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## Return of Organization Exempt From Income Tax

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

## A For the 2008 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Poverello Center, Inc			D Employer identification number 23-7439391	
	Please use IRS label or print or type Doing Business As Number and street (or P O box if mail is not delivered to street address)			E Telephone number (406) 728-1809	
	See Specific Instructions 535 Ryman Street City or town, state or country, and ZIP + 4			F Name and address of principal officer Ellie Hill 535 Ryman Street, Missoula, MT 59807	
	Missoula MT 59807			G Gross receipts \$ 2,182,539	
				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list (see instructions)		
J Website: ► www.thepoverellocenter.org			H(c) Group exemption number ►		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation 1974		M State of legal domicile MT

## Part I Summary

1 Briefly describe the organization's mission or most significant activities In collaboration with the people of Missoula and surrounding areas, and local, state and national organizations, the Poverello Center, Inc reaches out in faith to provide food, shelter, clothing and essential services to the community's hungry and homeless. This mission is accomplished through compassionate, respectful and competent services in an environment that enhances human worth

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of employees (Part V, line 2a) 5 62

6 Total number of volunteers (estimate if necessary) 6 200

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Activities & Governance Revenue	Programs & Services	Expenses	Prior Year		Current Year	
			2007	2008	2007	2008
8 Contributions and grants (Part VIII, line 1h)				2,157,881		2,000,606
9 Program-service revenue (Part VIII, line 2g)				164,226		162,324
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				4,176		-75
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				15,831		7,324
12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)				2,342,114		2,170,179
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0		0
14 Benefits paid to or for members (Part IX, column (A), line 4)				0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				517,559		774,825
16a Professional fundraising fees (Part IX, column (A), line 11e)				0		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 17,102						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				1,855,757		1,425,189
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				2,373,316		2,200,014
19 Revenue less expenses Subtract line 18 from line 12				-31,202		-29,835
			Beginning of Year		End of Year	
20 Total assets (Part X, line 16)				332,397		282,118
21 Total liabilities (Part X, line 26)				159,507		128,815
22 Net assets or fund balances Subtract line 21 from line 20				172,890		153,303

## Part II Signature Block

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



Signature of officer

Ellie Hill

06/02/10

Executive Director

06/02/10

Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► Cote and Wheeler, CPAs PLLC	Date 5/19/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Cote and Wheeler, CPAs PLLC PO Box 430, Missoula, MT 59806	EIN ►		
		Phone no ► (406) 543-8088		

May the IRS discuss this return with the preparer shown above? (see instructions)

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

(HTA)

7G10

**Part III Statement of Program Service Accomplishments (see instructions)**

1 Briefly describe the organization's mission

Provide shelter, meals, clothing, and social services to homeless and needy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  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?

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ..... ) (Expenses \$ 1,780,747 including grants of \$ 144,533 ) (Revenue \$ 127,249 )

The "POV" building houses services for transient clients or temporarily homeless clients providing meals, shelter, food pantry, limited medical help, veterans intake, etc

In 2008 the POV provided 117,380 meals, 19,747 nights shelter, filled 165,066 requests for day services, 6,125 requests for clothing, 13,683 food pantry requests

In 2008 the Pov had \$484,881 in non-reportable services donated

4b (Code ..... ) (Expenses \$ 154,345 including grants of \$ 62,500 ) (Revenue \$ 1,250 )

The Joseph Center complex houses families in a transitional setting for up to 2 years

Families are required to participate in training and development toward self sufficiency

Staffing is provided 24 hours/7 days per week

4c (Code ..... ) (Expenses \$ 76,939 including grants of \$ 5,250 ) (Revenue \$ 117,778 )

Valor House provides 24 hour staffing for veterans housing in 17 apartments

Poverello Center Inc provides staffing and associated services to facilitate transition, generally from homelessness, to independent living

4d Other program services (Describe in Schedule O )

(Expenses \$ 80,732 including grants of \$ 68,036 ) (Revenue \$ 0 )

4e Total program service expenses ► \$ 2,092,763 (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

6 Did the organization maintain any donor advised funds or any 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U S ?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I

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

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

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a 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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **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

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
21		X
22		X
23		X
24a		X
24b		X
24c		X
24d		X
25a		X
25b		X
26		X
27		X

**Part IV Checklist of Required Schedules (continued)**

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV

b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV

c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

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

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

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

	Yes	No
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36	X	
37	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? N/A	1c	
<b>2a</b>	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	62
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b	
<b>4a</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)?	4a	X
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? N/A	5c	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A	7h	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	8	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? N/A	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Yes	No
1a	11
1b	11
2	X
3	X
4	X
5	X
6	X
7a	X
7b	X
8a	X
8b	X
9a	X
9b	
10	X
11	X

1a Enter the number of voting members of the governing body

1b Enter the number of voting members that are independent

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?

