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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2008	
Open to Public Inspection	
, , , , , , , , , , , , , , , , , , ,	
dentification Number	

men		ide del filee		The organization may have to dee a depy	, -: ; -: ;:	, otato reperting	9			
	For the	2008 calendar y	ear,	or tax year beginning	, 2008,	and ending				<u> </u>
В	Check if	applicable		C Name of organization			0	Employe	er Identi	fication Number
	Add	ress change IRS	se use label	HOPA MOUNTAIN INC.				84-1	. 635	749
	Nan		print type	Number and street (or P O box if mail is r	not delivered to street add	dr) Room/suit	e E	Telepho	ne numt	Der
	Initi		ee cific	PO Box 10892				(406	5) 5	86-2455
	$\overline{}$	Ins	truc- ons.	City, town or country	State	ZIP code + 4		•		
)IIS.	Bozeman	MT	59719		· C		1,111,099.
	1	ended return		and address of principal officer	- 111		(a) Is this a g			
	App			· ·			(b) Are all aff			res X No Yes No
						39/19		ach a list		tructions)
<u>L</u>	Tax-	exempt status X			4947(a)(1) or	527				
<u>J</u> _	Web			mountain.org		Н	(c) Group exe			
<u>K_</u>		of organization X	Corpor	ation Trust Association Othe	r► LY	ear of Formation	n 2004	Ms	tate of I	egal domicile MT
Pa	rt I	Summary								
	1 E	Briefly describe th	ne or	janization's mission or most significa	ant activities <u>Su</u>	pportin	g_comm	<u>unity</u>	_lea	ders -
Ð	ز	young peop	le 🧸	and adults - in realiz:	ing their ho	pes_and	d <u>reaπ</u>	s for	<u>: th</u>	eir hometowns.
Activities & Governance				e leaders with training,						
Ě	_	resources	to :	nelp them create opport	tunities for	<u>r advanc</u>	ing th	eir c	omm.	unities
ŏ	2 (Check this box 🕨		if the organization discontinued its o	perations or dispos	sed of more	than 25%	of its as	sets	
9				bers of the governing body (Part VI,						6
Se				t voting members of the governing b	ody (Part VI, line 1	b)				6
ŧ				yees (Part V, line 2a)						6
ţ	;			eers (estimate if necessary)	10 1 10)	-	15
⋖				ousiness revenue from Part VIII, line					7a	<u> </u>
	ь	Net unrelated bus	ines	taxable income from Form 990-T, li	ne 34				7b	
								or Year		Current Year
ø				its (Part VIII, line 1h)				918,1		1,079,795.
Revenue				ue (Part VIII, line 2g) 🛌 f			70.	22,091.		
ě	10	Investment incom	ie (P	art VIII, column (A), lines 3, 4, and 7				3,6	72.	<u>3,673.</u>
Œ				III, column (A), lines 5, 6d, 8c, 9c, 10						-1,589.
				nes 8 through 11 (must ^u equal Part V		12)		922,6	31.	1,103,970.
	13 (Grants and simila	ır am	ounts paid (Part IX, column (A), line	ş_1,\3)			92,3	99.	264,469.
	14 1	Benefits paid to d	r for	members (Part IX, column (A)-line-	3					
	15 :	Salaries, other co	mpe	nsation, employee benefits (Part IX,	column (A), lines 5	5-10)		165,185		210,509.
Ses	16a i	Professional fund	raisii	ng fees (Part IX, column (A), line 11e	e)					
Expenses						0.	Ş	<u>.</u>	* ;	
Ä	1	-	-	nses (Part IX, column (D), line 25)						·
				IX, column (A), lines 11a-11d, 11f-24				510,4		511,666.
		•		nes 13-17 (must equal Part IX, colun	nn (A), line 25)			767,9		986,644.
	19	Revenue less exp	ense	s Subtract line 18 from line 12				154,6	40.	117,326.
ងខ្លឹ							Beginn	ing of Y	ear	End of Year
Net Assets or Fund Balancos	20	Total assets (Par	tΧ, Ι	ne 16)				185,8	34.	303,513.
₽ P B	21	Total liabilities (P	art X	, line 26)				18,3	00.	18,653.
ξŝ	22	Net assets or fun	d bal	ances Subtract line 21 from line 20				167,5	34.	284,860.
Pa	art II	Signature			····		· <u>·</u>			
_					uding accompanying sche	edules and state	ments and to	the hest o	f my kn	owledge and helief it is
		true, correct, and co	omplei	, I declare that I have examined this return, include Declaration of preparer (other than officer) is	based on all information	of which prepare	er has any kn	owledge		owiedge and belief, it is
(S)	าก	► 65 au		Sall Tillack	Parmer.		1	1 2	1 2	012
Signal He	ere	Signature of of	ficer	2 Marian X	muyer		Vate	<u>m, a</u>	2,2	012
^=		Ponnio	т	Sachatello-Sawyer			Execut		n: ~~	atan
بح	1	Type or print n					Execu	rive i	<u>Ji re</u>	CLOT
=	•				1,	Date	1 01		ΤP	renarer's identifying number
97	į		(Γ	/ /	self	ck if		reparer's identifying number see instructions)
<u>و</u> د ۵	uu A-	Preparer s	_ (-tousedin 8 760	fai l	1/20/1	emp	oloyed P	X	
nă nă	id e- ger's	signature		cquel'ine McGuire						
Us	ē.	Firm's name (or yours if self-	_	DIRE & ASSOCIATES						
Oi		employed).	230	3/Highland Ct			EIN	-		
	4	ZIP + 4	Bo	zeman	MT 5971	56050	Pho	ne no 🕨	(40	· · · · · · · · · · · · · · · · · · ·
Ма	yithe II	RS discuss this re	eturn	with the preparer shown above? (see	e instructions)					X Yes No
BA	A For	Privacy Act and	Pape	rwork Reduction Act Notice, see the	e separate instruct	ions.		TEEA0101	04/23	3/09 Form 990 (2008)

