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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2009

Open to Public Inspection

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	J T	ax-exe	empt status (check o	nly one) — 🗜	501(d) (d) ◀ (insert	no.) 🗌 494	7(a)(1) c	or 🔲 5	27	990-EZ	, or 990)-PF).			
	KC	Check 🕨	► 🗌 if th	e organı	zation is not a	a section 50)9(a)(3) suppo	rting organiza	tion and	l its gros	s receip	ts are no	rmally i	not m	ore than	\$25,000.	A
	F	om 99	90-EZ or Form	n 990 re	turn is not rec	quired, but	if the organiz	zation choose	s to file	a return,	, be sure	to file a	compl	ete re	turn.		
	LA	dd lines	s 5b, 6b, and 7											\$			
	Pa	art l						Assets or		Balanc	es (Se	e the i	nstruc	ctions	s for Pa	rt I.)	
		1	Contribution	ons, gif	ts, grants, a	nd sımilar	amounts re	calved 75	745	カ · ·			[1	_3	300	<u>. OC</u>
		2	Program s	ervice i	evenue incl	uding gov	emment E	学的父 里	acts,	٠ . ار			[2			
		3	Membersh	np dues	and assess	sments .	hal		. 10	<u>ة ا</u> أ			[3			
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36%		5a	Gross amo	ount fro	m sale of as	sets othe	rthan inven	tory	10 0	5a 5a	}					010	
<u>ල</u>		ь			er basis and		1 5		0	5b				[
		c	Gain or (lo	ss) fron	n sale of ass	sets other	than in Q	DE liberale	line 5	b from I	line 5a)			5c			
2	ne	6						lule G). If any a									
MM	Revenue	а	Gross reve	enue (no	at including	\$ 3 ?	ട്ട് വരം വര	of contri	butions	,				l			
ΣΣ	ě	-	reported o	n line 1)	· - , -				6a	1430	03.	m				
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		18	Evenes or	(deficit)	for the year	r (Subtrac	t line 17 from	n line 9) .	• •	· · ·	· ·		-	18		240.2	
	Net Assets	19						(from line 2						-:-	~ ~ 0		
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	22		ash, savings							• • •	· }	<u> 1 (o 11</u>	<u> </u>		22 / 8 23	- al	
	23	La	and build	uirigs .					nc:	• • •	∵	201				5214	80
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	25		tal assets .		· · · ·	• • • '						1983		_	26 21	695.	74
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Form 990-EZ (2009)

Par	t III Statement of F	Program Service Accor	nplishments (See the instr	uctions for Part I	11.)		Expenses
		rimary exempt purpose?	Conduct Nord	ics kilder			ired for section
Desc	cribe what was achieve	ed in carrying out the or	rganization's exempt purpos	ses. In a clear a	nd concise	501(c)(3) and 501(c)(4) uzations and section
	ner, describe the servic n program title.	es provided, the number	of persons benefited, and o	other relevant info	ormation for	4947(a)(1) trusts; optional hers.)
28		642 Skier	C				
							•
							201011
	(Grants \$) If this amour	nt includes foreign grants, che	eck here	. ▶Ц	28a	30991.0
29							
	(Grants \$) If this amour	nt includes foreign grants, ch	 ock here	▶ 🗇	29a	
30	(Citality 4) ii tiilo airioai	it molados foreign granto, em	bok noro :	·····		
	(Grants \$) If this amour	nt includes foreign grants, che	eck here	<u>. ▶ 🗆</u>	30a	
31	Other program services	•					
	(Grants \$		nt includes foreign grants, che		<u>. ▶ U</u>	31a	
32 Par			a through 31a)		ated (See the	32	tions for Part IV
rai	List of Officers, i	pirectors, mustees, and re	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name an	nd address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
$\frac{2}{2}$	Drew Barne	u Boxky	President	œ	<u> </u>		•
W	2st yelloustor	€ MT59758	4	1700-			
		/	•••				
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No_
34	description of each activity	33		<u> </u>
35	the changes	34		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			į
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		- }	
b 40a	Gross receipts, included on line 9, for public use of club facilities			
TVa	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization's books are in care of ► mary Davis Telephone no. ► 400			0465
_	Located at > 258 Koe Ter Rd. WastyellowstonemT ZIP+4 > 59	75	8	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	ı	Yes	No
	account)?	42b	163	110
	If "Yes," enter the name of the foreign country: ▶	72.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			į
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		i	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
77	Form 990-EZ	44		V
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
		_	.57	

Pag	е	4

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) non 7(a)(1) nonexempt cha d 51.	exempt charita ritable trusts m	able trusts only. A ust answer question	JI sec	tion 49t	<u> </u>
	Did the organization engage in direct or indirect		ities on behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete S				46	<u> </u>	1
	Did the organization engage in lobbying activities				47		1
	Is the organization a school as described in sectio				48		\vdash $ u$
	Did the organization make any transfers to an ex	-	-		49a		L
	If "Yes," was the related organization a section 5				49b		
	Complete this table for the organization's five high employees) who each received more than \$100,000.						
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation			Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	,,,,,	employee benefit plans & deferred compensation	ac	count a	and
	\	•			<u> </u>		
					<u> </u>		
	Χ						
	/						
					L		
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Cor	mpensa	ation
	/////						
		······································					
d	Total number of other independent contractors e	ach receiving over \$100,	000▶				
			_ ····				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	d this return, including accompa of preparer (other than officer) is	anying schedules and s based on all informat	statements, and to the bestion of which preparer has	it of my any kno	knowle	edge 9.
Sign Here	· Mayl Dais			L			
	Signature of officer Type or print name and title	Sec-Trea	ìs	5-4-1	0		
Paid	Preparer's	Date	Check if self-	Preparer's identifying nur	nber (Se	e instruc	tions)
Prepare	signature signature		employed ▶	<u> </u>			
Use On	ly yours if self-employed),	1-1-1-		EIN ▶			
	address, and ZIP + 4	shave Oper last and a second		Phone no. ▶	1 🗸 -		
May the	e IRS discuss this return with the preparer shown	above? See instructions		<u> </u>	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