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?

4 Did the organization make any significant changes to its organizational documents 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?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9a Does the organization have local chapters, branches, or affiliates?

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? N/A

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.

11 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

**Section B. Policies**

Yes	No
12a	X
12b	
12c	
13	X
14	X
15a	X
15b	X
16a	X
16b	

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. N/A

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

a The organization's CEO, Executive Director, or top management official?

b Other officers or key employees of the organization?

Describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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? N/A

**Section C. Disclosure**

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) available for public inspection. Indicate how you make these available. Check all that apply.

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, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Cote and Wheeler, CPAs, PLLC (406)543-8088  
1225 Cleveland, Suite 1b, Missoula, MT 59803

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Shirley Tiernan Director	1 X						0	0	0
Whitney Crosby Director	1 X						0	0	0
John Lund Director	1 X						0	0	0
Anna Martello Director	1 X						0	0	0
Katie Petersen Director	1 X						0	0	0
Al Pils Director	1 X						0	0	0
Colleen Radio Director	1 X						0	0	0
Dave Armerding President	1 X X						0	0	0
Lynn Stocking Vice President	1 X X						0	0	0
Bill Partain Treasurer	1 X X						0	0	0
Joyce Latimer Secretary	1 X X						0	0	0
Ellie Boldman Hill Executive Director	1 X X						56,798	0	0
	0						0	0	0
	0						0	0	0
	0						0	0	0
	0						0	0	0
	0						0	0	0

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total

68, 188

den

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
5		X

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
<b>2</b>	<b>Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►</b>	<b>0</b>

## **Part VIII Statement of Revenue**

Part 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
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a 0				
b Membership dues	1b 0				
c Fundraising events	1c 17,299				
d Related organizations	1d 0				
e Government grants (contributions)	1e 255,869				
f All other contributions, gifts, grants, and similar amounts not included above	1f 1,727,438				
g Noncash contributions included in lines 1a-1f	1,149,342				
h Total. Add lines 1a-1f	► 2,000,606				
Program Service Revenue		Business Code			
2a Per Diem-Veterans			35,700	35,700	
b Valor House-Veterans/Wage Reimbursement			126,624	126,624	
c			0		
d			0		
e			0		
f All other program service revenue			0		
g Total. Add lines 2a-2f	► 162,324				
3 Investment income (including dividends, interest, and other similar amounts)		►	169		
4 Income from investment of tax-exempt bond proceeds		►	0		
5 Royalties		►	0		
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)		0	0		
d Net rental income or (loss)		►	0		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	1,868	0			
c Gain or (loss)	2,112	0			
d Net gain or (loss)	-244	0	► -244		
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c)					
See Part IV, line 18	a 15,191				
b Less: direct expenses	b 10,248		► 4,943		
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities					
See Part IV, line 19.	a 0				
b Less: direct expenses	b 0		► 0		
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0		► 0		
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a Miscellaneous			640	640	
b Reimbursements			1,741	1,741	
c			0		
d All other revenue			0		
e Total. Add lines 11a-11d	► 2,381				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	► 2,170,179		164,705	0	0