		DUNTAIN INC.			84-1	63574	9		Page 2
Par			Accomplishments (see	instructions)					
1	Briefly describe the organ								
	Supporting_comm					- - <u>-</u> -			
			realizing their ho	<u>pes_and_dream</u>	<u>s for the</u> i	r_hom	etow	<u>ns.</u>	- - -
	See Form 990, Page 2, F	Part III, Line 1 (continu	ied)						
									
2	-	ertake any significant p	program services during the yea	r which were not liste	d on the prior	$\overline{}$		<u></u>	
	Form 990 or 990-EZ?						Yes	X	No
	If 'Yes,' describe these no								
3	•		e significant changes in how it c	onducts, any program	services?		Yes	X	No
	If 'Yes,' describe these ch	-							
4	Describe the exempt purp and 501(c)(4) organization expenses, and revenue,	ons and section 4947(a	reach of the organization's three a)(1) trusts are required to repor	e largest program serv t the amount of grants	vices by expense s and allocations	es Sections to other	on 501 s, the	(c)(3) total	
	expenses, and revenue,	ariy, for each progra	in service reported						
4 a	(Code:) (Ex	penses \$ 93	30,604. including grants of	\$ 264,46	9.) (Revenue	\$	2	4,1	75.)
	See Statement #	2 - attached	<u>pdf_file</u>						- -
		- <i></i>							
		- -			-				
						- -			
					- -				
									
41	(Code) (Ex	penses \$	including grants of	\$) (Revenue	\$)
					· -				
							~		
	c (Code) (Ex	menses \$	including grants of) (Payanua	۹ .			
	(Code) (L)	(penses 4	melading grants of	٧) (revenue	٧			
					·			~	
					·				
						-			
									~
4	d Other program services	(Describe in Schedule	eO)			 .			
	(Expenses \$) (Reve	nue \$)	
4	e Total program service e	expenses > \$	930,604. (Must equa						

Form 990 (2008) HOPA MOUNTAIN INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	-	<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
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	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u> X</u>
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>
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	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24-		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_ <u>x</u> _
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		
	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
BAA		27 Form	990	(2008)

Form 990 (2008) HOPA MOUNTAIN INC.

Part V Checklist of Required Schedules (continued)

		- Total	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
ā	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	28a		Х
I	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		x_
(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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29_		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
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Part V Statements Regarding Other IRS Filings and Tax Compliance	1 1000/10		age .
Tark Total Control of the Tark South Tark So		Yes	No
1 a 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	3,2	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0 .	V 2 4 4. 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1c	X	Îr (n. Çirîn A
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	6,~_,	,	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	[x]	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruction	ions) 🐧 🗸		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	y over, a		x
b If 'Yes,' enter the name of the foreign country	>25 m	i. N	٠,٠,
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ı	4.	,
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardin Prohibited Tax Shelter Transaction?	ng 5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gift deductible?	ts were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).		*	
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75			Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	ed to file 7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	<u>;</u>	* ;	2
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7t		$\frac{x}{x}$
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>7</u>		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re			
			٤ ١
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization	i, have	1.35	*
excess business holdings at any time during the year?	8		Х
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	`	`s# "	
a Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
b Did the organization make any distribution to a donor, donor advisor, or related person?Section 501(c)(7) organizations. Enter	<u>9b</u>		X
			, 8,
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		^.}	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter		3 d	•
	2.2	8	
a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against		•	
amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_12a		

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Form 990 (2008)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) HOPA MOUNTAIN INC.

