

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> GARDEN CITY HARVEST, INC. PO BOX 205 MISSOULA, MT 59806</p>	<p><b>D</b> Employer identification number 81-0510580</p> <p><b>E</b> Telephone number 406-523-3663</p> <p><b>F</b> Group Exemption Number</p>
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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).

**G** Accounting method.  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.GARDENCITYHARVEST.ORG

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

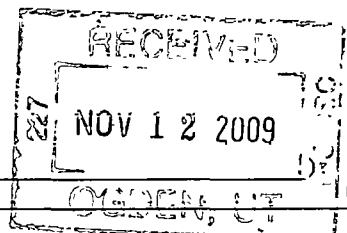
**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527

**K** Check  if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 374,326.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		259,346.
	2 Program service revenue including government fees and contracts		67,751.
	3 Membership dues and assessments		
	4 Investment income		6,855.
	5a Gross amount from sale of assets other than inventory	15,570.	
	b Less cost or other basis and sales expenses	16,619.	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	SEE STATEMENT 1	-1,049.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	24,804.	
	b Less direct expenses other than fundraising expenses	10,570.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		14,234.
	7a Gross sales of inventory, less returns and allowances		
	b Less cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ▶ _____)		
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		347,137.
	10 Grants and similar amounts paid (attach schedule)		
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		159,372.
	13 Professional fees and other payments to independent contractors		
	14 Occupancy, rent, utilities, and maintenance		
	15 Printing, publications, postage, and shipping		3,295.
	16 Other expenses (describe ▶ SEE STATEMENT 2)		114,102.
	<b>17 Total expenses</b> (add lines 10 through 16)		276,769.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		70,368.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		226,201.
	20 Other changes in net assets or fund balances (attach explanation)		
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20		296,569.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	133,866.	22	203,301.
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 3)	94,250.	24	107,039.
<b>25 Total assets</b>	228,116.	25	310,340.
26 Total liabilities (describe ▶ SEE STATEMENT 4)	1,915.	26	13,771.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	226,201.	27	296,569.

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>SEE STATEMENT 6</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	244,288.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	244,288.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
AARON BROCK 103 HICKORY ST MISSOULA, MT 59801	PRESIDENT 3.00	0.	0.	0.
LOU ANN CROWLEY 103 HICKORY ST MISSOULA, MT 59801	VICE PRESIDENT 3.00	0.	0.	0.
CAROLINE BRYD 103 HICKORY ST MISSOULA, MT 59801	DIRECTOR 1.00	0.	0.	0.
KAREN NEEL 103 HICKORY ST MISSOULA, MT 59801	TREASURER 3.00	0.	0.	0.
HEIDI DEARMENT 103 HICKORY ST MISSOULA, MT 59801	DIRECTOR 1.00	0.	0.	0.
AMY ZEKOS DOLAN 103 HICKORY ST MISSOULA, MT 59801	BOARD MEMBER 1.00	0.	0.	0.
ALEX GALLEG0 103 HICKORY ST MISSOULA, MT 59801	BOARD MEMBER 1.00	0.	0.	0.
JOSH KLAUS 103 HICKORY ST MISSOULA, MT 59801	DIRECTOR 1.00	0.	0.	0.
MARTHA NEWELL 103 HICKORY ST MISSOULA, MT 59801	BOARD MEMBER 1.00	0.	0.	0.
JEFF CROUCH 103 HICKORY ST MISSOULA, MT 59801	DIRECTOR 1.00	0.	0.	0.
JODI ALLISON-BUNNELL 103 HICKORY ST MISSOULA, MT 59801	SECRETARY 3.00	0.	0.	0.
MARK PHARES 103 HICKORY ST MISSOULA, MT 59801	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b> N/A</span>		
<b>39</b>	501(c)(7) organizations Enter.		
<b>39a</b>	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b> N/A</span>		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ <b>39b</b> N/A</span>		
<b>40a</b>	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>40b</b>	b 501(c)(3) and (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,' complete Schedule L, Part I		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
<b>40e</b>	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

**42a** The books are in care of ▶ ESTEE FLEMING Telephone no ▶ 406-523-3663  
 Located at ▶ 103 HICKORY MISSOULA MT ZIP + 4 ▶ 59801

		Yes	No
<b>42b</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 ▶ _____		X
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 7**

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.

