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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under 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

**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

Poverello Center, Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

535 Ryman Street

Room/suite

City or town, state or country, and ZIP + 4

Missoula

MT

59807

**D** Employer identification number

23-7439391

**E** Telephone number

(406) 728-1809

**G** Gross receipts \$

2,182,539

**F** Name and address of principal officer

Ellie Hill 535 Ryman Street, Missoula, MT 59807

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.thepoverellocenter.org**H(c)** Group exemption number ▶**K** Type of organization☒ Corporation ☐ Trust ☐ Association ☐ 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

**8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

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

**20** Total assets (Part X, line 16)

Beginning of Year

End of Year

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

SCANNED JUL 27 2010

Expenses

Sign Here

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

Date

06/02/10

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 ☐

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)

☒ Yes ☐ No

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

Form **990** (2008)

(HTA)

7610

**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

Poverelli 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**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> 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		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> 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		X
<b>7</b> 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		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
<b>9</b> 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		X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
<b>11</b> 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	X	
<b>12</b> 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		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?		X
<b>b</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		X
<b>15</b> 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		X
<b>16</b> 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		X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> 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		X
<b>27</b> 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		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		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>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
<b>1c</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>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	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>3b</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>4b</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>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>5c</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>6b</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>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	
<b>7c</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>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g	
<b>7h</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>9a</b>	Did the organization make any taxable distributions under section 4966?	9a	X
<b>9b</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>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>10b</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>11a</b>	Gross income from members or shareholders	11a	
<b>11b</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>12b</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**

		Yes	No
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.			
<b>1a</b>	Enter the number of voting members of the governing body	<b>1a</b>	11
<b>b</b>	Enter the number of voting members that are independent	<b>1b</b>	11
<b>2</b>	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?	<b>2</b>	X
<b>3</b>	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?	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders?	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7a</b>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?	<b>9a</b>	X
<b>b</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	<b>9b</b>	
<b>10</b>	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.	<b>10</b>	X
<b>11</b>	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.	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	<b>12b</b>	
<b>c</b>	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	<b>12c</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	<b>15b</b>	X
<b>16a</b>	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>16a</b>	X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	<b>16b</b>	

**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	Former			
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 Rudio 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
	0							0	0	0





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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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
25	<b>Total functional expenses.</b> Add lines 1 through 24f	2,200,014	2,092,763	90,148	17,102
26	<b>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
<b>Assets</b>	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	10a 652,211		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 459,876		
		211,661	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	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	332,397	16	282,118	
<b>Liabilities</b>	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
	26 <b>Total liabilities.</b> Add lines 17 through 25	159,507	26	128,815
<b>Net Assets or Fund Balances</b>	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	
	33 Total net assets or fund balances	172,890	33	153,303
	34 Total liabilities and net assets/fund balances	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		

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**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? . . . . .

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h** Provide the following information about the organizations the organization supports

(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.(i) 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
									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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0			0
<b>4</b> <b>Total.</b> Add lines 1-3.	0	0	0	0	0	0
<b>5</b> 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).						
<b>6</b> <b>Public support.</b> 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
<b>7</b> Amounts from line 4.	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
<b>11</b> <b>Total support.</b> Add lines 7 through 10.						0
<b>12</b> 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** ► ☐

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	0.00%
<b>16a</b> <b>33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test-2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances-test-2008.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test-2007.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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
<b>1</b> 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
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1-5	528,998	531,907	640,398	765,964	1,019,063	3,486,330
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6	528,998	531,907	640,398	765,964	1,019,063	3,486,330
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,174	22	1,196
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	1,174	22	1,196
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> 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
<b>13 Total support.</b> (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** . . . . . ☐

**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>	98 78%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0 00%

**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>	0 03%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	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 ► ☒
- 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 ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**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)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **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.**

Name of the organization

Employer identification number

Poverello Center, Inc

23-7439391

**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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements . . .	2a
b Total acreage restricted by conservation easements . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . .	2d

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** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other .....

**c** ☐ 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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land	0	24,000		24,000
<b>b</b> Buildings	0	514,954	397,046	117,908
<b>c</b> Leasehold improvements	0	1,850	432	1,418
<b>d</b> Equipment	0	81,723	32,714	49,009
<b>e</b> Other	0	29,684	29,684	0
<b>Total.</b> 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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . .	0	
Closely-held equity interests . . . . .	0	
Other .....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ►	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) 	0	

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15.
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(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15 )	0

**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
	0
	0
	0
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	25,506

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**

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

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

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

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

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

**▶ Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

**Open To Public Inspection**

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

**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	15,191
	2 Less Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	15,191	0	0	15,191
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	10,248	0	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 \_\_\_\_\_

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?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a**

%

**b** An outside facility**13b**

%

**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 ► .....

☐ 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 ► \$ .....

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Poverello Center, Inc.

**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**

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	X		104,994	Per Pound
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 Servi)	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?

b If "Yes," describe the arrangement in Part II

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?

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.

	Yes	No
30a		X
31		X
32		X
33		



**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 & 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
7 Total . . . . .	851,264	7	1,149,342

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

Index	Description	CUSIP #	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	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improve- ments	Depreciation	Description of Basis Method
											Cost	Donated value			
1	28 Shares Procter & Gamble	742718109	X					Donated	3/6/2008	1,868		2,112			
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14				X											
15															
16															
17															
18															
19															
20															

Totals		Gross sales	Cost, other basis and expenses	
Public Securities	Non-Public Securities		1,868	2,112
		0	0	0
		0	0	0

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

		29,326	29,326	0	0
		(A)	(B)	(C)	(D)
		Total	Program services	Management and general	Fundraising
Description					
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	12	0		0	0		0

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

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	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	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	Cost/Other Basis	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
652,211										430,550	459,876	0	211,661	192,335

**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)

0 2,056 36

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) - Secured and Unsecured Notes Payable

[illegible]





Part X, Line 25 (990) - Other Liabilities

4,445 25,506

Description		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			Phone Number
Cote and Wheeler, CPAs, PLLC			(406)543-8088
Address			Foreign Country
1225 Cleveland, Suite 1b			
City, Town, or Post Office	State	Zip Code	
Missoula	MT	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	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
1	Double Haul	15,191		15,191				10,248
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					
18					
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
2					providing day facilities for homeless and impoverished individuals of Missoula
3	990	IX		24f	Bank Vendor & CC Charges \$9,600
4					Building Improvements
5					Client Direct Services \$9,600
6					Dues, Membership Fees \$2,350
7					Small Equipment \$3,600
8					Fundraising \$5,000
9					Licenses \$1,000
10					Miscellaneous \$1,149
11					Postage \$1,000
12					Printing \$16,000
13					Equipment Lease \$1,000
14					Supplies-General \$2,000
15					Volunteer Recognition \$1,000
16					Employee Appreciation \$0
17					In-Kind \$1,149
18					Total Other Expenses \$1,196,400
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			Phone Number
Ellie Hill			406-728-1809
Address			Foreign Country
535 Ryman Street			
City, Town, or Post Office	State	Zip Code	Check if a business
Missoula	MT	59807	<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.)