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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Both Adequate Applicable Adequate A	Α	For t	he 2009 calendar	r year, or tax year beginning	, 2009, and er	nding		,
Section States TRIKEE FORKS, MT 59752 TREE FORKS, MT 59752 T	В	Check		C		D	Employer i	dentification number
The property The		Addres	ss change use IRS	THREE FORKS AREA AMBULANCE SER	VICE DIST.		81-04	53741
Templation Proceeding Formation Process	<u>X</u>	Name		P.O. BOX 911				
Section 591(c/X) organizations and 4947(s/T) nonexempt charitable trusts must attach a completed Schedule A (Form 590 of 599-EX) **Verbile: * N/A Text. The companization is not a section 599(s/S) supporting organization and the section 599(s/S) supporting organization and to section 599(s/S) supporting organization and the section 599(s/S) supporting organization and the section 599(s/S) supporting organization organization chooses to the a return, be sure to file a complete return 4.44 lines 5.6, bit, and 7b. to the 90 organization chooses to the a return, be sure to file a complete return 1.444 lines 5.6, bit, and 7b. to the 19b organization chooses to the a return, be sure to file a complete return 1.444 lines 5.6, bit, and 7b. to the 19b organization chooses to the a return, be sure to file a complete return 1.444 lines 5.6, bit, and 7b. to the 19b organization chooses to the a return, be sure to file a complete return 1.444 lines 5.6, bit, and 7b. to the 19b organization chooses to the a return, be sure to file a complete return 1.444 lines 5.6, bit, and 19b organization specification 1.444 lines 5.6, bit, and 19b organization 1.444 lines 5.6, bit, and	-	Initial	return itype .	THREE FORKS, MT 59752			406-2	85-3819
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17 Total expenses. Add lines 10 through 16 17 50, 921.	3	۔ ا)	120	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 42,531.								
figure reported on prior year's return) 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 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 Beginning of year Beginning of year Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe See Statement 4) 25 Total assets 26 Total liabilities (describe See Statement 5) Net assets or fund balances (line 27 of column (B) must agree with line 21) 19 0. 20 63, 256. 21 105, 787. (B) End of year 22 31, 852. 23 24 86, 616. 24 86, 616. 25 Total assets 0. 25 118, 468. 26 Total liabilities (describe See Statement 5) 0. 26 12, 681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	_	18	····				-1	
S 21 Net assets or fund balances at end of year Combine lines 18 through 20≥ 21105, 787.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 year22 Cash, savings, and investments2231,852.23 Land and buildings2324 Other assets (describe ► See Statement 4)2486,616.25 Total assets0. 25118,468.26 Total liabilities (describe ► See Statement 5)0. 2612,681.27 Net assets or fund balances (line 27 of column (B) must agree with line 21)0. 27105,787.	ЙŞ	19	Net assets or ful	and balances at beginning of year (from line 27, co	lumn (A)) (must a	gree with end-of-yea		^
S 21 Net assets or fund balances at end of year Combine lines 18 through 20≥ 21105, 787.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 year22 Cash, savings, and investments2231,852.23 Land and buildings2324 Other assets (describe ► See Statement 4)2486,616.25 Total assets0. 25118,468.26 Total liabilities (describe ► See Statement 5)0. 2612,681.27 Net assets or fund balances (line 27 of column (B) must agree with line 21)0. 27105,787.	ξĘ	20	-					
Part IIBalance 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 year22 Cash, savings, and investments22 31,852.23 Land and buildings2324 Other assets (describe ► See Statement 4)24 86,616.25 Total assets0. 25 118,468.26 Total liabilities (describe ► See Statement 5)0. 26 12,681.27 Net assets or fund balances (line 27 of column (B) must agree with line 21)0. 27 105,787.	Ś		-	·		_		
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 31,852. 23 Land and buildings 23 24 Other assets (describe ► See Statement 4) 24 86,616. 25 Total assets 0. 25 118,468. 26 Total liabilities (describe ► See Statement 5) 0. 26 12,681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 105,787.					. "			
22 Cash, savings, and investments 22 31,852. 23 Land and buildings 23 24 Other assets (describe ► See Statement 4) 24 86,616. 25 Total assets 0. 25 118,468. 26 Total liabilities (describe ► See Statement 5) 0. 26 12,681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 105,787.	7	irt II	Dalatice 3		\$1,250,000 or mo			
23 Land and buildings 23 24 Other assets (describe ► See Statement 4) 24 86,616. 25 Total assets 0. 25 118,468. 26 Total liabilities (describe ► See Statement 5) 0. 26 12,681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 105,787.	22		ch causes and:	,		(A) beginning of)		
24 Other assets (describe ► See Statement 4) 24 86,616. 25 Total assets 0. 25 118,468. 26 Total liabilities (describe ► See Statement 5) 0. 26 12,681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 105,787.			-	11 14 C 3 (1 1 C 1 1 C 3				31,852.
25 Total assets 0. 25 118, 468. 26 Total liabilities (describe ► See Statement 5) 0. 26 12, 681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 105, 787.			_	the b See Statement 4				06 616
26 Total liabilities (describe ► See Statement 5) 0. 26 12, 681. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 105, 787.				be - See Statement 4				
27 Net assets or fund balances(line 27 of column (B) must agree with line 21) 0. 27 105, 787.				cribe > See Statement 5				
					a 21\			
					<u> </u>	<u> </u>	U. [2/]	

