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2010

OMB No 1545-0047 Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Open to Public lung benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending Check if Please C Name of organization, number and street city, town, state, and ZIP code use IRS label or 81-0516003 applicable Address change print or € Telephone number LOWER FLATHEAD VALLEY COMMUNITY Name change type 406-676-4110 FOUNDATION INC tomal return See Specific G Gross receipts Termosted PO BOX 255 \$ nstruc-Amended return tions RONAN MT 59864 H(a) Is this a group return Application for affiliates? Name and address of principal officer ROD JOHNSON pending Are all affiliates included? If "No" attach a list (see instructions) 0 BOX 255 RONAN MT 59864 501(c)( 3 ) **∢** (insert no ) Tax-exempt status 4947(a)(1) or J Website: Group exemption number Corporation Trust Association L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities SUPPORTS LOCAL WORTHWHILE COMMUNITY PROJECTS WITH INCOME FROM PERMANENT ENDOWMENT FUND ON THE FLATHEAD INDIAN RESERVATION AND Governance THE SURROUNDING AREA Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, cdumn (C), line 12 7a b Net unrelated business taxable income from Form 990 T. line 34 7b Prior Year Current Year 9171 Contributions and grants (Part VIII, line 1h) )SO Program service revenue (Part VIII, line 2g) 2010 10 Investment income (Part VIII, column (A), lines 3 4, and 7d) က် -47800 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -365934 -404563 12 Total revenue - add lines 8 through 11 (must equal Part VIII Countrie (A) line 12) 68709 13 Grants and similar amounts paid (Part IX, cdumn (A), lines 1-3) 14 Benefits paid to or for members (Part IX, cdumn (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, cdumn (A) lines 5-10)

16a Professional fundraising fees (Part IX, cdumn (A), line 11e) b Total fundraising expenses, (Part IX, cdumn (D), line 25) ▶

17 Other expenses (Part IX, cdumn (A), lines 11a-11d, 11f-24f)

19 Revenue less expenses Subtract line 18 from line 12

18 Total expenses - Add lines 13-17 (must equal Part IX, cdumn (A), line 25)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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20 Total assets (Part X, line 16) 1350072 1555988. 21 Total liabilities (Part X, line 26) 3000. 3000. 1347072. 1552988. 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the beg of my knowledge correct and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge Sign Here Signature of officer RODNEY JOH<del>MS</del> Type or print name and title Preparer's identifying number (see instructions) Check if self-employed ▶ Preparer's Date Paid 2010 X signature P00070676 Preparer's DEVRIES PLLP Firms name (or yours BERGH & 20-3948676 EIN **Use Only** 405 FIRST POLSON MT 59860-406-883-9250 address, and ZIP + 4 Phone no ▶ X Yes No May the IRS discuss this return with the preparer shown above? (See instructions)

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-511272

Beginning of Current

Form **990** (2009)

2009

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Yes 🛭 No

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-47737.

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End of Year

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete 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 the right to			Ì
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			<u> </u>
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			!
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			1
	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 quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	_X	ļ <u>.</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable .	11	X	L
•	Did the organization report an amount for land, buildings, and equipmentin Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule J. Part VII			
•	Did the organization report an amount for investments - program related had at X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	_		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	_		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, cdumn (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, cdumn (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report 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	<u> </u>	<u> </u>
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	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1

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

If "Yes," complete Schedule G, Part III

Form 990 (2009)

38

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No_
	Inter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
ι	US Information Returns Enter -0- if not applicable 1a 2	_		
b E	Inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_		
	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable		1	
	paming (gambling) winnings to prize winners?	1c	X	
2a E	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  2a	-, ,		
	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ŀ	
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1 1	1	
	his return?	3a		X
	f "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O	3b		
	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
	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	1 . 1		1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			•
	Prohibited Tax Shelter Transaction?	5c		ļ
	Does the organization have annual gross receipts that are rifformally greater than \$100,000, and did the	}		١
	organization solicit any contributions that were not tax deductible?	6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6Ь		L
	Organizations that may receive deductible contributions under section 170(c)			ι
	Did the organization receive a payment in excess of \$75 made partly asia contribution and partly for goods			
	and services provided to the payor?	7a		<del> </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b></b>
	Did the organization sell, exchange, or otherwise dispose of tangible perspinal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year [1]	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1_1		ı
	benefit contract?	7e		<del> </del>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		l .
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			
	have excess business holdings at any time during the year?	8		į
9	Sponsoring organizations maintaining donor advised funds	101		ı
	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		+-
10	Section 501(c)(7) organizations. Enter	; 30		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	_		
11	Section 501(c)(12) organizations Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	_		
-	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	, ,		•
<u> </u>			QQ	0 (00