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

<u>Sec</u>	tion 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, de s, or changes in Schedule O See instructions	escribe the circumstances,		Yes	No
1 a	•	number of voting members of the governing body	1a 6	100	,	[433]
		number of voting members that are independent	1b 6		'61 ₁₄ -	
	Did any o	fficer, director, trustee, or key employee have a family relationship or a business related to the control of t		2	* * * * . ** ±	X
3		rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		x
	Did the o	ganization make any significant changes to its organizational documents		4		X
_		prior Form 990 was filed?		_		İ
5 6		ganization become aware during the year of a material diversion of the organization' organization have members or stockholders?	s assets?	5 6		X
		•		6		_X
	governing	•		7a		X
	-	decisions of the governing body subject to approval by members, stockholders, or other	•	7b	1250 CV F	X
	the follow	-	aken during the year by			*
	•	rning body?		8a	Х	<u> </u>
		nmittee with authority to act on behalf of the governing body? organization have local chapters, branches, or affiliates?		8b		X
				9a		Х
	and bran	toes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	•	9b		
	describe	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	•	10	х	
		iny officer, director or trustee, or key employee listed in Part VII, Section A, who cannon's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11	х	
Sec	tion B.	Policies				,
12.	Doos the	organization have a written conflict of interest policy? If 'No,' go to line 13		10-	Yes	No
		, , ,		12a	Х	
	to conflic		J	12b	х	
	Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12 c	х	
		organization have a written whistleblower policy?		13	X	
14		organization have a written document retention and destruction policy?		14	X 700	
15	persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion	ŠP.	200	2.1
		nization's CEO, Executive Director, or top management official?		15a	X	
t		cers of key employees of the organization?		15 b	W 385	X 3. 8
16 a	Did the o	the process in Schedule O (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement with a taxable	1964 - 1 1864 - 1		\$2.5 B
	entity du	ring the year? has the organization adopted a written policy or procedure requiring the organization t	-	16a		X
	in joint v	enture arrangements under applicable federal tax law, and taken steps to safeguard t th respect to such arrangements?	he organization's exempt	16b	`.` <u>*</u> .i.	
		Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed Montana				
18	inspection	i104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an nindicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) av	/ailable	for pu	ıplıc
	∐ Own	website Another's website X Upon request				
	statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public.	·	-		:ial
		name, physical address, and telephone number of the person who possesses the bo MOUNTAIN INC. PO Box 10892 Bozeman M				2155
		MOONIAIN INC. TO BOX 10092 BOZEMAN M	17 - 73/13 (406)_5	286-	<u>-455</u>
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Form 990 (2008)

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

- 1 a 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) or 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

(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adivid altristee	institutional trustee	Offi - 🖭	Key employee	Higt est сунпрытsaled employee	FURNE	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sharon Klotz										
President	0.25			X				0.	0.	0.
Joseph D. Horse Capture										
Vice President	0.25			Х				0.	0.	0.
Bernie Zubrowski										
Secretary	0.25			Х	<u></u>			0.	0.	0.
Kirk Branch										
Treasurer	0.25			Х				0.	0.	0.
Judi gaiashkibos										
Member at Large	0.25	Х						0.	0.	0.
Bonnie L. Sachatello-Sawyer		ļ	-		1					
Executive Director	40.00				Х			76,000.	0.	3,800.
David Chittenden		1	1							
Past President	0.25	X						0.	0.	0.
					-					
					-					
							-			

TEEA0107 04/24/09

Part VII Section A. Officers, Directors, Trus	tees, F	(ey	En	ıplo	ye	es,	an	d Highest Con	pensated Emp	oloyees (cont)
· (A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours	⊢			_		_	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual or director	Instit	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	}	dividual	nstitutional trustee	ª	emp	est c oyee	тeг	(2,	(,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related
	İ	l trustee	lal #		foyee	duo				organizations
		ite	uste		"	ensa				
	1		in in			ated				
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	-									
1 b Total	<u>!</u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	76.000		
2 Total number of individuals (including those in 1a) w				ما ا		1100		76,000.	0.	3,800.
organization	no rece	iveu	moi	e u	an	ÞΙU	,000	o in reportable cor	npensation from the	e
Organization										Yes No
2.5.11										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of reg	ortable	com	pen	satio	on a	nd d	othei	r compensation fro	om	
the organization and related organizations greater the	nan \$150	0,000	o'? If	'Ye	s' c	omp	lete	Schedule J for su	ch	
										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch.	ompensa	ation	froi	m ai	ny u	nrel	ated	organization for s	ervices	5 X
Section B. Independent Contractors	caule 3	101 3	ucii	рет.	3011					5 X
1 Complete this table for your five highest compensate	ed indep	ende	ent d	conti	racto	ors t	hat	received more tha	n \$100,000 of	
compensation from the organization								т		
(A)								_ (B)	(C)
Name and business addres	S							Description of	of Services	Compensation
										