		Z (2009)	THREE F	FORKS ARE	A AMBULANCE SERVIC	E DIST.	81	-045	53741	Page 2
Par	t III	State	ment of P	rogram Ser	vice Accomplishments	S (See the instructi	ons.)		Expenses	_
What i	s the org	anization's	primary exemp	t purpose? <u>See</u>	Statement 6			1501(c)(3) and (4)	'n
Desc	ribe wh ribe the ram title	nat was a service	achieved in d s provided, i	carrying out th the number of	e organization's exempt purp persons benefited, or other	ooses. In a clear and co relevant information for	ncise manner, each	orga 4947	uired for section (c)(3) and (4) inizations and size (a)(1) trusts, of thers.)	ection ptional
			Forks	Area Ambu	lance provides eme	ergency medical		1101.0	11613.7	
					Three Forks and t			1]	
			2 _ 55 _ 5.1	2-2-1-0-			-4-02	1		
	(Grant	 ts \$) If th				1 28a		
29	<u> </u>	<u></u>								
								1	1	
								1	i	
	(Grant	 s \$) If th	is amount includes foreign g	rants, check here	▶	29a		
30						······································		1		
								1		
						-]		
	(Grant				is amount includes foreign g	rants, check here	•	30 a		
31		. •	services (a	ttach schedule	•			,		
20	(Grant				is amount includes foreign g	rants, check here	•	31a		
					es 28a through 31a)	mlava a		32	1	
Par	t IV	LISCO	Officers	, Directors,	Trustees, and Key Em				(e) Expense	
		(a) Nam	e and addre	ss	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit plant deferred compens	ans and		
Wil	liam	Fran	k		President	0.	<u> </u>	0.		0.
P.0). Bo	x 512			0					
Thr	ee F	orks,	MT 5975	52					Ī	
Gay	le R	oss			Vice President	0.		0.		0.
P.0	. Bo	\bar{x} $\bar{1}\bar{0}\bar{1}$	5	- 	0				i	
Thr	ee F	orks,	MT 5975	52						
Вес	ky A	rbuck	le		Secretary	6,750.		0.		0.
P.0	. Bo:	x 74			0					
Thr	ee F	orks,	MT 5975	52						
<u>Eht</u>	el D	amuth			Director	0.		0.		0.
		ailro			0					
Man	hatt	an, M	Γ 59741							
	<u>y Mi</u>				Director	0.		0.		0.
			lowstone		0					
			MT 5975	52						
		<u>Wil</u>			Director	0.		0.		0.
		dison			0					
Thr	ee F	orks,	MT 5975	2						
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Form	m_990-EZ (2009) THREE FORKS AREA AMBULANCE SERVICE DIST. 81-045374	<u> </u>	Р	age 3
Pai	rt V Other Information (Note the statement requirements in the instrs for Part V.) See Sta	teme	ent	7
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		,,	
24	each activity See Statement 8	33 34	X	<u> </u>
34	. ,	34	_^_	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu hot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			ĺ
_	, , , , , , , , , , , , , , , , , , , ,			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a	L	Х
k	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	
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		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37b		X
38 <i>a</i>	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employecor were]
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
k	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9			
t	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►	-		الــــــــــــــــــــــــــــــــــــ
t	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	40 b		х
C	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			
c	d Section 501(c)(3) and 501(c)(4) organizations. 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? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None			
42 a	a The organization's books are in care of ► BECKY ARBUCKLE Located at ► THREE FORKS, MT Telephone no. ► 406-28 ZIP + 4 ► 59752	3 <u>5-3</u>	<u>819</u> 	
t	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)? If 'Yes,' enter the name of the foreign country	42b	Yes	No X
	Tres, enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.]
c	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 oForm 1041 - Check here	I	_	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
	of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
BAA)-EZ (2009)