81-0516003 Page 6

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst			
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body	6		
b	Enter the number of voting members that are independent 1b			
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 customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		<u>X</u>
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
ь	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		Х
Secti	ion B Policies (This Section B requests information about policies flot required by the Internal Revenue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures povering the activities of such chapters,			
	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 it's governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to rewrite this Form 990			
	Does the organization have a written conflict of interest policy? If "No", go to the last the policy of the policy	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		ļ
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	ļ	<u> </u>
13	Does the organization have a written whistleblower policy?	13	ļ <u>.</u>	X
14	Does the organization have a written document retention and destruction policy?	14	ŀ	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?	ł.	1	١
a		15a	<u> </u>	X
þ		15b	l	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	1	1	lv
	with a taxable entity during the year?	16a	l	X
U	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	1.05	l	l
Sect	the organization's exempt status with respect to such arrangements?	16b	1	
	List the states with which a copy of this Form 990 is required to be filed			
	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 it governing documents, conflict of interest			
	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 ►CARLENE BOCKMA PO BOX 255 RONAN MT 59864 406-67	6-411	.0	

## 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'scurrent 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'scurrent key employees. See instructions for definition of "key employee."
- List the organization's fivecurrent 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 did not o	1	any c	urrent			directo	r, or		(F) T	(5)
(A) Name and Title	(B)	Denit	aa /ab	(C)	•	hat a		(D)	(E)	(F) Estimated
Name and Title	Average hours per				$\neg$			Reportable	Reportable compensation	amount of
	week	걸립	nst	Officer	(ey	회호	ori	compensation		other
	week	e e	,₫,	<u>ε</u>	еп	oloy	Former	from the	from related	compensation
		d a	ona	1	plo	60		organization	organizations (W-2/1099-MISC)	from the
		Individual-trustee-	Institutional trustee		Key employee	) de		(W-2/1099-MISC)	(44-2/1099-14130)	organization
		1 8	ste			sne		(**-2/1099-10113C)	i	and related
		1 #	, <b>œ</b>		Surate L	Highest compensated employee				organizations
DONALD OLSSON	-			$\vdash$	11					
V PRES	1	Х	1	χ.	("H	Į., .;		0	0	0
GERMAINE A WHI					i ft	III I	7.7			
PRESIDENT	1_ 1_	Х		Х		9-11 1 ·		0	0	0
ROD JOHNSON					A III		П	13		
TREASURER	111	X		Х				0	0	0
MARK MACDONALD							П	,		
DIRECTOR	11_	X						0	0	0
ROBERT GAUTHIE				Π						
DIRECTOR	1	Х						00	0	00
MARY STRANAHAN				T						
DIRECTOR	11	X						0	0	0
			1	1	1					
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Did the organization list anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for	Part VII Sec	ction A Officers, Directors,	Trustees, i	Key Er	nploy	ees,	and	High	est	Compensated Emplo	oyees (continued)	
Nours part of the week of the		, ,	' '	_			•			' '		
to Total  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization and related employee on the 1a7 li "Yes," complete Schedule J for such individuals isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization and other compensation and other compensation and other compensation and other compensation from the organization and related organization and other compensation from the organization of related organization of preferring the organization of the organizat	N	lame and title	1 1		on (ch		all t		<del></del>	i '	l '	
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1b. Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization P  3 Did the organization Isl anyformer officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Islanguage or the program of the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Islanguage or the program of the organization and related organization of the organization organization organization organization organization organizat			week	lirec	Ť.	ਲੁ	em	hes	mer	j		i
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Part	VIII	Statement of I	Revenu	е			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	c b	Federated campaig Membership dues Fundraising events Related organizatio Government grants (contributions) All other contributions grants, and similar amount not included above	ns s	1a		17594.				
Cont and c	g h	Noncash contributions included in lines 1a-1f  Total. Add lines 1a	ı₌1f	\$			17594.			
Program Service Revenue	2a _ b _ c _	Total. Add lines to			_	Business Code	1,001.			
Program S	e _ f	All other program s		venue	_					
<u>a</u>	3 4 5	Total. Add lines 2a Investment income other similar amoun income from investment of Royalties	(includin nts)			interest, and	61123.	61123	3.	
	6a b c	Gross Rents Less rental expenses Rental income or (oss) Net rental income	(ı) F	Real		(ii) Personal		1	1	
	7a b	Gross amount from sales of assets other than oventory Less cost or other basis and sales expenses	(i) Sec 4 6 ( 5 6 9	919 9779		(II) Other				
	d	Gain or (loss)  Net gain or (loss)	-108	3860	·l	<b>&gt;</b>	7 -108860	.  -108860	o.	I
Other Revenue	8a	Gross income from fundr (not including \$ of contributions reported See Part IV, line 1 Less direct expen	on lne 1c)	a b			_			
ğ	c 9a	Net income or (los Gross income from	s) from fu	ındraısı	ng ev	ents <b>&gt;</b>	1			
	b	activities See Par Less direct expen Net income or (los	ses	b	ıctıvıtı	es Þ	_ ]	1	1	I
	10a	a Gross sales of inverturns and allowand Less cost of good Net income or (los	ances Is sold ss) from s	a b ales of	nvenl	<del></del>	_		-	
	11a	Miscellaneo CHANGE FM		ue		90000	321147	. 32114	7.	
	c d e	All other revenue Total. Add lines 1	l1a-11d			<b></b>	321147	•		
	12	Total revenue See instructions				<u> </u>	291004		0.	

