

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

OMB No 1545 0047

SCANNED NOV 2 9 2010

Inter	nal Reven	nue Service		The organization may have	ave to use a copy of	of this return to satisfy	state repor		icitis F 1	n to Public Inspection
	For the	2009 calendar	year, o	r tax year beginning	7/01	, 2009, a	and endir	ng 6/	30	, 2010
В	Check if a	applicable		С					D Employer Identi	lication Number
		Ple	ase use S label	D.I. EMERICK T	RUST				81-6053	766
	$\vdash$	o	r print r type	P.O. BOX 597					E Telephone numb	
	$\vdash$		See	HELENA, MT 596	24				406-447	-2050
	$\vdash$	l In	ecific struc-						400 117	2000
	$\vdash$		ions.							200 501
	⊢ Ame	ended return						Luc S L III	G Gross receipts \$	
	Appl	noonon poneng		and address of principal officer					a group return for affi affiliates included?	
				As C Above					attach a list (see ins	tructions) Yes No
1_	Tax-e	exempt status	X 501	(c) ( 3 ) <b>√</b> (insert	t no.)	4947(a)(1) or	527	1		
J	Webs	site: > N/A						H(c) Group	exemption number	
K	Form o	of organization	Corpora	ation Trust Associ	iation Other ▶	L Ye	ear of Forma	tion	M State of le	egal domicile
Pa	ırt I	Summary								
				janization's mission or r	most significan	it activities IN	VESTME	NT EAR	NINGS ARE	AVAILABLE FOR
4				CIPIENTS SELEC						
Activities & Governance	-	-244		7476.772 - fr. 245						
E.	-									
Ve	2 0	heck this box		if the organization disco	ontinued its op	erations or dispos	ed of mo	re than 25	% of its assets.	
Ğ				bers of the governing b					3	3
<b>න්</b>				t voting members of the			b)		4	0
Ë		•		yees (Part V, line 2a)					5	0
₹.				eers (estimate if necess	sary)				6	0
¥	7a ⊺	otal gross unrel	ated b	usiness revenue from F	Part VIII, colun	nn (C), line 12			7a	0.
	ЬΝ	let unrelated by	siness	taxable income from Fo	orm 990-T, line	e 34			7 b	<u> </u>
				RECENTE				i P	rior Year	Current Year
	8 C	Contributions and	i orani	RECEIVED)	7					
Revenue	9 P	rooram service	Keveni	ue (Part VIII, line 2g)	J					
Ş	10 Ir	nvestment incon	ne (Pa	NOW, go Brom (A), line	98. 4. and 7d)	1			4,522.	27,277.
æ	11 0	ther revenue (F	Part VI	11, column (A), lines 5,	6d. 8c. 9c. 10c	, :. and 11e)			245.	11,222.
	12 T	otal revenue	adddir	nes & through 11 (must	egual Part VIII	l, column (A), line	12)		4,767.	38,499.
_	13 G	rants and similar	37-3000	ounts pard Pard IR, colu	imn (A) lines	1-3)				55,000.
	1			nembers (Part IX, colur	10					
							10)	-		
Se				sation, employee benef		biuliiii (A), iiiles 5	-10)	<u> </u>		
ž.	16a P	rofessional fund	draisin	g fees (Part IX, column	(A), line 11e)			<u> </u>		
Expenses	bТ	otal fundraising	exper	nses (Part IX, column (D	D), line 25) 🟲					
ш	17 O	Other expenses	(Part I)	X, column (A), lines 11a	a-11d, 11f-24f)				10,267.	10,407.
				nes 13-17 (must equal P					10,267.	65,407.
				Subtract line 18 from		. ( 7,			-5,500.	-26,908.
	13 1	evenue less ex	perises	S Oubtract line to from	1110 12	<u> </u>		D		
Not Assets or Fund Balancos									nning of Year	End of Year
a a a		otal assets (Par				•		ļ <del>-</del>	, 465, 221.	1,427,258.
nd I	21 T	otal liabilities (P	art X,	line 26)	•	•			0.	0.
	22 N			inces Subtract line 21 f	from line 20			1	,465,221.	1,427,258.
Pa	irt II	Signature	Bloc	:k						<del></del>
		Under penalties of	perjury,	I declare that I have examined Declaration of preparer tother	this return, yaciydi	ng accompanying sche	dules and st	atements, an	d to the best of my kr	owledge and belief, it is
		true, codect, and c	omplete	Declaration of preparer before	r than officen is ba	sed on all information o	or which pre	parer nas any	i In 2-1	17
Sig	n	<b> ►X  /\</b> M	N X H		mut			IX	( (0.770	.10
He	re	Gignerure of of	licer	<del>- 1.19 1.</del>				Pa	te	
		IN Dans	MPI	/ Palnut	DXPIX	ATIVE ]	DIVC	17DY		
		Type or print n	ame and	d title	U FOV	· · · · · · · ·	<u> </u>	<u> </u>		
				<u> </u>	11	Da	ate		heck if Pre	eparer's identifying number e instructions)
Pai	:a		4	1). U	Nibbia			se	<del>:</del> 11	e instructions)
Pre		Preparer's	!	March 1		`  G	[122	er er	nployed -	320581009 E
יגרו ממו	rer's	signature <b>&gt;</b>	Marc				700	$\frac{\omega}{1}$		1 0010 103
Us		Firm's name (or		dred Booker & C		P.C.				al multime
On		yours if self employed),	616		Ste. 307			E		<u>81-04410664</u>
		address and ZIP + 4	Hele					Pi	hоле по ► (406	
May	the IR	S discuss this re	eturn v	with the preparer shown	above? (see	instructions)				X Yes No
				work Reduction Act Not			ns.		TEEA0113L 12/29/	09 Form <b>990</b> (2009)

