

**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)

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> THE VITAL GROUND FOUNDATION, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite BUILDING T-2 FORT MISSOULA RD City or town, state or country, and ZIP + 4 MISSOULA, MT 59804	<b>D Employer identification number</b> 87-0483446  <b>E Telephone number</b> 406-549-8650  <b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*Hand I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ N/A

**G Website:** ▶ WWW.VITALGROUND.ORG

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,708,242.

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,464,848.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ 739,962. noncash \$ 724,886. )	1e		1,464,848.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		12,976.	
Revenue	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe )	7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
			8,329.		140,075.	
	b	Less: cost or other basis and sales expenses	8b	8,487.	57,633.	
	c	Gain or (loss) (attach schedule)	8c	-158.	82,442.	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	STMT 2	8d	82,284.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	63,530.		
	b	Less: direct expenses other than fundraising expenses	9b	40,361.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	SEE STATEMENT 3	9c	23,169.	
	10 a	Gross sales of inventory, less returns and allowances	10a	16,744.		
	b	Less: cost of goods sold	10b	13,319.		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	STMT 4	10c	3,425.	
	11	Other revenue (from Part VII, line 103)	11		1,740.	
	12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,588,442.	
Expenses	13	Program services (from line 44, column (B))	13		1,106,701.	
	14	Management and general (from line 44, column (C))	14		89,142.	
	15	Fundraising (from line 44, column (D))	15		103,809.	
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		1,299,652.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		288,790.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		729,488.	
	20	Other changes in net assets or fund balances (attach explanation)	20		0.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,018,278.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 6</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>8,900</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	8,900.	8,900.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	77,000.	38,500.	19,250.	19,250.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	122,478.	75,714.	15,239.	31,525.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	25,384.	15,089.	3,292.	7,003.
<b>29</b> Payroll taxes	14,173.	8,220.	2,409.	3,544.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	65,558.	40,775.	13,781.	11,002.
<b>32</b> Legal fees				
<b>33</b> Supplies	11,200.	1,635.	8,445.	1,120.
<b>34</b> Telephone	3,044.	1,522.	761.	761.
<b>35</b> Postage and shipping	10,378.	5,604.	1,557.	3,217.
<b>36</b> Occupancy	9,891.	4,945.	2,473.	2,473.
<b>37</b> Equipment rental and maintenance	102.		102.	
<b>38</b> Printing and publications	26,359.	15,267.	1,972.	9,120.
<b>39</b> Travel	17,128.	13,750.	2,106.	1,272.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest	1,700.	1,700.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)	3,103.		2,436.	667.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	903,254.	875,080.	15,319.	12,855.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,299,652.	1,106,701.	89,142.	103,809.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> PROTECT AND RESTORE NORTH AMERICA'S GRIZZLY BEAR POPULATIONS BY CONSERVING WILDLIFE HABITAT. THIS IS ACCOMPLISHED THROUGH THE PURCHASE OF LAND AND CONSERVATION EASEMENTS; THE ACCEPTANCE OF DONATED LAND AND CONSERVATION EASEMENTS; PROPER STEWARDSHIP OF ORGANIZATIONAL LANDS; AND GRANTS TO OTHER LAND AND WILDLIFE CONSERVATION ORGANIZATIONS. (Grants and allocations \$ 8,900. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>973,495.</b>
<b>b</b> EDUCATE VITAL GROUND MEMBERS AND THE PUBLIC ABOUT THE ECOLOGICAL SIGNIFICANCE OF THE GRIZZLY BEAR, ITS RELATIONSHIP TO OTHER SPECIES, AND THE IMPORTANCE AND URGENCY OF HABITAT CONSERVATION, NOT ONLY FOR THE GRIZZLY BEARS, BUT FOR OTHER WILDLIFE AND THE HEALTH OF THE ENTIRE ECOSYSTEM. (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>133,206.</b>
<b>c</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ►	<b>1,106,701.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	515,821.	45	457,683.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable .....	47a		
	b Less: allowance for doubtful accounts .....	47b		47c
	48 a Pledges receivable .....	48a		
	b Less: allowance for doubtful accounts .....	48b		48c
	49 Grants receivable .....	0.	49	141,825.
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b
	51 a Other notes and loans receivable .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....	17,744.	52	21,083.
	53 Prepaid expenses and deferred charges .....	3,720.	53	8,389.
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis .....	55a			
b Less: accumulated depreciation .....	55b		55c	
56 Investments - other .....	SEE STATEMENT 8	0.	56	37,894.
57 a Land, buildings, and equipment: basis .....	57a	569,825.		
b Less: accumulated depreciation <b>STMT 9</b> .....	57b	9,289.	57c	560,536.
58 Other assets, including program-related investments (describe <b>▶ SEE STATEMENT 10</b> ) .....		165,200.	58	164,533.
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		1,319,413.	59	1,391,943.
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	2,925.	60	13,254.
	61 Grants payable .....		61	
	62 Deferred revenue .....	4,000.	62	5,500.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....	583,000.	64b	354,911.
	65 Other liabilities (describe <b>▶</b> ) .....		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		589,925.	66	373,665.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	592,676.	67	562,191.
	68 Temporarily restricted .....	44,646.	68	280,768.
	69 Permanently restricted .....	92,166.	69	175,319.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....		729,488.	73	1,018,278.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		1,319,413.	74	1,391,943.





Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a	X
12,507.	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
N/A		
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
N/A		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
N/A		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed <b>NONE</b>		
b Number of employees employed in the pay period that includes March 12, 2007	90b	5
91 a The books are in care of <b>GARY J. WOLFE</b> Telephone no. <b>(406) 549-8650</b> Located at <b>BUILDING T-2 FORT MISSOULA RD, MISSOULA, MT</b> ZIP + 4 <b>59804</b>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
N/A		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies .....					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments .....					
96 Dividends and interest from securities .....			14	12,976.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
98 Net rental income or (loss) from personal property .....					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	-158.	82,442.
101 Net income or (loss) from special events .....					23,169.
102 Gross profit or (loss) from sales of inventory .....					3,425.
103 Other revenue:					
a <b>OTHER REVENUE</b> .....					1,740.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		12,818.	110,776.
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					123,594.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer	Date
GARY J. WOLFE, EXECUTIVE DIRECTOR	
Type or print name and title	

Paid Preparer's Use Only	Preparer's signature:	Date: 10/12/08	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GALUSHA, HIGGINS & GALUSHA, PC 127 E. FRONT STREET #301 MISSOULA, MT 59802		EIN: _____ Phone no.: 406-728-1800	

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization <b>THE VITAL GROUND FOUNDATION, INC.</b>	Employer identification number <b>87 0483446</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RYAN LUTEY 10538 NEZ PERCE LOOP, LOLO, MT 59847	DIRECTOR OF LANDS 40.00	48,250.	8,500.	
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		<b>Yes</b>	<b>No</b>
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? .....		<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets? .....		<b>X</b>
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? .....		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement <b>SEE STATEMENT 13</b> .....	<b>X</b>	
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966? .....	<b>N/A</b>	
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>N/A</b>	
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year .....	<b>N/A</b>	
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	<b>N/A</b>	
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	<b>0.</b>	
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	<b>0.</b>	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)



**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....		
<b>b</b>	Admissions policies? .....		
<b>c</b>	Employment of faculty or administrative staff? .....		
<b>d</b>	Scholarships or other financial assistance? .....		
<b>e</b>	Educational policies? .....		
<b>f</b>	Use of facilities? .....		
<b>g</b>	Athletic programs? .....		
<b>h</b>	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) **N/A**  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) <b>▶</b>	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      1

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENT	973.	1,000.	0.	-27.
INVESTMENT	447.	443.	0.	4.
INVESTMENT	2,004.	2,042.	0.	-38.
INVESTMENT	4,905.	5,002.	0.	-97.
TO FORM 990, PART I, LINE 8	8,329.	8,487.	0.	-158.