Part IX Statement of Functional Expenses

	All other organizations must complete c			<del></del>	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments.				
	organizations, and individuals outside the	F 1 0 7 0	51070		
_	U.S. See Part IV, lines 15 and 16	51870.	51870.		
4	Benefits paid to or for members			<del> </del>	
5	Compensation of current officers, directors,				
_	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	· <del></del>			
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)		<del> </del>		<del></del>
9	Other employee benefits	ara 1.	<del> </del>		
10	Payroll taxes	, <b>4</b> <sup>5</sup> 4	<del> </del>	<del> </del>	
11	Fees for services (non-employees)		\	}	
a	· ·	( ) ( )	<del> </del>	340.	
b	Legal	1697.		1697.	
c	Accounting	1 1091.		1697.	
ď	Lobbying	1510	Cino		510.
6	Professional fundrasing services See Part IV, the 17	20323.		20323.	
f	Investment management fees		100	20323.	
g 42	Other		177	<del></del>	
12	Advertising and promotion	156.	156.	<del></del>	
13 14	Office expenses	136.	130.	<del></del>	
	Information technology .		1 11		
15 16	Royalties Occupancy		-464	<del> </del>	
17	Travel			<del>                                     </del>	
18	Payments of travel or entertainment expenses			<del> </del>	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	586.	586.	<del> </del>	<del></del>
20	Interest		300.	· <del> </del>	
21	Payments to affiliates		<del> </del>	<del> </del>	
22	Depreciation, depletion, and amortization		-		
23	Insurance .	2052.	2052		
24	Other expenses Itemize expenses not			<u> </u>	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	OFFICE MAINTENANCE	6000	. 6000		·
b	TELEPHONE	575.			
c	FOREIGN TAX	979		<del></del>	
d			T	<u> </u>	
6			1	<del>                                     </del>	
f	All other expenses			1	
25	Total functional expenses. Add lines 1 through 24f	85088	. 62218	. 22360.	510.
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			<u> </u>	<u> </u>
BCA	Copyright form software only, 2009 Universal Tax Systems, Inc. All r	ights reserved	US990\$10 Rev 1		Form <b>990</b> (2009

Par	tΧ	Balance Sheet	
			(A) (B)  Beginning of year End of year
	1	Cash - non-interest-bearing	30085. 1 28161.
[	2	Savings and temporary cash investments	185792. 2 158973.
	3	Pledges and grants receivable, net	3
	4	Accounts receivable, net	4
	5	Receivables from current and former officers, directors, trustees, key	1 1 1
		employees, and highest compensated employees. Complete Part II of S	Sch L 5
	6	Receivables from other disqualified persons (as defined under section	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	
		Part II of Schedule L	6
S	7	Notes and loans receivable, net	7
Assets	8	Inventories for sale or use	8
As	9	Prepaid expenses and deferred charges	9
	10a	Land, buildings, and equipment cost or other	<u></u>
			166.
	ь		10c
	11	Investments - publicly traded securities	1134195. 11 1368854
	12	Investments - other securities See Part IV, line 11	12
	13	Investments - program-related See Part IV, line 11	13
	14	Intangible assets	14
	15	Other assets See Part IV, line 11	15
	16	Total assets Add lines 1 through 15 (must equal line 34)	1350072. 16 1555988
	17	Accounts payable and accrued expenses	17
	18	Grants payable	18
	19	Deferred revenue	19
	20	Tax-exempt bond liabilities	20
ω.	21	Escrow or custodial account liability Complete Part IV of Schedule D.	
Liabilities	22	Payables to current and former officers, directors, trustees, key	
ap		employees, highest compensated employees, and disqualified	
Ë		persons Complete Part II of Schedule L	22
	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	. 24
	25	Other liabilities Complete Part X of Schedule D	3000. 25 3000
_	26	Total liabilities Add lines 17 through 25	3000. <b>26</b> 3000
		Organizations that follow SFAS 117, check here ► X and	
s		complete lines 27 through 29, and lines 33 and 34	
alances	27	Unrestricted net assets	-335479. 27 -141859
ala	28	Temporanly restricted net assets	28
9 P	29	Permanently restricted net assets	1682551. <b>29</b> 1694847
5		Organizations that do not follow SFAS 117, check here	
5		and complete lines 30 through 34.	
Net Assets or Fund B	30	Capital stock or trust principal, or current funds	
188	31	Paid-in or capital surplus, or land, building, or equipment fund	31
9t /	32	Retained earnings, endowment, accumulated income, or other funds	32
Z	33	Total net assets or fund balances	1347072. <b>33</b> 1552988
	34	Total liabilities and net assets/fund balances	1350072. <b>34</b> 1555988

