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203213

Form

Department of the Treasury

# **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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

_	=		<u> </u>					
<u>A</u> _		calendar year, or tax year beginning , and ending						
В	Check if applicable	Luca IDC		D Employe	er identification number			
	Address change	label or EASTERN MONTANA CASA/GAL INC						
	Name change	print or Doing Business As		81-0	1490831			
	lasted action	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number				
ᆜ	Initial return	See PO BOX 1234		406-	<u>-234-2354</u>			
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receipt	s\$ 87,916			
	Amended return	tions. MILES CITY, MT 59301						
		P. Name and address of annual officers		H(a) Is this a g	iroup return for			
Ш	Application pendi	CHERI LEBLANC		•				
				affiliates? H(b) Are all aff	filiates 🗂 🗂			
		PO BOX 1234		included?	Yes No			
		MILES CITY MT 59301		If "No," at	ttach a list. (see instructions)			
1	Tax-exempt s							
J	Website:	N/A		H(c) Group ex	empton number			
K	Type of organiza	on X Corporation Trust Association Other ▶ L	Year of formation 1	994 M	State of legal domicile MT			
	Part I	Summary						
		describe the organization's mission or most significant activities						
	-	VOCATES FOR THE BEST INTERESTS OF ABUSED AND NEGLECTE	'D CHILDREN	I TNWOLW	FN			
8	TN	JUVENILE DEPENDENCY PROCEEDINGS.	D CHILDREN	INVOLV	טט			
lan	I	JUVENILE DEPENDENCI PROCEEDINGS.						
Ē		, m						
<u> </u>	2 Check	this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%	% of its net assets					
U 4 ZUNU Activities & Governance	3 Numb	er of voting members of the governing body (Part VI, line 1a)			10			
₹ s	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	10			
∌ાં્	5 Total	number of employees (Part V, line 2a)		5	2			
0 4 2UNU Activities & G	6 Total	number of volunteers (estimate if necessary)		6	28			
		gross unrelated business revenue from Part VIII, column (C), line 12		7a				
<b>₹</b>				-	0			
	b Net u	related business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year			
$\supset$	. Contr	buttone and grants (Part VIII June 1h)	<del></del>	2,386	75,058			
OCAMUNED   Revenue	8 Contr	butions and grants (Part VIII, line 1h)	<u> </u>	2,300				
Sevenue Revenue	9 Progra	am service revenue (Part VIII, line 2g)	<u> </u>					
≨≱	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,574 2,2				
£ 15	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,001	8,780			
ดี	12 Total	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,961	86,047				
0	13 Grant	s and similar amounts paid (Part IX, column (A), lines 1–3)						
	1	ts paid to or for members (Part IX, column (A), line 4)						
	45 Salan	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23	2,950	28,563			
enses	160 Brofor	sisonal fundraising fees (Part IX, column (A), line 11e)		2,300	207005			
Ë	h Tatal				· · · · · · · · · · · · · · · · · · ·			
Expe	b Total	·	<u> </u>	770	20 120			
	17 00101	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		729	<u>29,138</u>			
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,679	57,701			
		ue less expenses Subtract line 18 from line 12		3,282	28,346			
ğ	<del>8</del> 8		Beginning of Cur		End of Year			
set.	ह्य 20 Total	assets (Part X, line 16)	95	5,006	123,350			
Net Assets or	21 Total	abilities (Part X, line 26)						
ž,	22 Net as	sets or fund balances Subtract line 21 from line 20	95	5,006	123,350			
-	Part II	Signature Block						
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a	nd statements, and	to the best of n	ny knowledge			
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all infor						
Ç;	gn	Shewi Hangon Produce		1 4	4/9/10			
	-	7-1-001 1 1001000	<del></del>		<del>///</del>			
п	ere	Signature of officer Sheri HANSON PARKER, TREA	Culle	Date				
		SIERCI THINSON PORTIER TREE	Sudu					
_		Type or pnnt name and title						
_		Preparer's Date	Check i	f _	Preparer's identifying number (see instructions)			
	aid	signature Them Stratary 4-7.	-/d self- employe	ed ▶ 🗍	(See Insudedons)			
	eparer's	ROWLAND, THOMAS & COMPANY, CPAS	1	EIN ▶				
Us	se Only	Firm's name (or yours	·-					
		address, and ZIP+4 MILES CITY, MT 59301		Phone	406-234-4241			
_				no 🕨				
_	<del></del>	cuss this return with the preparer shown above? (see instructions)			X Yes No			
Fo DA	r Privacy Act	and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)			
54	• •				G17			