	1 990 (2009) D.I. EMERICK TRUST	81-6053766	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
4	TO PROVIDE SCHOLARSHIP FUNDS		
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	7 Yes X	No
3	<u>-</u>		
_	If 'Yes,' describe these changes on Schedule O.	0 1 501()(2)	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	expenses Section 501(c)(3)	
	expenses, and revenue, if any, for each program service reported.	centions to ounces, the total	
4 a		evenue \$	)
	PAYMENTS TO UNIVERSITY OF MONTANA-WESTERN MONTANA COLLEGE FOUNDAT	ION FOR PURPOSES	OF
	PROVIDING STUDENT SCHOLARSHIPS. WMC IS A PUBLIC COLLEGE OF SECON		
		<u> </u>	<u></u>
	SELECTS THE SCHOLARSHIP RECIPIENTS.		
			,
41	(Code:) (Expenses \$ including grants of \$) (R	evenue \$	
		<b></b>	
40	(Code:) (Expenses \$ including grants of \$) (R	evenue \$	)
		<del></del>	
40	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
1	Total program service expenses ► 55,000.		
	rotal program service expenses - 00/000.	<del></del>	

Form 990 (2009) D.I. EMERICK TRUST

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	х	
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_		Х
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 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' 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,' 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 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11		Х
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part 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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ì	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, column (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		X
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		X
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
	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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) D.I. EMERICK TRUST

Part IV | Checklist of Required Schedules (continued)

- 4	Checkist 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 17 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 employees? <i>If 'Yes,' complete</i>	23		Х
	Schedule J	دع		
242	a 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, and 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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24Ь		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	b Is the organization 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	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28 a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, 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 Schedule R, Part V, line $2$ .	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		X
BAA		Form	99 <b>0</b> (	(2009)

Form <b>990</b> (2009) D.I. EMERICK TRUST 81-605	3766	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
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	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		l
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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  2a	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
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?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
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)?	4 <b>4 a</b>		Х
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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c 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		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	ces 7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	•	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	,		
Form 8282?	7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year			ŀ
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<b></b>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	/"	_	_
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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	!		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other 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	L	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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.