Form 990 (2009)

Form 990 (2009) LOWER FLATHEAD VALLEY COMMUNITY 81-0516003 Page 12 Part XI Financial Statements and Reporting Yes No Accrual Accounting method used to prepare the Form 990 | Cash Other If the organization changed its method of accounting from a prior year or checked. Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selected process during the tax year, explain in If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)



#### 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) organizations 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

Name of the organization Employer identification number LOWER FLATHEAD VALLEY COMMUNITY 81-0516003 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11 check only one box.) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i) A school described insection 170(b)(1)(A)(ii) (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) 4 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii) Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv) (Complete Part II) 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v) 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) R 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 Seesection 509(a)(2) (Complete Part III ) An organization organized and operated exclusively to test for public safety Sessection 509(a)(4) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations despribed in section 509(a)(1) or section 509(a)(2) Seection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III - Cithe

By checking this box, I certify that the organization is not controlled directly of indirectly by one or more disqualified persons other than foundation managers and other than one or more disputations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s) (i) Name of supported (vii) Amount of (ii) EIN (iii) Type of organization (vi) Is the (v) Did you (IV) Is the organorganization (described on lines 1-9 organization in support notify the above or IRC section (i) fisted in your organization in col (i) (see instructions)) cal (i) of your organized support? in the US? Yes Yes No Yes No

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) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received (Do not 73776. 254950. 112154. 9171 17594. 467645. include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 73776. 254950. 112154. 9171. 17594. 467645. Total. Add lines 1 through 3 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) 467645. Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (e) 2009 (b) 2006 (d) 2008 Calendar year (or fiscal year beginning in) (c) 2007 (f) Total 73776. 9171 Amounts from line 4 254950. 112154. 17594. 467645. Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar -47737.11464297. 126240 270666.11162928. -47800. sources l. ... 🚮 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) 1931942. 11 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ [ organization, check this box andstop here Section C. Computation of Public Support Percentage 24.21 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A. Part II, line 14 15 21.99 16a 33 1/3% support test - 2009 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and top here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box andtop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see N instructions

#### 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 **2009** 

Open to Public

Name of the organization Employer identification number 81-0516003 LOWER FLATHEAD VALLEY COMMUNITY Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (I) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

chedule D (Fo			
Part VII	Investments - Other Securities.	See Form 990, Part X, line 12	
(	(a) Description of security or category	(b) Book value	(c) Method of valuation
<del></del> -	(including name of security)		Cost or end-of-year market value
nancial deriva			
osely-held eq	uity interests		
ther	<del></del>		
·	<del></del>		
	<del></del>		
	<del></del>		
	(b) should equal Form 990, Part X, cd (B) line 1:		
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	<del> </del>		
<u> </u>	, if		
	t s	1 1 12	
		第	
	· F.		
	· F.		
Fotal (Column	i (b) should equal Form 990, Part X, cd (B) line 1	124	
Total (Column	(b) should equal Form 990, Part X, cd (B) line 1  Other Assets. See Form 990, Part X, in	3) <b>人</b>	
	Other Assets. See Form 990, Part X, In	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Book value
	Other Assets. See Form 990, Part X, In	3) • (1)	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
	Other Assets. See Form 990, Part X, In	3) ► [::	(b) Book value
Part IX	Other Assets. See Form 990, Part X, In	3) <b>L</b> (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(b) Book value
Part IX	Other Assets. See Form 990, Part X, in (a) De	3) \( \begin{align*}	
Part IX	Other Assets. See Form 990, Part X, In  (a) De  (a) De	3) \( \begin{align*}	
Part IX  Total. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability	3) • 15 ne 15 15 scription 4 15 5) X, line 25	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3) • 15 scription 4 15 STATE OF THE STATE	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3)	
Fotal. (Column Part X 1 Federal Incom SIMKINS	Other Assets. See Form 990, Part X, In  (a) De  (b) should equal Form 990, Part X, cd (B) line 1  Other Liabilities. See Form 990, Part  (a) Description of Liability  te Taxes	3) > (b) Amount 3,000.	

