie≋ (c®m@lete∑a	ibblicable parts	of Schedule G). If an	y amount is from ga	aming, c	check here	▶ 🗆				
b Less: direct expenses than Municraising expenses c Net income or (toss) from special events and activities (Subtract line 6b from line 6a) . 6c  7a Gross sales of inventory, less returns and allowances . 7a b Less: cost of goods sold . 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe	<u> </u>	а	Gross rev	effule (n	ot including \$		of cor	ntributions			ľ	i			
b Less: direct expenses than Municraising expenses c Net income or (toss) from special events and activities (Subtract line 6b from line 6a) . 6c  7a Gross sales of inventory, less returns and allowances . 7a b Less: cost of goods sold . 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe	ا ۾		reported d	n line		117.	<del></del>	6	9						
C Net income or (1055) from special events and activities (Subtract line 6b from line 6a)	_	b	Less: direc	t expe	des offerina	n fundraising	g expenses .	6t	<u> </u>			.			
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ ) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . ▶ 9 321.00  10 Grants and similar amounts paid (attach schedule) . 10 11 Benefits paid to or for members . 11 12 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors . 13 220.00 14 Occupancy, rent, utilities, and maintenance . 14 15 Printing, publications, postage, and shipping . 15 105.00 16 Other expenses (describe ▶ ) 16 17 Total expenses. Add lines 10 through 16 . ▶ 17 325.00 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 (4.00) 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) . 19 66.40 20 Other changes in net assets or fund balances (attach explanation) . 20 0 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 62.40 22 Cash, savings, and investments . 66.40 22 62.40 23 Land and buildings . 0 23 0 24 Other assets (describe ▶ ) 0 24 0 25 Total liabilities (describe ▶ ) 0 26 0 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 66.40 27 62.40		C						tract line 6b fror	n ļine (	6a)	[	6c			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c  8 Other revenue (describe ▶ ) 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  ▶ 9  321.00  10 Grants and similar amounts paid (attach schedule) 10  11 Benefits paid to or for members 11  12 Salanes, other compensation, and employee benefits 12  13 Professional fees and other payments to independent contractors 13 220.00  14 Occupancy, rent, utilities, and maintenance 14  15 Printing, publications, postage, and shipping 15 15 105.00  16 Other expenses (describe ▶ ) 16  17 Total expenses. Add lines 10 through 16  ▶ 17 325.00  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (4.00)  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) 19 66.40  20 Other changes in net assets or fund balances (attach explanation) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 62.40  21 Cash, savings, and investments 66.40 22 662.40  22 Cash, savings, and investments 66.40 22 662.40  23 Land and buildings 60 23 0 0  24 Other assets (describe ▶ ) 0 28 0 0  25 Total liabilities (describe ▶ ) 0 26 0 0  26 Total liabilities (describe ▶ ) 0 26 0 0  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 66.40 27 66.40 27 66.40	- 1	7a	Gross sale	es of in	ventory, less re	eturns and al	lowances	78	a						
8 Other revenue (describe ► 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		b	Less: cost	of god	ods sold			<u>71</u>	<u> </u>						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		С	Gross pro	fit or (lo	oss) from sales	of inventory	(Subtract line 7	b from line 7a)				7c		<del></del>	
10   11   12   12   13   14   15   15   15   16   17   18   18   18   19   19   18   18   19   19		8								)				<del></del>	
11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   12   13   220.00		9								. ▶			3	21.00	
12   Salaries, other compensation, and employee benefits   12     13   220.00     14   Occupancy, rent, utilities, and maintenance   14                 15   Printing, publications, postage, and shipping   15   105.00     16   Other expenses (describe ▶   )   16             17   Total expenses. Add lines 10 through 16                           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)   19   66.40     20   Other changes in net assets or fund balances (attach explanation)   20   0   0     21   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.     22   Cash, savings, and investments   (See the instructions for Part II.)   (A) Beginning of year (B) End of year (B) and buildings   0   23   0   0     24   Other assets (describe ▶   )   0   24   0     25   Total assets   (describe ▶   )   0   26   0     26   Total liabilities (describe ▶   )   0   26   0     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   (50.40)   (50.40)     5   Total liabilities (describe ▶   )   0   26   0     6   Cather assets or fund balances (line 27 of column (B) must agree with line 21)   (50.40)		10	Grants and	d simıla	ar amounts pai	d (attach sch	nedule)								