Concedit C. See manactions.			
Section A. Governing Body and Management		Yes	No
1 a Enter the number of voting members of the governing body		res	NO
<b>b</b> Enter the number of voting members that are independent	1		Ė
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		Х
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	4		X
since the prior Form 990 was filed?			
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7Ь		Χ
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a The governing body?	8a		X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8ь		X
9 Is there any officer, director or 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
Section B. Policies (This Section B requests information about policies not required by the Internation	al	•	
Revenue Code.)			
	$\longrightarrow$	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10 a		Х
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 Ь		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	l		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ь		
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		
13 Does the organization have a written whistleblower policy?	13		X
14 Does the organization have a written document retention and destruction policy?	14		Χ
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?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers of key employees of the organization	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	
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?	16 a		Х
<b>b</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 the organization's exempt status with respect to such arrangements?	16 Ь	l	
Section C. Disclosures	100		
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) availinspection. Indicate how you make these available. Check all that apply.	able fo	or pub	lic
Own website Another's website Upon request		£	
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public			ıal
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organ ► MARTIN LEWIS P.O. BOX 597, HELENA MT 59624 406-447-2050	uzation	ו	

# 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 organizations'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 employees.'
- 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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Check this box if the organization did no	(B) (c)					111001,	<u> </u>	(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)								Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
AMBERLY PAHUT EXEC. DIRECTOR	0							0.	0.	0.
EVELYN HIVELY TRUSTEE	0							0.	0.	0.
JIM CORR TRUSTEE	0							0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees,	Key	Er	npl	oy	ees	, ar	nd Highest Co	mpensated Em	ployees (cont.)
(A)	(B)	(c) rage Position (check all that apply						(D)	(E)	(F)
Name and Title	hours per week			Officer	_	employee	1	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
					-	H	╁╌			
		1								
								,		
					į					
							i			
1 b Total							<b>&gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e list	ed a	abov	/e) \	who	rece	eived more than \$	100,000 in reportat	ole compensation
nom the organization			-							Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	e, k	еу е	mpl	oye	e, o	r hıg	hest compensated	d employee	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th				satio	on a	nd o	othe <i>lete</i>	r compensation fro Schedule J for su	om uch	
<ul><li>individual</li><li>5 Did any person listed on line 1a receive or accrue co</li></ul>	mpensa	iţion	fror	n ar	ıy u	nrel	ated	organization for s	services	
rendered to the organization? If 'Yes,' complete Schill Section B. Independent Contractors	edule J	tor s	ucn	per	son	1				5   X
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent d	conti	ract	ors	that	received more tha	an \$100,000 of	
(A) Name and business address	 S				_			(B) Description of	) of Services	(C) Compensation
								_		
O Talal annual and a decided a second and a second a second and a second a second and a second a second and a	المصادد		al 4.0			ıcta	d ct	ouo) who recours	t more than	<del> </del>
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	_	mite	u (0	าเกอ	se i	1216	u ab	ovej wno received	a more than	

Pa	rt VIII Statement of Revenue				
		(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 s	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b	}			1
S, G	c Fundraising events 1 c	}		ŀ	
AR A	d Related organizations 1 d	]			
S,G	e Government grants (contributions) 1 e				1
NO S	f All other contributions gifts grants and		1		ļ
BE	f All other contributions, gifts, grants, and similar amounts not included above				ł
F S	g Noncash contribns included in lns la-lf: \$	[	1		ŧ.
	h Total. Add lines 1a-1f		<u> </u>	-	
ŽČE.	Business Code			-	
EVE	2a				
Ä	b	<u> </u>			
Z.	C				
SEI	d				
RAN	e				<u> </u>
PROGRAM SERVICE REVENUE	f All other program service revenue		:		
	g Total. Add lines 2a-21			`	
	Investment income (including dividends, interest and other similar amounts).	56,299.			56,299.
	4 Income from investment of tax-exempt bond proceeds	00,233.			30,233.
	5 Royalties				-
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less, rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		Ī		
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 223, 070.				
	b Less cost or other basis				
	and sales expenses 252,092.				
	c Gain or (loss) -29, 022.				
	d Net gain or (loss)	-29,022.			-29,022.
NUE	8a Gross income from fundraising events (not including \$				
EVE	of contributions reported on line 1c).				
ER R	See Part IV, line 18 a				
OTHER REVENU	b Less. direct expenses b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				· · · · · · · · · · · · · · · · · · ·
	10a Gross sales of inventory, less returns				
	and allowances a				
	<b>b</b> Less, cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	11 056			11 OEC
İ	11a WYETH MERGER	11,056.		-	11,056. 166.
	b CLASS ACTION-MERRILL LYNC	166.			100.
	d All other revenue	<del>-</del>	-		<del></del>
	e Total. Add lines 11a-11d	11,222.			
ł	12 Total revenue. See instructions	38,499.	0.	0.	38,499.
	- rotarrevender occ monucions	JU/ 4JJ -	0.1	V.1	00,200.