		<u>1 – 0 :</u>	216003	Page 4
art		tater	nents	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,004.
	Total expenses (Form 990, Part IX, cdumn (A), line 25)	2		5,088.
,	Excess or (deficit) for the year. Subtract line 2 from line 1	3	20	5,916.
1	Net unrealized gains (losses) on investments	4		
	Donated services and use of facilities	5		
i	Investment expenses	6		
	Prior period adjustments	7		
;	Other (Describe in Part XIV)	8		
) )	Total adjustments (net) Add lines 4 through 8	9		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		5,916.
_	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn	
	Total revenue, gains, and other support per audited financial statements	į	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)		_ 1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	İ	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIV)		1.1	
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines3 and 4c (This should equal Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Keturn	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, fine 25			
a	Donated services and use of facilities 2a			
b	Prior year adjustments			
C	Other losses 2c			
d	Other (Describe in Part XIV)  Add lines 2a through 2d		2-	
е 3	Subtract line 2e from line 1		2e 3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on lines		3	
			1 1	
a b	Other (Describe in Part XIV)  Aa  Other (Describe in Part XIV)		<u> </u>	
C	Add lines 4a and 4b		{ <sub>a-</sub> {	
5	Total expenses Add lines3 and 4c (This should equal Form 990, Part I, line 18)		4c 5	
-	t XIV Supplemental Information		131	<del>-</del>
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin	es 1h	and 2h Part V	line 4
	X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide			
	MKINS ANNUITY	y	additional iiiio	
_				
			· · · · · · · · · · · · · · · · · · ·	
_				
		s	chedule D (Fo	rm 990) 200

## Form **8868**

(Rev April 2009) Department of the Treasury

# Application for Extension of Time To File an **Exempt Organization Return**

Internal Revenue Service

► File a separate application for each return

	ਯ

OMB No 1545-1709

<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X	
<ul> <li>If you are</li> </ul>	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
Do not comp	plete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8	3868		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corporation	n required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Pai	nt I conly	▶ []	
All other corp	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensi	on of tim	e	
to file incomi	e tax returns			
Electronic F	iling (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file on	e of the returns	
	(6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1			
	ic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidate			
you must su	omit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this	s form, vi	sit www irs gov/efile	
	e-file for Charities & Nonprofits		J	
Type or Name of Exempt Organization Emplo			entification number	
print		81-0516003		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions			
filing your	PO BOX 255			
return See Instructions	City, town or post office, state, and ZIP code Fogal foreigh address, see instructions	-		
	RONAN MT 59864			
Check type	of return to be filed (file a separate application for each return)			
Form	990 Form 990 (corporation)	4720		
Form	990-BL Form 990-T (sec. 401(a) 07,408(a) trust) Form	5227		
X Form	990-EZ Form 990-T (trust other than above) Form	6069		
Form	990-PF Form 1041-A Form	8870		
<ul> <li>The boo</li> </ul>	ks are in the care of ▶			
Telepho	ne No ▶ <u>406-676-4110</u> FAX No ▶			
	ganization does not have an office or place of business in the United States, dheck this box		▶ ∐	
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is for the	whole group,	
	ox 🕨 📗 If it is for part of the group, check this box 🕨 📗 and attach a list with the names and EINs of all m	embers t	he extension	
will cover				
1 I reques	at an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until			
	AUG $15$ , 20 $10$ , to file the exempt organization return for the organization named above	e The	extension is for the	
	ation's return for			
• ₽	calendar year 20 <u>09</u> or			
▶ 📙	lax year beginning, 20, and ending		, 20	
2 If this ta	x year is for less than 12 months, check reason 📗 Initial return 📗 Final return 📗 Change in acco	unting pe	riod	
		rı		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable				
credits See instructions			<u>\$</u>	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include			Li	
	r year overpayment allowed as a credit	3b	\$	
	Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD	1. 1		
coupon	or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3с	2	
Caution. If	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-Eo	O for pay	ment instructions	
For Privace	Act and Paperwork Reduction Act Notice, see Instructions	C	9969 (D. 4.0000	
· • · · · · · · · · · · · · · · · · · ·	not and a appropriate frequency not fromos, see instructions	LOUI	8868 (Rev 4-2009	