art II	Statement of Program	Service Accomplishments			
ADV	fly describe the organization's mission	on ST INTERESTS OF ABU	SED AND NEGLE	CTED CHILDREN	INVOLVED
the If "Y	onor Form 990 or 990-EZ? es," describe these new services on	ficant program services during the year Schedule O or make significant changes in how it co			Yes X No
serv	ices? es," describe these changes on Sch				Yes X No
Des Sec	cribe the exempt purpose achievement to the critical state of the	ents for each of the organization's three ations and section 4947(a)(1) trusts are and revenue, if any, for each program	required to report the amou	•	
WOR	JIDE TRAINING AND K ON BEHALF OF ABU FEENTH JUDICIAL DI	42,979 including grants SUPPORT TO VOLUNTE JSED AND NEGLECTED ESTRICT OF MONTANA FOR THE PROMOTION ENTS)	ERS, SERVING A CHILDREN INVO AND TO UNDERTA	LVED IN THE SE AKE ANY AND AI	EVENTH AND LL
ib (Co	de ) (Expenses \$	including grants	of \$	) (Revenue \$	. )
4c (Co	de ) (Expenses \$	including grants	of \$	) (Revenue \$	)
	er program services (Describe in Scienses \$	hedule O) including grants of \$	) (Revenue	\$	)
	al program service expenses	42,979			
					Form 990 (2000)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	990 (2009) EASTERN MONTANA CASA/GAL INC 01-0490051				age J
Pŧ	nt IV Checklist of Required Schedules	-		Vaa	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Yes	No
•	complete Schedule A		1	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			Ċ	
	Schedule C, Part II		4		X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				l
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				l
	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,"				۱
	complete Schedule D, Part III		8		Х
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or		40		v
4.4	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		11	Х	
_	VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				·
	Schedule D, Part VI				ĺ
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				ĺ
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				Ė
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				ĺ
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				Ė
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				ĺ
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				ĺ
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				Ė
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				<u> </u>
	Schedule D, Parts XI, XII, and XIII	<del></del>	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			ĺ
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	4.2		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		144		$\overline{}$
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		17.5		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		Х
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		Х
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

19? Note. All Form 990 filers are required to complete Schedule O

	art IV Checklist of Required Schedules (continued)			ugo
<u> </u>	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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			1
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
	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	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			İ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	the state of the s			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ļ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV 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	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	<b>├</b>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	İ		
	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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>V</sub>
	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, Parts II,			<sub>v</sub>
	III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		v
••	Schedule R, Part V, line 2	35	1	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			l v
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			Х
	Part VI	37	+	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		ı	1

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X  b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b if "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Pa	At V Statements Regarding Other IRS Fillings and Tax Compliance			T	Τ
U.S. Information Returns. Enter -0- if not applicable  □ Did the organization comply with backup withholding intels for reportable payments to vendors and reportable gaming (gambing) without previous without the organization of the organization of the organization of the organization of the organization of the organization of the organization file all required federal employment tax returns?  Note, If the sum of lines 1 and 2 as igenere than 250, you may be required to 0- file that return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Note, If the sum of lines 1 and 2 as igenere than 250, you may be required to 0- file that return (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Note, If the sum of lines 1 and 2 as igenere than 250, you may be required to 0- file that return (see instructions)  3b Did 17 Yes, has it filed a Form 990-T for this year? If No.7 provide an explanation in Schedule O  3b Did A At any time during the calleding year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign country ▶  1c Yes, enter the name of the foreign countr		Fatastha average and due Day 2 of Form 1006. Applied Summon, and Transmitted of	1 1	<u> </u>	Yes	No
be Enter the number of Forms W-2G included in line 1s Enter-O-I find applicable   Did the organization comply with backup withholding intels for reportable symmig (symbing) winnings to pince winners?  2s Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ried for the calendary vear ending with or within the year covered by this return    5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Nots. If the sum of lines 1 and fail as greater than 250, you may be required to 0-file the return (see institutions)  3 If Yes, Fiss at filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  3 If Yes, Fiss at filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  3 If Yes, Fiss at filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  3 If Yes, Fiss at filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  3 If Yes, Fiss at filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  4 A ray time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   If Yes, Figure 1 and I will yet the organization of the form of the financial accounts over, a financial account in a foreign country   If Yes, Figure 1 and I will yet the first of the organization of the first of the	та		12			İ
C Did the organization comply with backup wethholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2 Einter the number of employees reported on Form W/3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 Limits of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 Limits of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 Limits of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 Limits of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 Limits of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return or the during the year covered by this return or the during the year covered by this return or the during the year covered by this return or the during the year covered by this return or the during the year covered by this return or the during the year covered by the if they are the analysis of the year covered by the year year or they are the instructions for exceptions and file great present the second property of the programation and provided and the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5 Limits the organization appears party to a prohibited tax shelter transaction at the year or as a party to a prohibited tax shelter transaction?  5 Limits the organization appears party to a prohibited tax shelter transaction are shelter transaction?  5 Limits the organization appears part	L	• •				Ī
gaming (gambing) winnings to prize winners?  2						Ī
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calentary area ening with or within the year covered by this return  2 b   fall teast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of fines 1 a and 2a is greater than 250, you may be required to e-file this return?  Note, If the sum of fines 1 a and 2a is greater than 250, you may be required to e-file this return?  3a	Ç		table	10	1	Ť
Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  Job the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Job the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return?  Job the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return?  Job the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return?  Job the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return?  Job the organization and the organization have an interest in, or a signature or other authority over, a financial account)?  Job the organization in a foreign country of such as a bank account, securities account, or other financial accounts?  Job the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  Job the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  Job the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  Job the organization rate of the organization that it was or is a party to a prohibited tax sheller transaction?  Job the organization prohibited tax sheller transaction at any time during the tax year?  Job the organization rate organization that was or is a party to a prohibited tax sheller transaction?  Job the organization rate organization that was or is a party to a prohibited tax sheller transaction?  Job the organization value organization that was or is a party to a prohibited tax sheller transaction?  Job the organization should be organization that the was or tax deductible?  Job the organization should be organization that the were not tax	20		1 1	100	1	<u> </u>
b If at least one is reported on line 2a, did the organization file all required federal employment tax retums?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flier this return (see instructions).  3a Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  3c A larry time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5b Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c Does the organization have amougl gross receipts that are normally greater than \$100,000, and did the organization broulder with every soliculation an express statement that such contributions or gifts were not tax deductible?  5c Does the organization and outled with every soliculation and parity for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  9d If "Yes," indicate the number of Forms 8222 filed during the year  1 If "Yes," indicate the number of Forms 8222 filed during the year  2 If Did the organization on early the year, pay premiums, directly or indirectly, to pay premiums on a payment or particular organization. However, and the organization file Form 8899 as required?  7 If Did the organization make a distribution	za		22 2			I
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," and the 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; 2b If "Yes," enter the name of the foreign country   \$a \text{ X}\$  3b If "Yes," enter the name of the foreign country   \$a \text{ Yes, and the return and the country over, a financial account in \$a \text{ Yes, and the return and the country over, a financial Accounts  4a \text{ X}\$  3b If "Yes," enter the name of the foreign country   \$a  Yes, and the return and the country over the second of the country over the second of the organization has a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Enthy Regarding Prohibited 5x Shelter Transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Enthy Regarding Prohibited 5x Shelter Transaction?  5c If "Yes," did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization shelt were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization shelt payor?  7d If Yes," did the organization shelt payor?  7d If "Yes," did the organi				2h	l x	Ť
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1 7 1 4 4	122	·		122	. 1	Ť
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**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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			.,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)		V	
40-	Done the assessment on house local chartery broughest or affiliation?	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a		_^_
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	105		
••	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ļ		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	·
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	nse to conflicts?	12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
þ	Other officers or key employees of the organization	15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			_
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ŀ
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SHERI PARKER 208 N 12TH ST			
M		6-23	4-2	354