13										$\overline{}$					
14   Occupancy, rent, utilities, and maintenance   14	es	12													
16 Other expenses (describe ► ) 16   17 Total expenses. Add lines 10 through 16	Suc	13										2	20.00		
16 Other expenses (describe ► ) 16   17 Total expenses. Add lines 10 through 16	ğ	14													
17   Total expenses. Add lines 10 through 16   17   325.00     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   (4.00)     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)   19   66.40     20   Other changes in net assets or fund balances (attach explanation)   20   0     21   Net assets or fund balances at end of year. Combine lines 18 through 20   ▶ 21   62.40     21   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.     (See the instructions for Part II.)   (A) Beginning of year (B) End of year (B) End of year (B) End of year (B) End of year (C) End and buildings   0   23   0     22   Cash, savings, and investments   0   23   0     23   Cash assets (describe ▶   )   0   24   0     24   Other assets (describe ▶   )   0   26   0     25   Total assets   0   0   0   0     26   0   0   0   0   0     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   0   0   0     26   0   0   0   0   0     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   0   0   0     26   0   0   0   0   0     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   0   0   0     28   Cash agree   0   0   0     29   Cash agree   0   0     20   Cash agree   0   0     20   Cash agree   0   0     21   Cash agree   0   0     22   Cash agree   0   0     23   0   0   0     24   0   0   0     25   0   0   0     26   0   0   0     27   0   0   0   0     28   0   0   0     29   0   0   0     20   0   0     21   0   0   0     22   0   0   0     23   0   0     24   0   0   0     25   0   0   0     26   0   0   0     27   0   0   0   0     28   0   0   0     29   0   0   0     20   0   0   0     20   0   0   0     21   0   0   0     22   0   0     23   0   0   0     24   0   0   0     25   0   0   0     26   0   0   0     27   0   0   0   0     28   0   0   0     29   0	Ú	15	O, 1								_		1	05.00	
18		l.										$\overline{}$			
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)			Total exp	enses.	. Add lines 10 t	hrough 16	· · · · · · ·	· · · · ·	· · ·	<u></u>	. 🏲				
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	र्घ		Excess or	(defici	t) for the year (	Subtract line	17 from line 9)	07	• •			18			(4.00)
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	SS	19										- 40			CC 40
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	ĕ		•	_	•										
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	ě	1													
(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22       Cash, savings, and investments       66.40       22       62.40         23       Land and buildings       0       23       0         24       Other assets (describe ▶       )       0       24       0         25       Total assets       66.40       25       62.40         26       Total liabilities (describe ▶       )       0       26       0         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       66.40       27       62.40			Net assets	s or fur	nd balances at	end of year.	Combine lines	18 through 20	· · ·	o filo Ec	rm 990		d of E		
22 Cash, savings, and investments       66.40       22       62.40         23 Land and buildings       0       23       0         24 Other assets (describe ▶       )       0       24       0         25 Total assets       66.40       25       62.40         26 Total liabilities (describe ▶       )       0       26       0         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       66.40       27       62.40								ounning of	Voor						
23 Land and buildings		(00000000000000000000000000000000000000								<del></del>					
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Par	Statement of Program Service Accom	nlishments (See the instru	ections for Part II	11	T	
_		phisminents (dee the matri	actions for Part II		/ <sub>D</sub> .	Expenses
wna:	t is the organization's primary exempt purpose?	<del></del>	<del></del>	<del></del>		lired for section )(3) and 501(c)(4)
		anization's exempt purposes. In a clear and concise				nzations and section
		of persons benefited, and other relevant information for				a)(1) trusts; optional
each	program title.				for ot	hers.)