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	56,798	28,399	28,399	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	617,724	569,276	38,497	9,951
7 Other salaries and wages	1,481	1,481		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	36,828	36,828	0	0
10 Payroll taxes	61,994	56,231	5,053	710
11 Fees for services (non-employees)				
a Management	0			
b Legal	6,847	6,847	0	0
c Accounting	12,850	12,850	0	0
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	22,598	17,251	0	5,347
12 Advertising and promotion	188	188	0	0
13 Office expenses	3,761	3,745	0	16
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,527	1,527	0	0
17 Travel	3,945	3,945	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,832	4,832	0	0
20 Interest	2,442	642	1,800	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	29,326	29,326	0	0
23 Insurance	7,566	6,396	1,170	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Utilities/Telephone & Internet	48,630	46,623	2,007	0
b Repairs	22,733	22,733	0	0
c Laundry	23,174	23,173	0	0
d Groceries/Commodities	32,044	32,044	0	0
e Vehicle Expense	6,319	6,319	0	0
f All other expenses Other Expense See Sch O	1,196,407	1,182,107	13,222	1,078
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>2,200,014</b>	<b>2,092,763</b>	<b>90,148</b>	<b>17,102</b>
<b>26 Joint Costs.</b> Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	103,424	1	61,412
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,704	4	11,186
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,552	9	17,149
	10a Land, buildings, and equipment cost basis	652,211		
	b Less accumulated depreciation Complete Part VI of Schedule D	459,876	10c	192,335
	11 Investments—publicly traded securities	2,056	11	36
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	0
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	332,397	16	282,118
Liabilities	17 Accounts payable and accrued expenses	67,085	17	27,163
	18 Grants payable		18	
	19 Deferred revenue	2,756	19	6,250
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	85,221	23	69,896
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities Complete Part X of Schedule D	4,445	25	25,506
	<b>26 Total liabilities.</b> Add lines 17 through 25	159,507	26	128,815
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,890	27	52,553
	28 Temporarily restricted net assets	130,000	28	100,750
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	<b>33 Total net assets or fund balances</b>	172,890	33	153,303
	<b>34 Total liabilities and net assets/fund balances</b>	332,397	34	282,118

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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? N/A

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?

b If "Yes," did the organization undergo the required audit or audits? N/A

	Yes	No
2a	X	
2b		X
2c		
3a		X
3b		

# Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

**2008**

**Open to Public  
Inspection**

Name of the organization  
Poverello Center, Inc.

Employer identification number  
23-7439391

## Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)  
 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)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations 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  
     a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
 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 509(a)(2)  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
     (ii) A family member of a person described in (i) above?  
     (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col.(ii) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
<b>Total</b>									0

**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 any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	0	0	0	0	0	0
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						0

**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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
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)	0	0	0			0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)				12		
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						► <input type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0 00%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>

**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 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 any "unusual grants")	449,942	462,424	461,524	624,991	833,965	2,832,846
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	79,056	69,483	178,874	140,973	185,098	653,484
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	528,998	531,907	640,398	765,964	1,019,063	3,486,330
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						3,486,330

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	528,998	531,907	640,398	765,964	1,019,063	3,486,330
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,174	22	1,196
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	1,174	22	1,196
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	23,996	14,589	1,000	2,381	41,966
13 Total support. (Add lines 9, 10c, 11, and 12)						3,529,492
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 ► <input type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98 78%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0 00%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0 03%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0 00%
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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

**Part III Line 12 Miscellaneous Income**

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

Poverello Center, Inc

Employer identification number

23-7439391

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements . . .

b Total acreage restricted by conservation easements . . .

c Number of conservation easements on a certified historic structure included in (a) . . .

d Number of conservation easements included in (c) acquired after 8/17/06 . . .

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► . . .

4 Number of states where property subject to conservation easement is located ► . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ . . .

(ii) Assets included in Form 990, Part X ► \$ . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ . . .

b Assets included in Form 990, Part X ► \$ . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	0	24,000		24,000
b	Buildings	0	514,954	397,046	117,908
c	Leasehold improvements	0	1,850	432	1,418
d	Equipment	0	81,723	32,714	49,009
e	Other	0	29,684	29,684	0

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) ►

192,335

**Part VII Investments—Other Securities. See Form 990, Part X, line 12**

**Part VIII Investments—Program Related. See Form 990, Part X, line 13**

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
	0
	0
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**Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)**

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes	0	
Payroll Taxes	8,339	
	0	
Compensated Absences	17,167	
	0	
	0	
	0	
	0	
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	0	
<b>Total</b> (Column (b) should equal Form 990, Part X, col. (B) line 25 ) ►	<b>25,506</b>	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,170,179
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,200,014
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-29,835
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-29,835

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	0

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	0

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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# Supplemental Information Regarding Fundraising or Gaming Activities

Name of the organization

Poverello Center, Inc.