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per		ition (					Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DONNA ORTHMAN										
CHAIRPERSON		X					<u> </u>	0	0	0
SHERI PARKER							İ			
TREASURER		X				L	_	0	0	0
KATHY ZIEBARTH								_		_
SECRETARY		X	_				<u> </u>	0	0	0
DENNIS CORBIN		l						ا ا		
DIRECTOR		Х				_	_	0	0	0
BONNIE PRINCE		l								
DIRECTOR		X	-			_	_	0	0	0
THOMAS WATSON		١								
DIRECTOR		X	-			<u> </u>	ļ	0	0	0
SHERRY NOEL		,,						ol	0	
DIRECTOR ANTOINA KLEIN	-	X		$\vdash$		-			0	0
		X						ol	0	0
DIRECTOR BOB WATTS		╁		$\vdash$				<u> </u>		
DIRECTOR		X						ol	0	0
SHEILA KENNEDY	<del> </del>	1								
DIRECTOR		X						ol	0	O
CHERIE LEBLANC	-	<del>                                     </del>								
EXECUTIVE DIRECTOR	30.00			X				22,000	0	0
						_				
	<u> </u>		<u> </u>	L			L	l l		

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, and	d Highest Compensated E					
	(A) Name and Title	(B) Average hours per			(chec		hat a		(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount		
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MiSC)	from related organizations (W-2/1099-MISC)	co o	other impensation the rganization relation ganization	ation ne tion ted	
					-		<u>-</u>							
	•••									,				
	20.		L											
			ļ		! 					-				
			_		-									
			L								<del> </del>			
			_											
						<u> </u>		-						
	Total					<u>L</u>	<u></u>	<u> </u>	22,000					
2	Total number of individuals (increportable compensation from	•			ose	liste	d abo	ve)	who received more than \$1	00,000 in				
3	Did the organization list any for				stee	kev	emr	olove	ee, or highest compensated		Γ		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	complete Schedue 1a, is the sum of	ıle J f repe	for s ortab	uch i	indiv ompe	idual ensat	ion a	and other compensation from			3		X
5	Individual  Did any person listed on line 1stervices rendered to the organ											5		X
Sec 1	tion B. Independent Contractor Complete this table for your five	ors								n \$100 000 of			_	
	compensation from the organiz							I		(B) ton of services		Corr	(C)	
														<u> </u>
						·								
2	Total number of independent of more than \$100,000 in compe						to th	ose	listed above) who received			0	<u> </u>	
DAA												Form	990 (	2009)