## Part IX | Statement of Functional Expenses

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

All Other Organiza	ittoris must com	piete column (A) but an	e not required to compr	ete columns (B), (C), an	u ( <i>D</i> ).
Do not include amounts reported on 6b, 7b, 8b, 9b, and 10b of Part VIII.	n lines	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to c and organizations in the U.S. Se line 21		55,000.	55,000.		
2 Grants and other assistance to i the U.S. See Part IV, line 22	ndıvıduals ın				
3 Grants and other assistance to g organizations, and individuals of U.S See Part IV, lines 15 and 1	utside the				
4 Benefits paid to or for members 5 Compensation of current officers trustees, and key employees		0.	0.	0.	0.
6 Compensation not included above disqualified persons (as defined section 4958(f)(1) and persons of section 4958(c)(3)(B)	under	0.	0.	0.	0.
7 Other salaries and wages				. <del>-</del> .	
8 Pension plan contributions (inclu 401(k) and section 403(b) emplo contributions)					
9 Other employee benefits.	į				
10 Payroll taxes .	. [				
11 Fees for services (non-employee	es) . [				
a Management					
<b>b</b> Legal	Ī				
c Accounting	ľ	440.		440.	
<b>d</b> Lobbying	ľ				
e Prof fundraising svcs. See Part I	IV In 17	·			<del></del>
f Investment management fees	, ,,	9,967.		9,967.	
g Other	ľ	3/30		5,750	
12 Advertising and promotion	ŀ				· ·
13 Office expenses .	ŀ				
•	•				·
14 Information technology .	ŀ				
15 Royalties	··		***		
16 Occupancy	-		. —		· · · · · · · · · · · · · · · · · · ·
<ul> <li>17 Travel</li> <li>18 Payments of travel or entertainm expenses for any federal, state, public officials</li> </ul>					
19 Conferences, conventions, and r	meetings				
20 Interest .	[				
21 Payments to affiliates					
22 Depreciation, depletion, and amo	ortization				
23 Insurance					
Other expenses Itemize expense covered above. (Expenses group and labeled miscellaneous may r 5% of total expenses shown on l below.)	ped together not exceed line 25				
a b	1				
c	. <b>-</b>				
d					
e	I				<u>.</u>
f All other expenses	· T				
25 Total functional expenses. Add lines 1 th	rough 24f	65,407.	55,000.	10,407.	0.
26 Joint costs. Check here SOP 98-2. Complete this line only organization reported in column costs from a combined education	If following ly if the (B) joint nal				
campaign and fundraising solicita	ation				Form <b>990</b> (2009)
DAY.					. 5 556 (2565)

			(A) Beginning of year		<b>(B)</b> End of year
T	1	Cash - non-interest-bearing		1	-
	2	Savings and temporary cash investments	63,244.	2	148,922
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule 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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
:	9	Prepaid expenses and deferred charges		9	
1	0 a	Land, buildings, and equipment, cost or other basis 10a			
		Complete Part VI of Schedule D		1	
	b	Less. accumulated depreciation.		10 c	
1	1	Investments - publicly-traded securities	1,401,977.	11	1,278,336
1:	2	Investments - other securities. See Part IV, line 11		12	
1:	3	Investments – program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
1!	5	Other assets See Part IV, line 11		15	
10	6	Total assets. Add lines 1 through 15 (must equal line 34)	1,465,221.	16	1,427,25
1:	7	Accounts payable and accrued expenses		17	
18	8	Grants payable		18	
19	9	Deferred revenue.		19	
20	0	Tax-exempt bond liabilities		20	
2	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	2	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
		of Schedule L		22	
2	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
2	5	Other liabilities Complete Part X of Schedule D		25	
26	6	Total liabilities. Add lines 17 through 25	0.	26	(
		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines			
		27 through 29 and lines 33 and 34.			
27	7	Unrestricted net assets		27	
28	8	Temporarily restricted net assets		28	
	9	Permanently restricted net assets .		29	
		Organizations that do not follow SFAS 117, check here ► X and complete		- 1	
30		lines 30 through 34.			
30	0	Capital stock or trust principal, or current funds .	1,465,221.	30	1,427,258
31		Paid-in or capital surplus, or land, building, and equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33		Total net assets or fund balances.	1,465,221.	33	1,427,258
1 -		Total liabilities and net assets/fund balances	1,465,221.	34	1,427,258