Form 990-EZ (2009) THREE FORKS AREA AN	MRIII.ANCE SERVIC	F DIST	81-045	53741 Page 4				
Part VI Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the tables	s and section 4947 ction 4947(a)(1) no	(a)(1) nonexem	pt charitable trusts or	nly. All section				
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 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 b If 'Yes,' was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter 'None.'								
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances				
f Total number of other employees paid over \$1 Complete this table for the organization's five compensation from the organization. If there is	highest compensated i s none, enter 'None'	· · · · · · · · · · · · · · · · · · ·	ctors who each received mo	re than \$100,000 of				
None	actor paid more than \$100,000		(b) Type of service	(c) Compensation				
d Total number of other independent contractors	s each receiving over \$		•					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Becky F Preparer's Identifying Number (See instructions) S. Check if self employed Preparer's signature **Paid** HAMPLTON, CPA STEVEN N/A Pre-Firm's name (or yours if self employed), address, and ZIP + 4 Hamilton & Company, CPAs parer's Use P.O. Box 468 ► N/A Only Manhattan, MT 59741 (406)284-3205 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No BAA Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	EE FORKS AREA								4537 <u>4</u> 1		
Part	Reason for Pu	blic Charity Statu	is (All organizations	must	comple	ete this	s part.) See	nstruct	ions	
The o	rganization is not a pri	vate foundation becau	use it is (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1	A church, conventi	on of churches or ass	ociation of churches des	cribed ir	section	170(b)(1)(A)(i).				
2	A school described	i in section 170(b)(1)(A)(ıi). (Attach Schedule E	Ξ)							
3	A hospital or coop	erative hospital servic	e organization described	ınsectio	n 170(b	χ1χΑχι	ii).				
4	A medical research	n organization operate	ed in conjunction with a h	nospital	describe	d insect	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	oital's
_	name, city, and sta			. 	-						
5	<u> 170(b)(1)(A)(iv).</u> (С	Complete Part II)	of a college or university		•	_	_	nmenta	I unit de:	scribed iise	ection
6			governmental unit descri								
7	in section 170(b)(1	(Complete Page 1)	•		_	vernme	ntai uni	t or tron	n the ger	nerai publi	c described
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10	An organization or	ganized and operated	exclusively to test for pu	ublic saf	ety S e e	section	509(a)(4	4).			
11	more publicly supp describes the type	orted organizations of	exclusively for the bene described in section 509(zation and complete line	a)(1) or s 11e th	section rough 1	509(a)(2 Ih	2).Sess	of, or ca ection 5	rry out th 09(a)(3).	Check the	e box that
	a ∐Type I	b Type II	c Type II	I – Fund	tionally	ıntegrat	ted		d 📙	Type III-	Other
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f	If the organization check this box	received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	,7	
											Yes No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	togethe	with pe	rsons d	escribe	d in (ii) :	and (III)	11g (i)	
	(iı) a famıly mem	nber of a person desc	cribed in (i) above?							11g (ii)	
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11g (iii)	
h	Provide the followi	ng information about	the supported organization	ons.							
	(i) Name of Supported Organization	(n) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	s the ion in col in your rning ment?	the organ	ou notify ization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(vii) Amou	nt of Support
				Yes	No	Yes	No	Yes	No		
				<u> </u>							
				<u> </u>	ļ			ļ			
				1							
				ļ		ļ					
				+						<u> </u>	
Total											