Pa	rt V	III Staten	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S (2)	4.	Federated carr	anaigne	1a				revenue		312, 313, 01 314
ant				1b						
ρĒ		Fundraising ev		1c		2,500				
ifts		Related organi		1d		2/300				
S, E	e	Government grants		1e	·	30,183				
Sign		All other contribution	•			30/103				
臣	•	and similar amounts		1f		42,375				
eg.	g	Noncash contribution	ns included in lines 1a-		\$	12/0/0				
ರಿಕ	h			•	•	•	75,058			
<u>•</u>						Busn. Code				······································
le J	2a									
Re	b		•							
ice	С									
Sen	d								-	
E	е							·		
Program Service Revenue   Contributions, gifts, grants	f	All other progra	am service rever	nue						
P	g	Total. Add line	s 2a–2f			<b>•</b>				
	3	Investment inc	ome (including d	lividend	is, interes	t, and				
		other similar a	mounts)			•	2,209			2,209
	4	Income from in	nvestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties				<b>•</b>				······
			(ı) Real		(II) P	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from				•				
		sales of assets	(i) Securities	s ———	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)	>				1			
	d	Net gain or (los	ss) om fundraising ever	nto						
ne	oa		nn iunuraising ever 2,							
Other Revenue		(not including \$	reported on line 1c)							
Re		See Part IV, line		а		10,649				
her	h	Less direct ex		b		1,869				
ō			(loss) from fundi		events	<u> </u>	8,780	,		8,780
			om gaming activities	-		<u> </u>				- 1 - 1 - 1
		See Part IV, line		а						
	b	Less direct ex		b						
			(loss) from gam	ing acti	vities	•				
	10a	Gross sales of	Inventory, less			_				
		returns and all	owances	а						
	b	Less cost of g	joods sold	b						
	С	Net income or	(loss) from sales	s of inv	entory	<b>&gt;</b>				
		Misc	ellaneous Revenue	•		Busn. Code				
	11a									
	b									
	С									
	d	All other reven								
	е	Total. Add line				•				
	12	Total Revenu	e. See instruction	ns			86,047	0	0	10,989

#### Form 990 (2009) **Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must o		(B)	(C)	). (D)
	not include amounts reported on lines 6b,	(A) Total expenses	Program service	Management and	Fundraising expenses
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			Į.	
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			<del>-</del>	<del></del>
	organizations, and individuals outside the			#	
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				*
•	trustees, and key employees	22,000	13,200	2,200	6,600
6	Compensation not included above, to disqualified		207200		3,000
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	4,135	3,721	414	
8	Pension plan contributions (include section 401(k)	1,155	37,21	111	
J	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,428	1,572	243	613
11	Fees for services (non-employees)	2, 120	1,012	2.43	013
	Management				
a					
b	Legal	225		225	
C	Accounting	220			
d	Lobbying Professional fundraising services See Part IV, line 17				
e					
f	Investment management fees				
9 42	Other	1,261	1,261		
12	Advertising and promotion	6,058	4,315	603	1,140
13	Office expenses	362	326	36	1,110
14	Information technology	302	320		
15	Royalties	2,500	1,500	250	750
16	Occupancy	12,573	12,573	230	730
17	Travel	12,373	12,373		· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,013	4,013		
19	Conferences, conventions, and meetings	4,013	4,013		<del></del>
20	Interest				<del></del>
21	Payments to affiliates	772	498	69	205
22	Depreciation, depletion, and amortization	1,154	4 90	1,154	
23	Insurance	1,134		1,134	
24	Other evenence Homize evenence not	1		1	
24	Other expenses Itemize expenses not	1		1	
	covered above (Expenses grouped together	1			
	and labeled miscellaneous may not exceed	I		1	
_	5% of total expenses shown on line 25 below ) REPAIRS	205		205	<del></del>
a	LICENSES	15		15	
b	TICENSES	1.0			
<u>د</u>					
d					
0	All other expanses	1			
f	All other expenses	57,701	42,979	5,414	9,308
25	Total functional expenses. Add lines 1 through 24f	51,101	42,9/9	5,414	9,308
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
DAA	tana along conditation			<del> </del>	Form <b>990</b> (2009

Form 990 (2009)