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash Accrual 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?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		Χ
c 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?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
Separate basis Consolidated basis Both consolidated and separate basis			
3a 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?	3a		Х
<b>b</b> 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	3 b		

Form 990 (2009) BAA

## 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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number EMERICK TRUST 81-6053766 D T 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 in section 170(bX1)(AXI). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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) An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** |X|Type II | Type III - Functionally integrated Type III- Other c l e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 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? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) Х 11 g (i) below, the governing body of the supported organization? X 11 g (ii) a family member of a person described in (i) above? 11 g (iii) X (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (vi) Is the (iii) Type of organization (described on lines 1 9 above or IRC section (iv) is the organization in col (vii) Amount of Support (i) Name of Supported Organization (i) organized in the (i) listed in your your support? (see instructions)) governing document? Yes No Yes No Yes Nο WESTERN MONTANA COLLEGE FOUNDATION LINE 10. X 55,000. 81-0386970

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

55,000.

	edule A (Form 990 or 990-EZ) 200				<u></u>	81-605376		
Pa	rt II Support Schedule for	_			0(b)(1)(A)(iv) a	ind 170(b)(1)(A	4)(vi)	
500	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	tl)				
	ction A. Public Support	<del></del>	<del></del>	1	· · · · · ·	<del> </del>		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	<u> </u>	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	) ► □	
	tion C. Computation of Pu					<del></del>	<del></del>	
	Public support percentage for 20			e 11, column (f)		14	%	
15	,, ,					15	%	
16a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1.	/3 % or more, che	ck this box	
b	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, che	eck this box	
1 <b>7</b> a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this t	oox and stop here	.Explain in Part I'	V how	
Ь	o 10%-facts-and-circumstances test or more, and if the organization is organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	s' test, check this b	oox and stop here	. Explain in Part l'		
10	Private foundation If the organiz						ructions ►	

Schedule A (Form 990 or 990-EZ) 2009 D.I. EMERICK TRUST 81-6053766 Page 3 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) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt ourpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule	<b>A</b> (Fo	rm 9	90 or	990-E	EZ) 2	2009	D	<u>.I.</u>	ΕM	ŒR.	<u>ICK</u>	TR	<u>UST</u>								81	<u>-60</u>	<u>537</u>	66		Pa	ge <b>4</b>
Part IV	Sı	ipple	emei	ntal	Info	rma	tior	1. C	omp	olet	e th	is p	art t	o pr	ovic	le th	ne ex	xpla	natio	ns r	equir	ed b	y P	art I	l, line	10;	
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# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

**%** (h) Purpose of grant or assistance Part It | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes 81-6053766 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (book, FMV, appraisal, other) See Part IV (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule 1-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (e) EIN Enter total number of other organizations 1 1 1 1 11111 1 (a) Name and address of organization or government 1111 Department of the Treasury Internal Revenue Service EMERICK Name of the organization Part

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 81-6053766 (e) Method of valuation (book, FMV, appraisal, other) THE EXECUTIVE DIRECTOR OF THE WESTERN MONTANA COLLEGE FOUNDATION MONITORS THE USE OF THE MONEY GRANTED BY THE DI EMERICK TRUST FOR SCHOLARSHIPS TO STUDENTS ATTENDING (d) Amount of non-cash assistance TEEA3902L 02/10/10 (c) Amount of cash grant Part I, Line 2 - Grantmaker's Description of How Grants are Used (b) Number of recipients D.I. EMERICK TRUST WESTERN MONTANA COLLEGE. (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

OMB No 1545 0047

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

► Attach to Form 990.