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FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISP. OF FIXED ASSETS	09/26/91	12/31/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
THE NATURE CONSERVANCY	140,000.	57,014.	551.	0.	82,435.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISP. OF FIXED ASSETS	06/08/05	12/31/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SHELLY WEAR	75.	140.	0.	72.	7.
TO FM 990, PART I, LN 8	140,075.	57,154.	551.	72.	82,442.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
KNIGHT INLET EVENT: NATURAL HISTORY ECO-TOUR IN SOUTHWESTERN BRITISH COLUMBIA	63,480.		63,480.	37,894.	25,586.
OTHER EVENTS	50.		50.	2,467.	-2,417.
TO FM 990, PART I, LINE 9	63,530.		63,530.	40,361.	23,169.

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FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT	4
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INCOME

1. GROSS RECEIPTS . . . . .	16,744		
2. RETURNS AND ALLOWANCES . . . . .			
3. LINE 1 LESS LINE 2 . . . . .			16,744
4. COST OF GOODS SOLD (LINE 13) . . . . .	13,319		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .			3,425

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	17,744		
7. MERCHANDISE PURCHASED . . . . .	16,658		
8. COST OF LABOR . . . . .			
9. MATERIALS AND SUPPLIES . . . . .			
10. OTHER COSTS . . . . .			
11. ADD LINES 6 THROUGH 10 . . . . .			34,402
12. INVENTORY AT END OF YEAR . . . . .	21,083		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .			13,319

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,479.	1,162.		317.
BANK SERVICE CHARGES	320.	112.	208.	
CREDIT CARD CHARGES	3,994.		3,994.	
DUES & SUBSCRIPTIONS	4,387.	3,985.		402.
GIFTS	6,825.		58.	6,767.
INSURANCE	3,885.		3,885.	
INTERNET	24,361.	23,143.		1,218.
LICENSES & TAXES	4,229.		4,229.	
MEALS & ENTERTAINMENT	6,790.	4,073.	707.	2,010.
TRAINING & EDUCATION	2,276.	1,248.	58.	970.
TRANSACTION COSTS	2,807.	2,807.		
WORKERS COMPENSATION	2,601.	1,508.	443.	650.
UTILITIES	2,086.	1,044.	521.	521.
CONSERVATION EASEMENT	835,998.	835,998.		
MISC	1,216.		1,216.	
<b>TOTAL TO FM 990, LN 43</b>	<b>903,254.</b>	<b>875,080.</b>	<b>15,319.</b>	<b>12,855.</b>

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
YELLOWSTONE TO YUKON CONSERVATION INITIATIVE 1240 RAILWAY AVE., UNIT 200 CRANMORE, ALBERTA T1W 1P4 CANADA	2,900.
LAND TRUST ALLIANCE 1331 H STREET NW, SUITE 400 WASHINGTON, D.C. 20005-4711	1,000.
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR. RESTON, VA 20190	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	8,900.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

PROTECT AND RESTORE NORTH AMERICA'S GRIZZLY BEAR POPULATIONS BY CONSERVING WILDLIFE HABITAT.

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FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
ENDOWMENT- MUTUAL FUND	COST	2,600.
GIFT ANNUITY- MUTUAL FUND	COST	35,294.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		37,894.