28						
	(Onesta ©	:				
	(Grants \$) If this amount	includes foreign grants, che	eck nere	<u> </u>	28a	
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	29a	
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	(Grants \$ ) If this amount	ıncludes foreign grants, che	ook horo		30a	
04					Sua	·
31	Other program services (attach schedule)				l	
	(Grants \$ ) If this amount				31a	
	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key		en if not compensa			tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contributio	ns to	(e) Expense account and
	(a) Name and address	devoted to position	(If not paid, enter -0)	employee benefit deferred compe		other allowances
Jeff	Laszloffy			<del>`</del>		
	6 Highway 212, Laurel, MT 59044	President - 0	0		0	o
	y Essex		<u> </u>		<u>_</u>	<u> </u>
		Secretary - 0	_			
	Dry Gulch Dr., Helena, MT 59044		0		0	0
	y Screnar	Treasurer - 0				
57 C	loverview, Helena, MT 59601		0		0	0
Tom	Rasmussen	Chairman - 0				
6375	Twin Pines Rd, Helena, MT 59501	Chairman - 0	0		0	o
Ed N						
	I 9th Ave, Havre, MT 59501	Director - 0	o		0	0
	re Userdoroon		<u>_</u>			
		Vice-Chairman - 0	l		0	١ .
	Painted Hills, Bozeman, MT 59715					<u>_</u>
	l Siblerud	Director - 0				1
655	W. Reserve Drive, Kalispell, MT 59901					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	34		
а	<b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			1
ь	6033(e) notice, reporting, and proxy tax requirements?	35a 35b		7
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	20-		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		_
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	}		
b	Gross receipts, included on line 9, for public use of club facilities	]		ł
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			_
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		<b>✓</b>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			, 
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The diganization obtains and in our of the state of the s	406 62		1
	Located at ► 112 1st Ave. S. #3B, Laurel, MT ZIP + 4 ►	590	)44	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420	<del> </del>	<b></b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
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			
			V	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ	res	No
-1-1	Form 990-EZ	44	}	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<del>""</del>	<del>                                     </del>	
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) no 7(a)(1) nonexempt cl d 51.	onexempt chari naritable trusts n	table trusts only. Anust answer question	ll sec ons 46	tion 3-49t	<u> </u>		
46	Did the organization engage in direct or indirect					Yes	No		
	candidates for public office? If "Yes," complete S				46		1		
47	Did the organization engage in lobbying activities	•			47		<u> </u>		
48	Is the organization a school as described in sectio				48		<b>—</b>		
	Did the organization make any transfers to an ex				49a	<b> </b>	<b>-</b>		
	If "Yes," was the related organization a section 5				49b		<u> </u>		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, temployees) who each received more than \$100,000 of compensation from the organization. If there is none, en								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat		(e)	Expen count a	se Ind		
	Total number of other employees paid over \$100								
	(a) Name and address of each independent contractor	paid more than \$100,000	0	) Type of service	(c) Co	mpens	ation		
d	Total number of other independent contractors of			od statements, and to the he	est of m	v know	ledge		
Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration  Signature of officer  Jeffrey R. Laszloffy  Type or print name and title	ed this return, including accol-	r) is based on all inform	distatements, and to the beation of which preparer has	any kn	owledg	e		
Paid Prepai	Preparer's signature	Date	Check if self- employed	Preparer's identifying nu	ımber (Se	e instru	ctions)		
Use O	i Firm's name for	<del></del>		EIN ►					
	address, and ZIP + 4	a abayaa Caa yaatay att		Phone no. ▶	7.		N.		
May ti	ne IRS discuss this return with the preparer show	n above? See instruction	ons	▶ <u>L</u> F	_ Yes om 99		<b>No</b> (2009)		