Open to Public

Name of the organization Employer identification number 81-6053766 D.I. EMERICK TRUST Form 990, Part VI, Line 11 - Form 990 Review Process THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR OF THE FOUNDATION PRIOR TO THE RETURN BEING FILED.

Schedule <b>O</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
D.I. EMERICK TRUST	81-6053766
	<b></b>
	<del></del> -

## D.I. EMERICK TRUST 81-6053766

Page 11, Line 11. Investments		
		Cost
Government Obligations		£44.500
Fed Home Loan Black 5.750% 05/15/2012		\$41,586 51,030
Fed Home Loan Bk 5.250% 06/18/2014		<u>51,029</u> \$92,615
Corporate Stock		φ92,013
Corporate Otock	Shares	
Air Prods and Chemicals	260	\$15,786
Du Pont	350	5,476
Monsanto	50	4,061
Caterpillar Inc	200	13,419
Emerson Electric	475	14,893
General Electric	1040	3,494
Honeywell Intl	425	10,097
United Technologies	450	29,874
3M Co	320	12,781
AT&T	807	23,165
Verizon	342	13,717
AOL Inc	13	360
Best Buy Inc	125	4,705
Fortune Brands	200	4,657
Kohls	125	6,474
Lowes	450	13,473
McDonalds	285	7,381
McGraw-Hill Companies	250	8,619
Nike	125	7,119
Target	350	13,781
Time Warner Cable	62	3,076
Time Warner	150	5,169
V F Corp	50	2,758
Walt Disney	490	14,210
Coca Cola	225	12,190
Costco Wholesale	200	11,666
CVS/Caremark	450	16,264
McCormick & Co	200	6,081
Pepsico	380	8,091
Proctor & Gamble	430	9,138
Safeway Inc	425	13,714
Sysco Corp	530	15,103
Wal Mart Stores	150	8,200 1,805
Apache Corp	25 25	1,895
Chesapeake Energy Corp	25	12,025
Chevron	330 280	13,225 8,478
ConocoPhillips	200	0,470

Line 11. Investments, continued to next page

# D.I. EMERICK TRUST 81-6053766

		Cost
Corporate Stock		
	<u>Shares</u>	
Exxon Mobil	540	\$1,882
Halliburton Co	525	16,239
Marathon Oil	300	15,688
Occidental Petroleum	50	3,759
Schlumberger LTD	225	19,709
American Express	400	4,533
Ameriprise Financial	100	2,619
Bank New York Mellon	550	20,428
Bank of America	1245	31,739
JP Morgan Chase	789	7,293
Metlife	375	14,157
Prudential Financial	225	10,754
State Street Corp	300	19,345
Travelers Companies	225	7,416
US Bancorp	694	6,467
Abbott Labs	435	19,254
Baxter International	125	6,473
Becton Dickinson	107	3,213
Bristol Myers Squibb	650	17,934
Johnson & Johnson	370	9,726
MedCo Health Solutions	125	6,069
Medtronic Inc	350	17,486
Merck New	429	20,180
Pfizer	771	18,592
TEVA Pharmaceutical	250	10,910
United Health Group	225	11,189
Apple Inc	50	6,288
Automatic Data Processing	225	10,036
Cisco Systems	1040	27,903
Hewlett Packard	590	2,961
Intel Corp	1030	24,134
Int'l Business Machines	215	21,017
Mastercard Inc	25	4,190
Microsoft	1240	34,769
Nokia Corp	570	10,461
Oracle Corporation	1050	21,851
Symantec Corp	900	16,985
Texas Instruments	450	15,638
Dominion Res	284	9,044
Nextera Energy	340	13,019
PG&E Corp	150	6,264
Public Service Enterprise	210	2,862
·		\$925,091

## D.I. EMERICK TRUST 81-6053766

## Corporate Bonds

Citigroup	7.250% 10/01/2010	59,725
Goldman Sachs	6.875% 01/15/2011	15,067
Hewlett Packard	5.400% 03/01/2017	34,463
JP Morgan Chase	6.750% 02/01/2011	26,614
JP Morgan Chase	4.750% 03/01/2015	49,834
Kimberly Clark	5.625% 02/15/2012	25,279
Lowe's Companies	5.400% 10/15/2016	<u>49,648</u>
		\$260,630

Total Investments \$1,278,336