	edule A (Form 990 or 990-EZ) 200				RVICE DIST.		
Pai	t II Support Schedule for (Complete only if you check	•			(b)(1)(A)(IV) an	IG 170(D)(1)(A)	(VI)
Sec	tion A. Public Support		, , , , or o or , a.				
begi	ndar year (or fıscal year nning ın) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			I	1		
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	s a section 501(c)((3)
	tion C. Computation of Pul			no 11 - anh			
	Public support percentage for 20 Public support percentage from 2		•	ne II, column (1).		14 15	% %
16 <i>a</i>	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-	1/3 % or more, ch	eck this box
k	33-1/3 support test – 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box of	on line 13, or 16a ganization.	, and line 15 is 33	3-1/3% or more, cl	neck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box andstop here	. Explain in Part l	V how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and stop here s a publicly suppo	i. Explain in Part l' irted organization.	V how the ►
	Private foundation. If the organiz	ration did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					So	criedule A (Form 9	90 or 990-EZ) 2009

Sec	tion A. Public Support	cked the box on m		•			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do			(0) 2007	(d) 2000		
_	not include 'unusual grants.')	65.	40.			100.	205.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt					02 221	93,321.
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513					93,321.	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	65.	40.	0.	0.	93,421.	93,526.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						00.506
<u>C</u>	7c from line 6.)			<u></u>		<u> </u>	93,526.
	tion B. Total Support				4 15 0000	4 > 0000	40 T 1 1
0-1-							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	ndar year(or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	65.	40.	(c) 2007 0.	0.	93,421.	93,526.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						93,526.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	65.	40.			93,421.	93,526.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	550.	40. 889.	0.	0.	93,421.	93,526. 1,470. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	550.	40. 889.	0.	0.	93,421.	93,526. 1,470. 0. 1,470.
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add ins 9, 10c, 11, and 12)	550. 550.	889. 889.	0.	0.	93, 421. 31.	93,526. 1,470. 0. 1,470. 0. 94,996.
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add ins 9, 10c, 11, and 12)	550. 550.	889. 889.	0.	0.	93, 421. 31.	93,526. 1,470. 0. 1,470. 0. 94,996.
9 10a k c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add liss 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	550. 550. s for the organiza stop here	889.	0.	0.	93, 421. 31.	93,526. 1,470. 0. 1,470. 0. 94,996.
9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add liss 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	550. 550. s for the organiza stop here	889. 889. tion's first, second	0.	0.	93, 421. 31. 31.	93,526. 1,470. 0. 1,470. 0. 94,996. 3) ► □
9 10 <i>a</i> 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add liss 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	550. 550. s for the organiza stop here blic Support P 09 (line 8, column	889. 889. tion's first, second ercentage	0.	0.	93, 421. 31. 31. a section 501(c)(3	93,526. 1,470. 0. 1,470. 0. 94,996. 98.5%
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add liss 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage from 20	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A,	tion's first, second ercentage (f) divided by line Part III, line 15	0.	0.	93, 421. 31. 31.	93,526. 1,470. 0. 1,470. 0. 94,996. 3) ► □
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the computation of Inviton D. Computation of Inviton D. Computation of Inviton Securities of the security of the support percentage from the support percentage	550. 550. 550. s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon	889. 889. tion's first, second ercentage of (f) divided by line Part III, line 15 ne Percentage	0. i, third, fourth, or iii 13, column (f))	0.	93, 421. 31. 31. a section 501(c)(c)	93,526. 1,470. 0. 1,470. 0. 94,996. 3) 98.5% 0.0%
9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 Public support percentage from 2 Tion D. Computation of Inv	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon pr 2009 (line 10c, con 2009 (line 2009 (li	tion's first, second ercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided	0. i, third, fourth, or iii 13, column (f))	0.	93, 421. 31. 31. a section 501(c)(3	93,526. 1,470. 0. 1,470. 0. 94,996. 3) 98.5% 0.0% 1.6%
9 10a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the computation of Inviton D. Computation of Inviton D. Computation of Inviton Securities of the security of the support percentage from the support percentage	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, com 2008 Schedule e organization did	889. 889. 889. ercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	0. i, third, fourth, or iii 13, column (f)) by line 13, column or on line 14, and	0. fifth tax year as n (f))	93, 421. 31. 31. a section 501(c)(c) 15 16 17 18 than 33-1/3%, and	93,526. 1,470. 0. 1,470. 0. 94,996. 3) 98.5% 0.0% 1.6% 0.0%
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support.(add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from attion D. Computation of linv Investment income percentage filinestment income per	s for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, com 2008 Schedule e organization did ox andstop here.	889. 889. 889. ercentage of (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	0. i, third, fourth, or iii 13, column (f)) by line 13, colum or on line 14, and qualifies as a pub	0. fifth tax year as n (f)) line 15 is more to licly supported or	93, 421. 31. 31. a section 501(c)(c) 15 16 17 18 than 33-1/3%, and ganization	93,526. 1,470. 0. 1,470. 0. 94,996. 3) 98.5% 0.0% 1.6% 0.0% Inne 17 is not X