		t of the Treasury venue Service	►A	ttach to Form 990 or Fe	orm 990-E	Z. ▶See	separate	instruction	ons.		Open to Public Inspection
Nam-		he organization	e's Cra	ss Country 6			<u> </u>		33	3.368	
F'a				narity Status (AHVor							ctions.
The	orga		-	dation because it is:		_	_	-			
1	H			rches, or association			ribed in s	section 1	70(b)(1)(A)(I).	
2	님			on 170(b)(1)(A)(ii). (At			ın coetie	n 170(h)	(4\/A\/;;;\		
3 4		A medical re		nospital service organition operated in conj	unction v	with a ho	spital de	scribed i	n sectior	170(b)(1	I)(A)(iii). Enter the
5		An organizat	_	the benefit of a colle		versity ov					l unit described in
6	П			ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v	١.	
7		An organizat	ion that normally	receives a substantia (1)(A)(vi). (Complete F	al part of						the general public
8	П			in section 170(b)(1)		Complete	Part II.)				
9	Z	An organizat receipts from support from	ion that normally n activities relate n gross investm	receives: (1) more the ded to its exempt function and unread after June 30, 1975.	an 33½ % tions—su lated bus	of its su bject to d siness ta	pport fro certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its
10 11		An organization	tion organized a	nd operated exclusive and operated exclusive blicly supported organ at describes the type	ely for th	ne benefi describe	t of, to p d in secti	oerform t on 509(a)	he functi (1) or sec	ons of, o	(a)(2). See section
		a 🗌 Type	ı ь □] Type II	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d□	Type III-Other
0		persons other		tify that the organization managers and othe .							
f		-	zation received, check this box	a written determinati		the IRS	that it is	a Type	, Type II	, or Type	e III supporting
g		•	t 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	ny of the	•	
		(i) A persor	who directly oi	r indirectly controls, only body of the supplemental representations.				h persor		oed in (ii) 	Yes No
				rson described in (i) a of a person described		 (ii) above	 ?				11g(ii) 11g(iii)
<u>h</u>		Provide the	following informa	ation about the suppo	orted orga	anization((s).				
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your oort?	organızat (i) organı	s the ion in col zed in the S?	(vii) Amount of support
				(,	Yes	No	Yes	No	Yes	No	
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Total

Fall	(Complete only if you check					and 170(b)(· /(A/(VI)
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	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		-				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			:			
6	Public support. Subtract line 5 from line 4.				L		<u> </u>
	tion B. Total Support		1 #1 0000	4 > 0007	(-1) 0000	1 1 2000	(0 T-1-1
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			-			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		L				<u> </u>
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su					TT	
14	Public support percentage for 2009 (line					15	<u>%</u> %
15 16-	Public support percentage from 2008 Sci 331/3 % support test—2009. If the organization						
16a	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
	33% % support test-2008. If the organization quality box and stop here. The organization quality	lifies as a publ	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum reacts and circum reacts	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	: IV how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization .	IV how the
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	17b, check this	box and see ins	structions ► L

Part III 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	llendar 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.")	40000	3 <i>0</i> 00.00	30000	3000.00	3300.00	1630000			
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.	38354.99	28411.20	28665.00	36555.00	43013.w	174989.1			
3	Gross receipts from activities that are not an unrelated trade or business under section 513					<u> </u>				
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			21/1/2			120			
6	Total. Add lines 1 through 5	42354.99	31411.20	31005.00	39555.00	46303.00	191289.19			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
C	Add lines 7a and 7b					ļ <u></u>				
8	Public support (Subtract line 7c from line 6.)						191289.19			
	Section B. Total Support									
	lendar year (or fiscal year beginning in)	(a) 2005 42354.99	(b) 2006	(c) 2007 31665.00	(d) 2008	(e) 2009 46 30 3,00	(f) Total 191289.19			
9	Amounts from line 6	70337.11	<u> </u>	3663.00	0 4 333 00	10 30 3.00	191001.11			
104	payments received on securities loans, rents, royalties and income from similar sources	115.24	943.98	72.43	3618	125.73	1293.56			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b	115.24	943.98	72.43	36.18	125.73	1293,56			
11 ວ	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	3610.00	23 co co	2300.00	2575.00	3 H 5.00	13 910.00			
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.)						206492.75			
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourtl			► I I			
Sec	tion C. Computation of Public Su					 	03			
15	Public support percentage for 2009 (lir					15	92 %			
16 Sec	Public support percentage from 2008 tion D. Computation of Investment				<u> </u>	16	91,73%			
				d by line 12 c	olump (A)	17	,0/ %			
17 18	Investment income percentage for 200 Investment income percentage from 20		• •	-	Olumin (1)) .	18	,66 %			
10 19a							%, and line			
. 30	17 is not more than 33½ %, check this b	oox and stop he	ere. The organi	zation qualifies	as a publicly	supported orga	anization ► 🖟			
b	331/3 % support tests -2008. If the organine 18 is not more than 331/3 %, check thi	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and/			
20	Private foundation. If the organization	-	-	•	, check this be		tructions ► □			

	orm 990 or 990-EZ) 2009		Page 4
Part IV	Supplemental Information. Complete thin Part II, line 17a or 17b; and Part III, line 15	is part to provide the explanations required 2. Provide any other additional information.	by Part II, line 10; See instructions.
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