Par	T X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		/43		
					(A) Beginning of year		(B) End of year
$\top$	1	Cash—non-interest bearing		-	39,381	1	45,812
		Savings and temporary cash investments			52,854	2	74,359
		Pledges and grants receivable, net		Ī		3	
		Accounts receivable, net		-	· · ·	4	
		Receivables from current and former officers, directors, t	rustees, kev				
		employees, and highest compensated employees Comp					
-		Schedule L		ĺ	•	5	
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(					
		Part II of Schedule L	-). ••p			6	
য়	7	Notes and loans receivable, net		-	<del></del>	7	
മ		Inventories for sale or use		-	·····	8	<del>-</del>
۷   S		Prepaid expenses and deferred charges		-		9	
		Land, buildings, and equipment cost or	1 [		· · · · ·	-	
'	Va	other basis Complete Part VI of Schedule D	10a	7,430			
	_	Less accumulated depreciation	10b	4,251	2,771	10c	3,179
۔ ا		•	[ 100 [	4,231	<u> </u>	111	J, 17
		Investments—publicly traded securities		-		12	
- 1	_	Investments—other securities See Part IV, line 11		-		13	
- 1.		Investments—program-related See Part IV, line 11		-			
		Intangible assets	-		14		
		Other assets See Part IV, line 11		-	05 006	15	122 250
o		Total assets. Add lines 1 through 15 (must equal line 34	)		95,006	16	123,350
		Accounts payable and accrued expenses		-		17	
		Grants payable		-		18	
	9	Deferred revenue		-		19	
		Tax-exempt bond liabilities		-		20	
<u>.e</u>   2		Escrow or custodial account liability Complete Part IV of				21	
Liabilities	22	Payables to current and former officers, directors, trustee	*				
윤		employees, highest compensated employees, and disqua	alified				
ן⊏		persons Complete Part II of Schedule L		-		22	
- 1		Secured mortgages and notes payable to unrelated third		-		23	
- 1		Unsecured notes and loans payable to unrelated third pa	rties	-		24	
- 1		Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25				26	
Balances		Organizations that follow SFAS 117, check here ▶	X and				
Ĕ   .	_	complete lines 27 through 29, and lines 33 and 34.			05 006	_	100 250
10   2	27	Unrestricted net assets		-	95,006		123,350
<u>m</u>   2	28	Temporanly restricted net assets		}		28	
Ĕ  2	29	Permanently restricted net assets	<b>.</b>	-		29	
Net Assets or Fund		Organizations that do not follow SFAS 117, check he	re <b>≠</b> ∐				
٥  ٥		and complete lines 30 through 34.		ŀ			
<b>र्घ</b>   3		Capital stock or trust principal, or current funds		-		30	
38	11	Paid-in or capital surplus, or land, building, or equipment		.	· .	31	
<b>ĕ</b>  3	32	Retained earnings, endowment, accumulated income, or	other funds	-	05.006	32	102 250
호   3	13	Total net assets or fund balances		-	95,006		123,350
<b>∠</b>   3	4_	Total liabilities and net assets/fund balances			95,006	34	123,350

Form **990** (2009)

orm	990 (2009)	EASTERN	MONTANA	CASA/GAL	INC		81-049083	31	<u> </u>	Pa	ge <b>12</b>
₽a	rt XI	Financial Sta	tements and	Reporting							
										Yes	No
1	Accounting	g method used to	prepare the Form	∖ 990 X Cas	sh 🗌	Accrual	Other				
	If the orga	nizatiòn changed	its method of acc	ounting from a prio	r year or ch	hecked "Other	," explain in		ļ		
	Schedule	0.									Ī
2a	Were the	organization's fina	ncial statements	compiled or review	ed by an in	ndependent ac	countant?		2a		X
b	Were the	organization's fina	ncial statements	audited by an indep	endent ac	countant?			2b		X
C	If "Yes" to	line 2a or 2b, doe	s the organization	have a committee	that assur	mes responsit	oility for oversight of	•			
	the audit,	review, or compile	ation of its financi	al statements and s	selection of	f an independ	ent accountant?		2c		
	If the orga	nization changed	either its oversigh	it process or select	ion proces	s during the ta	ıx year, explain in				
	Schedule	0									
d	If "Yes" to	line 2a or 2b, che	ck a box below to	indicate whether ti	he financia	l statements f	or the year were				I
	issued on	a consolidated ba	isis, separate bas	ıs, or both							I
	Separ	ate basıs 🔲 0	Consolidated basi	s 🔲 Both cons	solidated ai	nd separate b	asıs				l
3a	As a resul	t of a federal awar	rd, was the organ	zation required to t	undergo an	audit or audit	s as set forth in				
	the Single	Audit Act and OM	IB Circular A-133	?					_3a	<u> </u>	X
b	If "Yes," di	d the organization	undergo the req	uired audit or audits	s? If the org	ganization did	not undergo the				

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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