Schedule A	(Form 990	or 990-E <i>Z</i>)	2009	THI	REE	FORKS	AREA	AMBU	JLANC	CE S	ERVICE	DIST	. 81-04	53741_	Page 4
Part IV	Supplem	ental Inf	ormat	ion.	Cor	nplete t	his par	t to p	rovide	e the	explan	ations r	equired by ormation.	Part II,	line 10;
	Part II, Iır	ne 17a o	r 17b;	and	Par	t III, line	e 12. F	rovide	e any	othe	er addıtı	onal inf	ormation.	See inst	ructions.
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2009	Federal Statements		Page
	THREE FORKS AREA AMBULANCE SERVICE DIST.		81-045374
Statement 1 Form 990-EZ, Part I, Line Other Revenue Service Base Rate Mileage Other Supplies Oxygen Monitoring Standby Medication	e 8	Total 3	34,484. 3,475. 3,281. 2,538. 1,085. 762.
Statement 2 Form 990-EZ, Part I, Lind Other Expenses	e 16		· · · · · · · · · · · · · · · · · · ·
Auto Expense Cell Phone Depreciation Dues & Subs. Immunization Insensitive Points Insurance Licenses & Permits Meals & Ent. @50% Medical Supplies Medicare Ineligbile Office Expenses Oxygen Paramedic Refunds Repairs & Maint. Training Travel Uniforms	Amount	Total 3	8,026. 425. 5,310. 765. 746. 1,883. 5,586. 330. 465. 5,098. 134. 1,319. 927. 3,380. 1,888. 498. 3,039. 945. 1,109.
Statement 3 Form 990-EZ, Part I, Line Other Changes In Net As Meals & Ent. 50% Prior Period Adjust	ssets Or Fund Balances	Total 3	-466. 63,722. 63,256.

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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Form **8868** (Rev 4-2009)

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.