**Sign Here**  
 Signature of officer: *Kristina Swanson* Date: *10/26/09*  
 Type or print name and title: *Kristina Swanson, Executive Director*

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: *10-26-09*  
 Check if self-employed:   
 Preparer's Identifying Number (See instructions): *P00338064*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *BOYLE, DEVENY & MEYER, P.C.*  
*305 S. FOURTH STREET E., SUITE 200*  
*MISSOULA, MT 59801*  
 EIN: *81-0390489*  
 Phone no: *(406) 721-3555*

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
**BAA** Form 990-EZ (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	65,457.	117,230.	140,829.	208,229.	259,346.	791,091.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
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.						0.
4 <b>Total.</b> Add lines 1-3	65,457.	117,230.	140,829.	208,229.	259,346.	791,091.
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)						202,733.
6 <b>Public support.</b> Subtract line 5 from line 4						588,358.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	65,457.	117,230.	140,829.	208,229.	259,346.	791,091.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105.	911.	503.	298.	2,320.	4,137.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	3,000.	3,691.	5,770.	5,669.	4,535.	22,665.
11 <b>Total support.</b> Add lines 7 through 10						817,893.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	71.9%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	81.8%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include unusual grants.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** 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 more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2007.** 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 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



GARDEN CITY HARVEST, INC.

81-0510580

## PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
MISCELLANEOUS		1,369.	1,570.		
RENT	4,535.	4,300.	4,200.	3,691.	3,000.
TOTAL	<u>\$ 4,535.</u>	<u>\$ 5,669.</u>	<u>\$ 5,770.</u>	<u>\$ 3,691.</u>	<u>\$ 3,000.</u>



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>MISC EVENTS</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1	Gross receipts	24,804.		24,804.
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	24,804.		24,804.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	10,570.		10,570.
	8	Direct expense summary Add lines 4 through 7 in column (d)			10,570.
	9	Net income summary Combine lines 3 and 8 in column (d)			14,234.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col (a) through col (c))			
REVENUE	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

	YES	NO
9a		
10a		
11		
12		

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

<b>13a</b>	%
<b>13b</b>	%

**b** An outside facility

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

**15a**

**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If 'Yes,' enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

## GARDEN CITY HARVEST, INC.

81-0510580

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 5C**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 15,570.  
 COST OR OTHER BASIS: 16,349.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -779.

OTHER ASSETS

DESCRIPTION: 87 JEEP  
 DATE ACQUIRED: 10/01/1997  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 6/30/2008  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 0.  
 COST OR OTHER BASIS: 603.  
 BASIS METHOD: COST  
 DEPRECIATION: 603.

GAIN (LOSS) 0.

DESCRIPTION: 78 TOYOTA  
 DATE ACQUIRED: 12/31/2006  
 HOW ACQUIRED: PURCHASE  
 DATE SOLD: 6/30/2008  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 0.  
 COST OR OTHER BASIS: 400.  
 BASIS METHOD: COST  
 DEPRECIATION: 130.

GAIN (LOSS) -270.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -270.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,049.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	2,300.
BANK CHARGES/MISC FEES		538.
COMPUTER EXPENSES		849.
DEPRECIATION		11,419.
DEVELOPMENT EXPENSE		788.
EDUCATION/FIELD TRIPS		2,305.
EQUIPMENT RENTAL		2,255.
GARDEN PLOT LEASE		2,020.
INFORMATION TECHNOLOGY		5,488.
INSURANCE		11,919.
MATERIALS & SUPPLIES		29,209.
OFFICE SUPPLIES		857.
PASS THROUGH GRANT		10,000.
PROFESSIONAL FEES		814.

GARDEN CITY HARVEST, INC.