2009

Open to Public Inspection

lam	of t	he organizatior		ANA CASA/GAL INC						•	ntification number 0831			
P.	irt I	Reas		Status (All organizations		mplete	this p	art.) S	ee ins	tructio	ons.			
				it is. (For lines 1 through 11, che							·			
1				ciation of churches described in			A)(i).							
2	H	•	cribed in section 170(b)(1)(A				~ .							
3	H		, ,, ,,	e organization described in section	on 170(b)	(1)(A)(iii)	-							
4	Ħ			in conjunction with a hospital des				(A)(iii).	Enter th	e hospi	tal's name.			
•	ш	city, and state						. , , , , ,			•			
5	$\Box$			a college or university owned or	operated	by a gove	ernmenta	l unit de	scnbed	in				
•	ш	-	b)(1)(A)(iv). (Complete Part I		- P	-, - 3								
6	П	,		· , vernmental unit described in <b>sec</b>	tion 170(	b)(1)(A)(v	١.							
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
•	described in section 170(b)(1)(A)(vi). (Complete Part II )													
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )													
9	A community trust described in Section 170(b)(1)(A)(v1). (Complete Fait II)  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross													
		-		ot functions—subject to certain e										
		•	•	i unrelated business taxable inco	•									
			<del>-</del>	1975 See section 509(a)(2). (0			,							
10		, ,	_	clusively to test for public safety	-	•	a)(4).							
11	П	An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	сагту ои	t the					
				d organizations described in sec						tion				
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	olete lines	11e thro	ough 11l	1					
		a Type	I b ∏ Type II	c Type III–Functiona	ally integra	ted	d [	Тур	e III–Otl	her				
е		By checking to	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	dısqualı	fied					
	persons other than foundation managers and other than one or more publicly supported organizations described in section													
		509(a)(1) or s	ection 509(a)(2)											
f		If the organiza	ation received a written deten	mination from the IRS that it is a	Type I, Ty	pe II, or 1	ype ili s	upportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ar	ny of the						_		
_		following per	sons?											
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	describe	d ın (ıı)				Ye	s No		
		and (III) t	pelow, the governing body of	the supported organization?							11g(i)			
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)			
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)			
<u>h</u>		Provide the f	ollowing information about the	e supported organization(s)					,	_				
(i)		e of supported	(ii) EIN	(III) Type of organization	(iv) Is the c	-	(v) Did y	•		s the	(VII) Amount	of		
	org	ganization		(described on lines 1–9 above or IRC section		sted in your document?	col (i)		organızat (i) organı	zed in the	support			
				(see instructions))	J		supp	oort?		Ş۶				
					Yes	No	Yes	No	Yes	No				
						!								
					<del>                                     </del>		<u> </u>					· <del>-</del> ·		
					ļ									
									1					
_						ļ			<b></b>					
			T		1			1	·		l			

Part II 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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	28,648	45,371	36,135	101,086	75,058	286,298
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	28,648	45,371	36,135	101,086	75,058	286,298
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)						15,386
6	Public support. Subtract line 5 from line 4						270,912
Sec	tion B. Total Support		•				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	28,648	45,371	36,135	101,086	75,058	286,298
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102	148	780	1,574	2,209	4,813
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10	21,629	13,410	14,154	14,387	10,649	74,229 365,340
12	Gross receipts from related activities, etc. (	see instructions)		1		12	96,380
13	First five years. If the Form 990 is for the o		second, third, fourth	n, or fifth tax vear as	s a section 501(c)(		
	organization, check this box and stop here	-		, , , , , ,	( ) (	,	▶ □
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2009 (line 6,			f))		14	74.15%
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	72.51%
16a	33 1/3 % support test—2009. If the organi	zation did not check	the box on line 13	, and line 14 is 33	1/3 % or more, che	ck this box	_
	and stop here. The organization qualifies a	is a publicly support	ed organization				► X
b	33 1/3 % support test—2008. If the organi	zation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3 % or more	, check this	
	box and stop here. The organization qualif	ies as a publicly sup	ported organization	n			▶ ∐
17a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fac	cts-and-circumstand	es" test, check this	box and stop her	e. Explain in Part i\	how the	_
	organization meets the "facts-and-circumst	ances" test. The org	ganization qualifies	as a publicly suppo	orted organization		▶ []
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fac					/ how the	. $\Box$
	organization meets the "facts-and-circumst						
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions	▶ ⊔

DAA

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				*		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b		<u> </u>				
8 —	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(e) 2009	(f) Total				
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						_
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)(	3)	_
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	<b>(f)</b> )		15	%
16	Public support percentage from 2008 Sche			<del></del>		16	%
Sec	tion D. Computation of Investme	<u>nt Income Per</u>	centage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (lir	ne 10c, column (f) o	divided by line 13, o	olumn (f))		17	%
18	Investment income percentage from 2008 S	·	•			18	%
19a	33 1/3 % support tests—2009. If the organ						,
	17 is not more than 33 1/3 %, check this bo		* .				▶ [_
b	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check thi		-				<b>&gt;</b>
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	nd see instructions		▶