	- 1				
O If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this	box	-	⊳ X
O If you are	filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part	II (on page 2 of the	is form)	
Do not comp	lete Part II unless you have alrea	dy been granted an automatic 3-month extension	n on a previously f	filed Form 8868	
Part	Automatic 3-Month Extens	ion of Time. Only submit original (no co	opies needed).		
		3 (
	·	requesting an automatic 6-month extension $-$ c			
All other corp income tax re		, partnerships, REMICS, and trusts must use Fo	orm 7004 to requesi	t an extension of time	e to file
the additional Form 990-T I	(not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-mont on required to file Form 990-T) However, you ca on or (2) you file Forms 990-BL, 6069, or 8870, y completed and signed page 2 (Part II) of Form e-file for Charities & Nonprofits	group returns, or a	a composite or consol	lidated
	Name of Exempt Organization			Employer identification no	ımber
Type or					
print	THREE FORKS AREA AMB	ULANCE SERVICE DIST.		81-0453741	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions			
f 1	P.O. BOX 911				
instructions	City, town or post office, state, and ZIP cod	e For a foreign address, see instructions			
	THREE FORKS, MT 5975	2			
Check type o	f return to be filed (file a separat	e application for each return)			
Form 990	Γ	Form 990-T (corporation)	Form 472	20	
Form 990	-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
X Form 990	-EZ	Form 990-T (trust other than above)	Form 606	59	
Form 990	-PF	Form 1041-A	Form 887	70	
Telephone If the orga If this is for check this the extens	anization does not have an office or a Group Return, enter the orga box P lf it is for part of the sion will cover	FAX No □ or place of business in the United States, check anization's four digit Group Exemption Number (the group, check this box □ and attach a list	GEN) If st with the names a		
until The exte ▷ [X] o	$8/15$, 20 _ 10 _ , to file ension is for the organization's recalendar year 20 _ 09 _ or	ns for a corporation required to file Form 990-T) the exempt organization return for the organizate eturn for	tion named above		
2 If this ta	x year is for less than 12 months	s, check reason Initial return Fina	al return C	Change in accounting	period
3a If this ar nonrefur	oplication is for Form 990-BL, 990 adable credits. See instructions.	0-PF, 990-T, 4720, or 6069, enter the tentative to	ax, less any	3a \$	0.
b If this apmade Ir	oplication is for Form 990-PF or solute any prior year overpaymen	990-T, enter any refundable credits and estimate nt allowed as a credit	ed tax payments	3ы\$	0.
See inst	ructions	Ba Include your payment with this form, or, if re by using EFTPS (Electronic Federal Tax Paymei		3c \$	_ 0.
Caution. If yo payment instr	u are going to make an electroni uctions	c fund withdrawal with this Form 8868, see Forn	n 8453-EO and For	m 8879-EO for	

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

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Federal Statements

Page 2

THREE FORKS AREA AMBULANCE SERVICE DIST.

81-0453741

Statement 4 Form 990-EZ, Part II, Line 24 Other Assets

Automobile	es	
Machinery	and	Equipment
Rounding		

	<u>Beginni</u>	ng	<u>Ending</u>		
	\$	0.	\$	81,072.	
		0.		5,542.	
		0.		2.	
Total	\$	0.	\$	86,616.	

Statement 5 Form 990-EZ, Part II, Line 26 Total Liabilities

Payroll	Taxes	Pava	able		
Secured				Notes	Payable

	Beginnii	<u>1U</u>	Engriig		
	\$	0.	\$	531.	
		0.		12,150.	
Total	\$	0.	\$	12,681.	

Statement 6 Form 990-EZ, Part III Organization's Primary Exempt Purpose

To provide medical emergency services to the City of Three Forks and surrounding area.

Statement 7 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

Statement 8 Form 990-EZ , Part V, Line 33 Activities Not Previously Reported to the IRS

The organization has expanded their scope and is providing emergency medical services to the City of Three Forks and surrounding area.