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FORM 990                      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                      STATEMENT      9

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	14,894.	9,289.	5,605.
LAND HELD FOR PRESERVATION	554,931.	0.	554,931.
TOTAL TO FORM 990, PART IV, LN 57	<u>569,825.</u>	<u>9,289.</u>	<u>560,536.</u>

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FORM 990    OTHER ASSETS    STATEMENT      10

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
BRONZE SCULPTURE MOLD - NET	15,200.	14,533.
HERKLOTZ RECEIVABLE	150,000.	150,000.
TOTAL TO FORM 990, PART IV, LINE 58	<u>165,200.</u>	<u>164,533.</u>

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 11  
 TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BANU QURESHI 9725 THE CORRAL DRIVE POTOMAC, MD, 20854	TRUSTEE 2.00	0.	0.	0.
KELLY WILSON PO BOX 981586 PARK CITY, UT, 84098	SECRETARY 1.00	0.	0.	0.
THOMAS FEY 2471 SUNNNY KNOLL CT. PARK CITY, UT 84060	TRUSTEE 2.00	0.	0.	0.
DOUGLAS CHADWICK 230 MISSY LANE WHITEFISH, MT, 59937	TRUSTEE 6.00	0.	0.	0.
ROBERT KOONS 2100 L STREET NW WASHINGTON, DC, 20037	CHAIRMAN 8.00	0.	0.	0.
STUART D. STRAHL, PH.D. 3300 GOLF RD. BROOKFIELD, IL 60514	TRUSTEE 5.00	0.	0.	0.
JOHN SWALLOW 2081 OUTPOST DR. LOS ANGELES, CA, 90068	VICE CHAIRMAN 5.00	0.	0.	0.
LYNNE SEUS 970 LITTLE SWEDEN ROAD HEBER CITY, UT, 84032	TRUSTEE 6.00	0.	0.	0.
JONATHAN LANDERS 1601 5TH AVE. SUITE 1100 SEATTLE, WA 98101	TREASURER 2.00	0.	0.	0.
GARY WOLFE 4722 ASPEN DR MISSOULA, MT, 59802	EXECUTIVE DIRECTOR 40.00	67,500.	9,500.	0.
DAVID WESLEY 2615 DEER CANYON CT. MISSOULA, MT, 59808	TRUSTEE 3.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>67,500.</u>	<u>9,500.</u>	<u>0.</u>



SCHEDULE A

CONSERVATION EASEMENT STATEMENT  
PART III, LINE 3C

STATEMENT 13

#1-THE VITAL GROUND FOUNDATION HELD ONE 80 ACRE EASEMENT ON JANUARY 1, 2006 LOCATED IN MONTANA. #2-THE VITAL GROUND FOUNDATION ACQUIRED THREE EASEMENTS (110 ACRES, 160 ACRES AND 320 ACRES) DURING 2007. 3-THERE WERE NO EASEMENTS MODIFIED, SOLD, TRANSFERRED RELEASED OR TERMINATED DURING THE YEAR ENDED DECEMBER 31, 2007. #4-NO EASEMENTS WERE HELD THAT FALL WITHIN THE CATEGORIES OF THIS QUESTION. #5-THE ONE EASEMENT HELD BY THE ORGANIZATION ON JANUARY 1, 2007 (80 ACRES) WAS MONITORED BY PHYSICAL INSPECTION DURING THE TAX YEAR. #6-A TOTAL OF 12 STAFF HOURS (\$288) AND \$96.03 IN MILEAGE EXPENSES WERE DEVOTED TO MONITORING OF THE EXISTING AND NEW EASEMENTS DURING THE TAX YEAR. NO LEGAL FEES ASSOCIATED WITH ENFORCEMENT WERE INCURRED, AND POSTAGE/COPYING EXPENSES WERE NOT TRACKED. #7-NO EASEMENTS EXIST UNDER THIS CATEGORY.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE VITAL GROUND FOUNDATION, INC.</b>	Employer identification number <b>87-0483446</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>BUILDING T-2 FORT MISSOULA RD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MISSOULA, MT 59804</b>	

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **GARY J. WOLFE**  
Telephone No. **(406) 549-8650** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN; TAXPAYER RESPECTFULLY REQUESTS THIS EXTENSION.**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **\_\_\_\_\_** Title **CPA** Date **\_\_\_\_\_**