Schedule A (Form 990 or 990-EZ) 2009 EASTERN MONTANA CASA/GAL INC

81-0490831

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS

\$

74,229

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

ame	of the organization	Employer identification number							
בי ז	ASTERN MONTANA CASA/GAL INC	۶ ا	81-0490831						
Pa		nds or Other Similar Funds or Acc							
		(a) Donor advised funds	(b)	Funds and other accounts					
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised							
	funds are the organization's property, subject to the organization's exclus			Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in w								
	used only for chantable purposes and not for the benefit of the donor or o								
	purpose conferring impermissible private benefit?			Yes No					
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 9	<u>90, Pa</u>	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check a								
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imports	ant land	area					
	Protection of natural habitat	Preservation of certified historic struc	ture						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	i						
	easement on the last day of the tax year								
				Held at the End of the Tax Year					
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
C	Number of conservation easements on a certified historic structure include	ded in (a)	2c						
d	Number of conservation easements included in (c) acquired after 8/17/06		2d						
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization du	nng						
	the taxable year								
4	Number of states where property subject to conservation easement is loc								
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		п п					
	violations, and enforcement of the conservation easements it holds?			Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year							
	<b>P</b>								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year							
_	<b>S</b>								
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		Yes No					
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	nto unite revenue and expense statement, and		1e3 NO					
9	In Part XIV, describe how the organization reports conservation easemel balance sheet, and include, if applicable, the text of the footnote to the or	· · · · · · · · · · · · · · · · · · ·							
	the organization's accounting for conservation easements	gamzation's interioral otalements that accomb							
Pa	Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sin	ilar A	ssets.					
7 7	Complete if the organization answered "Yes" to								
1a	If the organization elected, as permitted under SFAS 116, not to report in		ks of						
	art, historical treasures, or other similar assets held for public exhibition,			<b>∍</b> ,					
	provide, in Part XIV, the text of the footnote to its financial statements that	at describes these items.							
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works of	of art,						
	historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public sea	vice,						
	provide the following amounts relating to these items								
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$					
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$					
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide t	ne						
	following amounts required to be reported under SFAS 116 relating to the	ese items							
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$					
b	Assets included in Form 990, Part X		<b>&gt;</b>	\$					

Sche	dule D (Form 990) 2009 EASTERN MC	<u>ONTANA CASA/</u>	GAL INC	81-04	<u>490831                                    </u>	Page 2
Pa	rt III Organizations Maintaining	Collections of Art	, Historical Treas	ures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, che	ck any of the following t	that are a significant	use of its	
а	Public exhibition	d Loa	n or exchange program	IS		
b	Scholarly research	e Oth	*			
c	Preservation for future generations					
4	Provide a description of the organization's collection of the organization of the orga	ctions and explain how	they further the organiz	ation's exempt purp	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of art,	historical treasures, or the organization's colle	other similar ction?		Yes No
Pa	It IV Escrow and Custodial Arra IV, line 9, or reported an am	ngements. Compl	lete if the organiza		"Yes" to Form 99	
	Is the organization an agent, trustee, custodian			assets not	<del></del>	
ıa	included on Form 990, Part X?	or other intermediary to	or contributions or other	assets not		Yes No
_	•	d complete the follower	a table:			res No
D	If "Yes," explain the arrangement in Part XIV an	d comblete the lollowing	g table.			Amount
					4-	Amount
С	Beginning balance				1c	
d	Additions during the year				1d	····
0	Distributions during the year				10	
f	Ending balance				1f	<del></del>
	Did the organization include an amount on Form	n 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple	ete if organization	answered "Yes" to			
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
-	Other expenditures for facilities					
•	and programs					
	Administrative expenses					
'	End of year balance					
y	•	nd belence hold as		1	1	1
2	Provide the estimated percentage of the year en	nu palance nelu as				
a	Board designated or quasi-endowment ▶					
Þ	Permanent endowment %					
C	Term endowment ▶ %	***				
3a	Are there endowment funds not in the possessi	on of the organization the	nat are neid and admini	stered for the		[14 ] A
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
þ	If "Yes" to 3a(iı), are the related organizations list	•				3b
4	Describe in Part XIV the intended uses of the or					
P	rt VI Investments—Land, Buildin	ngs, and Equipme	ent. See Form 990	), Part X, line 10	)	
	Description of investment	(a) Cost or other basi	· ' '		ccumulated	(d) Book value
		(investment)	basis (other	r) dep	preciation	
1a	Land					· · · · · · · · · · · · · · · · · · ·
b	Buildings					
С	Leasehold improvements					
d	Equipment		7	,430	4,251	3 <b>,</b> 179
	Other					
	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, co	olumn (B), line 10(c) )		<b>•</b>	3,179

Schedule D (Form 990) 2009 EASTERN MONTANA CASA/		81-0490831	Page 3
Part VII Investments—Other Securities. See Form 99	00, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial derivatives			
Closely-held equity interests			
Other			
	-		
	-	+	
	-		
	-	<del>                                     </del>	
	-	<del> </del>	
	-		
	-	<del>                                     </del>	
			·····
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII Investments—Program Related. See Form 99	7		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
	<u> </u>		
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(t	) Book value
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 2	25		
	(b) Amount	1	· · · · · · · · · · · · · · · · · · ·
	(b) Anount	-	
Federal income taxes	-	4	
		4	
		4	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	·		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	nization's financial statements	that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 EASTERN MONTANA CASA/GAL INC		81-049083	31	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audit			1 090 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		<del>.</del>	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	·
6	Investment expenses .			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)		•	8	
9	Total adjustments (net) Add lines 4 through 8			9_	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts vv	ith Revenue per Ret		
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:	ا ما	1		
a	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		-	
	Recoveries of prior year grants	2c 2d		1	
d	Other (Describe in Part XIV ) Add lines 2a through 2d			1	
е 3	Subtract line 2e from line 1		•	2e 3	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1 1	
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Рa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per R	eturr	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				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	1 1	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	4a			
	Other (Describe in Part XIV )	4b		. 1	
	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	
	rt XIV Supplemental Information			_ 3_	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	A Part IV lines 1h		
	tb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2				
	art to provide any additional information				
				- <b>-</b>	