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

PROGRAM EXPENSES	\$	143.
REFUND OF DEPOSIT		75.
REIMB. PROGRAM EXP		45.
REPAIRS		5,039.
SMALL TOOLS & EQUIPMENT		5,880.
SPECIAL PROJECTS		2,418.
TRASH REMOVAL		1,096.
TRUCK & AUTO EXPENSES		6,508.
UTILITIES		10,491.
VOLUNTEER EXPENSES		1,646.
<b>TOTAL</b>	<b>\$</b>	<b><u>114,102.</u></b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 67.	\$ 11,360.
EMPLOYEE ADVANCE	83.	20.
MISCELLANEOUS	94,100.	89,818.
PREPAID EXPENSES	0.	5,841.
<b>TOTAL</b>	<b><u>\$ 94,250.</u></b>	<b><u>\$ 107,039.</u></b>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 10,261.
ACCRUED WAGES PAYABLE	0.	968.
DEPOSIT LIABILITY	0.	45.
PAYROLL TAXES PAYABLE	1,915.	2,497.
<b>TOTAL</b>	<b><u>\$ 1,915.</u></b>	<b><u>\$ 13,771.</u></b>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

GARDEN CITY HARVEST PROVIDES HIGH QUALITY FOOD TO LOW-INCOME PEOPLE, OFFERS EDUCATION AND TRAINING IN ECOLOGICALLY CONSCIOUS FOOD PRODUCTION AND USES OUR SITES FOR THE PERSONAL RETORATION OF TROUBLED YOUTH AND ADULTS.

## GARDEN CITY HARVEST, INC.

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**STATEMENT 6  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

GARDEN CITY HARVEST (GCH) WAS FOUNDED IN 1996. THE MISSION OF THE ORGANIZATION IS TO BUILD COMMUNITY THROUGH AGRICULTURE BY GROWING FOOD WITH AND FOR LOW-INCOME INDIVIDUALS, OFFERING EDUCATION AND TRAINING IN ECOLOGICAL AGRICULTURE, AND USING OUR FARM AND GARDEN SITES FOR THE PERSONAL RESTORATION OF YOUTHS AND ADULTS.

GARDEN CITY HARVEST ACCOMPLISHES THE MISSION IN COLLABORATION WITH A VARIETY OF COMMUNITY PARTNERS INCLUDING THE UNIVERSITY OF MONTANA, MISSOULA FOOD BANK, POVERELLO CENTER, HOMEWORD, FLAGSHIP PROGRAM, HUMAN RESOURCE COUNCIL, YOUTH DRUG COURT, BLESSED TRINITY CHURCH, MISSOULA COUNTY PUBLIC SCHOOLS, YOUTH HOMES, OTHER ORGANIZATIONS, AND HUNDREDS OF DEDICATED VOLUNTEERS.

GCH'S THREE NEIGHBORHOOD FARMS AND SEVEN COMMUNITY GARDENS ARE PLACES WHERE PEOPLE FROM ALL WALKS OF LIFE INTERACT BY LEARNING AND GROWING FOOD TOGETHER. WE ENACT OUR MISSION THROUGH FOUR PROGRAMS:

1) THE COMMUNITY GARDEN PROGRAM OPERATES THE RIVER ROAD AND ORCHARD GARDENS NEIGHBORHOOD FARMS, AND MANAGES 260 COMMUNITY GARDEN PLOTS AT SEVEN GARDEN SITES LOCATED IN LOW-INCOME NEIGHBORHOODS THROUGHOUT THE CITY. GCH LEASES PLOTS AT A VERY LOW COST AND PROVIDES TOOLS, WATER, AND STAFF WHO SUPPLY GARDENING INFORMATION AND ADDRESS GARDENERS' CONCERNS. THREE COMMUNITY GARDENS HOST CHILDREN'S GARDENS. WEEKLY PROGRAMS FOR YOUNG GARDENERS INCLUDE LESSONS ABOUT GARDENING, BOTANY, FOOD SOURCES, AND COOKING.

2) THE COMMUNITY EDUCATION PROGRAM (CEP) OPERATES THREE SCHOOL GARDENS AND HOSTS FIELD TRIPS AND SUMMER CAMPS, TEACHING MORE THAN 2,000 ELEMENTARY LEVEL STUDENTS EACH YEAR ABOUT WHERE AND HOW THEIR FOOD IS GROWN. CEP'S HANDS-ON, FARM-BASED LESSONS ENCOURAGE YOUTH TO EXPLORE CONNECTIONS BETWEEN FOOD, AGRICULTURE, SCIENCE, AND THEIR EVERYDAY LIVES.