Employer identification number

23-7439391

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
<b>Total</b>				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**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 Double Haul (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	15,191	0	0
	2 Less Charitable contributions	0	0	0
	3 Gross revenue (line 1 minus line 2)	15,191	0	15,191
Direct Expenses	4 Cash prizes	0	0	0
	5 Non-cash prizes	0	0	0
	6 Rent/facility costs	0	0	0
	7 Other direct expenses	10,248	0	10,248
	8 Direct expense summary. Add lines 4 through 7 in column (d)			► ( 10,248)
	9 Net income summary. Combine lines 3 and 8 in column (d)			► 4,943

**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			0
Direct Expenses	2 Cash prizes			0
	3 Non-cash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	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)			► ( 0)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)			► 0

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

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain

Yes	No
9a	

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

b If "Yes," Explain

10a

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?

11

	Yes	No
13 Indicate the percentage of gaming activity operated in.	13a	%
a The organization's facility	13b	%
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 contract 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 ► \$ ..... 0		
Description of services provided ►	.....	
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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 ► \$		

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization  
Poverello Center, Inc.

Employer identification number  
23-7439391

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	617,440	1,031,125	Per Pound
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Reportable Serv)	X	1	13,223	Hourly Rate
26 Other ► (.....)		0	0	
27 Other ► (.....)		0	0	
28 Other ► (.....)		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a	X	

	Yes	No
31	X	

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

	Yes	No
32	X	

	Yes	No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

Poverello Center, Inc

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Employer identification number

23-7439391

Form 990 Part III Line 2 Started Drop In Center (Salcido Center) in December 2008 for the purpose of .....

providing day facilities for homeless and impoverished individuals of Missoula.

Form 990 Part IX Line 24f Bank Vendor &amp; CC Charges \$940

Building Improvements \$0

Client Direct Services \$9,696

Dues, Membership Fees \$2,358

Small Equipment \$3,653

Fundraising \$5,878

Licenses \$1,012

Miscellaneous \$1,122

Postage \$1,741

Printing \$16,542

Equipment Lease \$1,034

Supplies-General \$2,034

Volunteer Recognition \$1,055

Employee Appreciation \$0

In-Kind \$1,149,342

Total Other Expenses \$1,196,407

Form 990 Part VI Line 10 Executive Director reviews form 990 prepared by CPA prior to filing

Form 990 Part VI Section C Line 19 Upon Request

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

	Cash	Non Cash
1 Federated Campaigns	1	
2 Membership dues	2	
3 Fundraising events	17,299	3
4 Related organizations	4	
5 Government grants (contributions)	255,869	5
6 All other contributions, gifts, grants, and similar amounts not included above		
Contributions	578,096	
Donated Clothing	104,994	
Donated Food	1,031,125	
Donated Services	13,223	
Other contributions total	578,096	6 1,149,342
<b>7 Total</b>	<b>851,264</b>	<b>7 1,149,342</b>

**Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory**

		Gross sales		Cost, other basis and expenses	
Totals		1,868		2,112	
Public Securities		0		0	
Non-Public Securities		0		0	
Other sales					
Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Expense of sale and cost of improvements
1	28 Shares Procter & Gamble	X			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14				X	
15					
16					
17					
18					
19					
20					

**Part IX, Line 22 (990) - Depreciation, Depletion, etc.**

Description		(A) Total	(B) Program services	(C) Management and general	0 (D) Fundraising
1	Building & Improvements	11,470	11,470		
2	Equipment & Furniture	11,734	11,734		
3	Vehicle	5,937	5,937		
4	Leasehold Improvements	185	185		
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part X, Line 3 (990) - Pledges and Grants Receivable**

	Pledges and grants receivable		Allowance for doubtful accounts	
	Beginning	End	Beginning	End
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11			
12 Total pledges and grants receivable	12	0	0	0

**Part X, Line 4 (990) - Accounts Receivable**

	Accounts receivable		Allowance for doubtful accounts	
	Beginning	End	Beginning	End
1 A/R	1	2,704	11,186	0
2	2	0		
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11 Total accounts receivable	11	2,704	11,186	0
				0

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	652,211	430,550	459,876	0	211,661	192,335
								Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/Adjustments	Beginning Balance	Ending Balance	
1 Land	X							24,000	0	0	24,000		24,000
2 Buildings & Improvements		X						514,954	385,518	397,046	119,437	117,908	
3 Equipment				X				81,723	21,039	32,714	60,683	49,009	
4 Vehicle					X			29,684	23,747	29,684	5,937	0	
5 Leasehold Improvements		X						1,850	246	432	1,604	1,418	
6								0	0	0	0	0	
7								0	0	0	0	0	
8								0	0	0	0	0	
9								0	0	0	0	0	
10								0	0	0	0	0	
11								0	0	0	0	0	
12								0	0	0	0	0	
13								0	0	0	0	0	
14								0	0	0	0	0	
15								0	0	0	0	0	
16								0	0	0	0	0	
17								0	0	0	0	0	
18								0	0	0	0	0	
19								0	0	0	0	0	
20								0	0	0	0	0	