Schedule D	(Forr	n 990)	2009	)	<u>EAS</u>	TE	<u>RN</u>	<u>MON</u>	'I'A'I'	NA_	CAS	A/	<u>GAL</u>	<u>ل</u> ر	NC.				8 T ·	<u>-04</u>	<u>908</u>	<u>31</u>					Page 5
Schedule D Part XI	V :	Supp	lem	enta	al Inf	orm	atio	n (cc	<u>ntin</u>	ued	)																
																								-			
			_			_	_		_	_		_	_			_	_	_		_		_			_	_	
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20321 ,

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

EASTERN MONTANA CASA/GAL INC

Employer identification number 81-0490831

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICT OF INTEREST:

THE DIRECTOR SHALL DISCLOSE TO THE BOARD OF DIRECTORS ANY MATERIAL INTEREST WHICH THE DIRECTOR DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR ENTITY WHICH IS A PARTY TO A TRANSACTION UNDER CONSIDERATION BY THE BOARD OF DIRECTORS. THE INTEREST DIRECTOR SHALL ABSTAIN FROM VOTING AND SPEAKING ON THE TRANSACTION, PROVIDED, HOWEVER THAT THE DIRECTOR'S PRESENCE MAY BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT.

APPROVAL OF CONFLICT OF INTEREST-TRANSACTION:

A TRANSACTION IN WHICH A DIRECTOR HAS A CONFLICT OF INTEREST MAY BE APPROVED:

- 1.IN ADVANCE BY THE VOTE OF THE BOARD OF DIRECTORS OR A COMMITTEE OF THE BOARD IF: A) THE MATERIAL FACTS OF THE TRANSACTION ARE DISCLOSED OR KNOWN TO THE BOARD OR COMMITTEE OF THE BOARD; B) THE DIRECTORS APPROVING THE TRANSACTION IN GOOD FAITH REASONABLY BELIEVE THAT THE TRANSACTION IS FAIR.
- 2.BEFORE OR AFTER THE TRANSACTION IS CONSUMMATED BY OBTAINING APPROVAL OF
- A) THE ATTORNEY GENERAL; B) A STATE DISTRICT COURT IN ANY ACTION IN WHICH

Page 2

Name of the organization

EASTERN MONTANA CASA/GAL INC\_

Employer identification number 81-0490831

THE ATTORNEY GENERAL IS JOINED AS A PARTY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR HAS A SALARY AND PERFORMANCE REVIEW ANNUALLY BY THE
BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST TO THE EXECUTIVE DIRECTOR.

Form 4562

Department of the Treasury Internal Revenue Service (99

### **Depreciation and Amortization**

See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172 2009

Attachment Sequence No 67

Name(s) shown on return Identifying number EASTERN MONTANA CASA/GAL INC 81-0490831 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part 1 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 0 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (q) Depreciation deduction placed in period only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs S/I S/L 27 5 yrs Residential rental MM property 27 5 yrs. MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/I 40-уеаг ММ S/L 40 yrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 772 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23

330.93 350 00 1,736 00 500.00 164 42 89.10 257 06 194.13 85 71 85 3 33 10 08 0 00 0 00 04/07/2010 11:26 AM Page 1 4,25095 4,250 95 Tax End Depr Tax Current Depreciation 000 000 000 000 000 4000 5059 5059 89.60 89.60 3200 000 000 773 70 773 70 Tax Prior Depreciation 330.93 350.00 350.00 460.00 113.83 113.83 159.60 104.53 28.57 1133.33 0.00 0.00 0.00 3,477 25 3,477 25 000 000 Tax Sec 179 Exp 330.93 350 00 1,736 00 252 95 148 50 448 00 399 98 1,600 00 1,600 00 2311.72 234 66 EASTERN MONTANA CASA/GAL INC TAX DEPRECIATION SCHEDULE 7,429 61 7,429 61 Tax Cost 이 Tax Period EQUIPMENT Grand Total Tax-Meth Conv S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO S/L-MO Date In Service 6/08/02 8/22/02 11/06/04 8/17/05 10/14/06 1/13/07 11/13/07 11/13/07 11/13/07 11/13/09 9/03/09 12/20/09 **Bus Pct** Property Description LAMINATOR FAX/PRINTER - COLSTRIP 2 CELL PHONES Group: EQUIPMENT
1 FAX MACHINE
2 COMPUTER-COLSTRIP
5 COMPUTER
6 PRINTER-USED
7 PRINTER
8 FILE CABINET
9 COPY MACHINE
10 COMPUTER USED PRINTER LAPTOP COMPUTER Activity: Form 990, Page 1 FYE: 12/31/2009 81-0490831 20321

Asset