3) THE PEAS FARM PROGRAM IS A COLLABORATION WITH THE UNIVERSITY OF MONTANA ENVIRONMENTAL STUDIES PROGRAM. THE PROGRAM IN ECOLOGICAL AGRICULTURE AND SOCIETY PROGRAM (PEAS) IS A SUSTAINABLE AGRICULTURE CLASSROOM FOR UNDERGRADUATE AND GRADUATE LEVEL STUDENTS, BASED ON A 9-ACRE WORKING FARM.

4) THE YOUTH HARVEST PROGRAM IS AN EMPLOYMENT PROGRAM WITH THERAPEUTIC SUPPORT FOR ADOLESCENTS REFERRED BY YOUTH COURT. THE YOUTH EMPLOYEES WORK AT GCH SITES AND OPERATE A MOBILE MARKET, HARVESTING AND DELIVERING FRESH PRODUCE TO SELL AT A VERY LOW COST TO MORE THAN 100 SENIORS AND PEOPLE WITH DISABILITIES AT FOUR SUBSIDIZED HOUSING FACILITIES.

GCH PROGRAMS AND SITES ARE INTER-CONNECTED IN THE ENACTMENT OF THE MISSION, SHARING STAFF, EQUIPMENT, RESOURCES, AND KNOWLEDGE:

\*OUR THREE NEIGHBORHOOD FARMS AND SEVEN COMMUNITY GARDENS PRODUCE MORE THAN 30,000 POUNDS OF ORGANIC VEGETABLES EACH YEAR FOR THE MISSOULA FOOD BANK AND POVERELLO CENTER.

\*VOLUNTEER FOR VEGGIES PROGRAM PARTICIPANTS WORK IN THE FARMS AND GARDENS IN EXCHANGE FOR FRESH PRODUCE.

\*YOUTH HARVEST EMPLOYEES WORK AT THE PEAS FARM, THE RIVER ROAD NEIGHBORHOOD FARM, ORCHARD GARDENS NEIGHBORHOOD FARM, AND COMMUNITY GARDEN SITES, WHERE THEY LEARN ALL ASPECTS OF FARMING WHILE WORKING SIDE BY SIDE WITH UNIVERSITY STUDENTS AND COMMUNITY GARDENERS FROM ALL WALKS OF LIFE.

\*GCH'S THREE NEIGHBORHOOD FARMS GROW FOOD FOR 124 COMMUNITY SUPPORTED AGRICULTURE (CSA) SHARES. IN EXCHANGE FOR PURCHASING A SHARE WHICH HELPS SUPPORT THE GCH PROGRAMS, HOUSEHOLDS RECEIVE A BOX OF FRESH ORGANIC PRODUCE EACH WEEK THROUGH THE GROWING SEASON.

GARDEN CITY HARVEST, INC.

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**STATEMENT 7  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

Form **8868**

(Rev April 2008)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization		Employer identification number
	GARDEN CITY HARVEST, INC.		81-0510580
	Number, street, and room or suite number. If a P.O. box, see instructions		
	PO BOX 205		
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
MISSOULA, MT 59806			

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of. ▶ JOELLEN SHANNON -----

Telephone No. ▶ 406-523-3663 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2008 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. 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	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2008)

- 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).

**Part II: Additional (Not Automatic) 3-Month Extension of Time. 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>GARDEN CITY HARVEST, INC.</b>		Employer identification number <b>81-0510580</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>PO BOX 205</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MISSOULA, MT 59806</b>		

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**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 care of. ▶ ESTEE FLEMING  
Telephone No. ▶ 406-523-3663 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 11/15, 2009.

5 For calendar year 2008, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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. THE ENTITY NEEDS ADDITIONAL TIME TO COMPILE THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE INFORMATION RETURN

8a 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> \$
8b 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> \$
8c Balance Due. 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 instrs.	<b>8c</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 ▶ [Handwritten Signature] Title ▶ CBA/Treasurer Date ▶ 8/11/09

BOYLE, DEVENY & MEYER, P.C.  
 305 S. FOURTH STREET E., SUITE 200  
 MISSOULA, MT 59801