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

 Cost End of year market value (FMV)

Securities at end of year		Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Equities received as donations	X			unknown	unknown	2,056	36
2					0 00	0	0	0
3					0 00	0	0	0
4					0 00	0	0	0
5					0 00	0	0	0
6					0 00	0	0	0
7					0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0 00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0 00	0	0	0
14					0 00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0 00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0 00	0	0	0

**Part X, Lines 23 and 24 (990) - Searched and Unsecured Notes Payable**

	Lender's name	Check if lender is a business	Check if Unsecured	Security provided	Original amount	Balance due beginning of year	Balance due end of year	Date of note	Maturity date
1	First Interstate Bank	X		Van	29,684	7,382	705	1/1/2004	1/31/2009
2	Redstone Leasing	X		Copier - capital lease	5,687	3,703	2,191	5/15/2006	6/1/2010
3	Line of Credit	X		Building at 535 Ryman	75,000	74,136	67,000	4/1/2007	4/1/2009
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

110,371      85,221      69,896



**Part X, Line 25 (990) - Other Liabilities**

	Description	4,445	25,506
		Beginning	End
1	Payroll Taxes	0	8,339
2			
3	Compensated Absences	4,445	17,167
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Part VI, Line 20 (990) - Books in Possession Of**

Name Cote and Wheeler, CPAs, PLLC		Phone Number (406)543-8088
Address 1225 Cleveland, Suite 1b		Foreign Country
City, Town, or Post Office Missoula	State MT	Zip Code 59803

**Part VII (Sch D (990)) - Investments Other Securities**

0

	Description	Book Value	Method of Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

**Part X (Sch D (990)) - Other Liabilities**

25,506

	Description	Amount
1	Federal Income Taxes	
2	Payroll Taxes	8,339
3		0
4	Compensated Absences	17,167
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21		0

**Part II (Sch G (990/990EZ)) - Events**

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses	10,248
1	Double Haul	15,191		15,191					
2				0					
3				0					
4				0					
5				0					
6				0					
7				0					
8				0					
9				0					
10				0					
11				0					
12				0					
13				0					
14				0					
15				0					
16				0					
17				0					
18				0					
19				0					
20				0					

**Part I, Lines 25-28 (Sch M (990)) - Other Types of Property**

	Non-Cash Contribution	Description	Number of Contributions	Revenues Reported on 990, Pt VIII, Line 1g	Method of Determining Revenues
1	X	Reportable Services	1	13,223	Hourly Rate
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
20					

## (Sch O (990)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	990	III		2	Started Drop In Center (Salcido Center) in December 2008 for the purpose of providing day facilities for homeless and impoverished individuals of Missoula
2					Bank Vendor & CC Charges \$9
3	990	IX		24f	Building Improvements
4					Client Direct Services \$9.6
5					Dues, Membership Fees \$2.35
6					Small Equipment \$3.6
7					Fundraising \$5.
8					Licenses \$1.0
9					Miscellaneous \$1.1
10					Postage \$1.
11					Printing \$16.
12					Equipment Lease \$1.0
13					Supplies-General \$2.0
14					Volunteer Recognition \$1.0
15					Employee Appreciation \$0
16					In-Kind \$1,149
17					Total Other Expenses \$1,196.40
18					
19	990	VI		10	Executive Director reviews form 990 prepared by CPA prior to filing
20	990	VI	C	19	Upon Request

**Item F (990) - Name and Address of Principal Officer**

Name Ellie Hill		Phone Number 406-728-1809	
Address 535 Ryman Street		Foreign Country	
City, Town, or Post Office Missoula	State MT	Zip Code 59807	Check if a business <input type="checkbox"/>

**Part III, Line 4d (990) - Program Service Accomplishments**

(Code ) (Expenses \$ 80,732 including grants of \$ 68,036.) (Revenue \$ 0)  
The Salcido Center provides day services for homeless.

(Code ) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0)

(Code ) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0)

(Code ) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0)

(Code ) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0)