2 Total number of independent contractors (including	lhose in	1) 14	vho ·	reco	IVec	l mo	re #	1 \$100 000 in	\$ 3	·
compensation from the organization >	iiiose III	1) V	*1 IU I	せしせ	ı vec	1110	ne li	iaπ φτου,000 III	7.7	

Pa	t 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
ς.,ς	1a Federated campaigns 1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b					
βĞ	c Fundraising events 1 c					
AA.	-					
Ĕξ	d Related organizations 1 d	1 064 720				
SIM.	e Government grants (contributions)	1,064,738.	:			
5 G	f All other contributions, gifts, grants, and similar amounts not included above					
뙲	similar amounts not included above 1 f	15,057.				
ξŞ	g Noncash contribns included in Ins 1a-1f \$					
	h Total. Add lines 1a-1f	▶	1,079,795.			
PROGRAM SERVICE REVENUE		Business Code				
Ę.	2a			and the same of th		***************************************
RE	b			-	,	
ICE	c			-		
ER.	d			··-		
N SI						
RAI	e		00 001	00.004		
õ	f All other program service revenue		22,091.	22,091.	0.	0.
=	g Total. Add lines 2a-2f	•	22,091.	*	~ ^4<	Y* ,
	3 Investment income (including dividends, i	nterest and				
	other similar amounts)	•	3,673.	3,673.	0.	0.
	4 Income from investment of tax-exempt bo	and proceeds	,			
	5 Royalties	•				
	(i) Real	(ii) Personal		- 18	13.37.6	4 3 S
	6a Gross Rents					
	b Less rental expenses					(1) · 数 余
	c Rental income or (loss)	···				
	d Net rental income or (loss)	•			23' 2170.00.s.	William L.
	(i) Securities	(II) Other	ad Sterr	77 12 ·3x		
	7a Gross amount from sales of assets other than inventory	(1)				
	assets other than inventory				\$3. 3. 3. 5. T.	
	b Less, cost or other basis		Mar Y			
	and sales expenses					
	c Gain or (loss)			Mal Rai	SAL AS	_ ```_\$`
	d Net gain or (loss)					
	8a Gross income from fundraising events					* * * * * * * * * * * * * * * * * * * *
ME	(not including \$			1 47 - 1		
Ĭ.	of contributions reported on line 1c)				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	** * * * * * * * * * * * * * * * * * *
OTHER REVEN	See Part IV, line 18	5,540.	1 2 2 2 4		,	
뿓	b Less direct expenses b	7,129.		1.50	* ' x ` ', `	
Ö	c Net income or (loss) from fundraising eve		-1,589.	-1,589.	0.	
	· ,		32.43	2	7	, ,
	9a Gross income from gaming activities See Part IV, line 19 a		* , . * *	* 3°4	,	, ,
	b Less direct expenses b			*,		· /
	c Net income or (loss) from gaming activities		and a substantial and	~ ~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	/ `	
	[62				
	10a Gross sales of inventory, less returns and allowances		*			1
	- 1	·		1		
	b Less cost of goods sold b					
	c Net income or (loss) from sales of invent					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
		61710 5				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 10c, and 11e	oa, /a, 8c, 9c, ►	1,103,970.	24,175.	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 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		248,221.	248,221.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,248.	16,248.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	•		-		
5	Compensation of current officers, directors, trustees, and key employees	79,800.	79,800.	0.	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)				
7	Other salaries and wages	90,479.	85,492.	4,987.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,538.	2,398.	140.	0.
9	Other employee benefits	12,809.	12,104.	705.	0.
	Payroll taxes	24,883.	23,514.	1,369.	0.
	Fees for services (non-employees)		23,314.	1,000.	<u>0.</u>
	a Management				
1	b Legal				
1	c Accounting	315.	0.	315.	0.
1	d Lobbying				
4	e Prof fundraising svcs. See Part IV, In 17				
1	f Investment management fees				
-	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	5,900.	500.	5,400.	0.
17	Travel	77,019.	72,316.	4,703.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21					
22		504.	0.	504.	0.
23 24					
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)) , , , , , , , , , , , , , , , , , , ,
	a Dues and subscriptions	499.	124.	375.	0.
	b Insurance	3,686.	0.	3,686.	0.
	c Program supplies/fees	85,516.	76,020.	9,496.	0.
	d Professional Fees	9,758.	0.	9,758.	0.
	e	2,.00.		3,730.	<u>0.</u>
	f All other expenses	328,469.	313,867.	14,602.	0.
	Total functional expenses. Add lines 1 through 24f	986,644.	930,604.	56,040.	0.
	Joint Costs. Check here ► 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			, 55,5101	
BAA				<u> </u>	Form 990 (2008)

					(A) Beginning of year		(B) End of year	
	1	Cash – non-interest-bearing .			14,593.	1	86,606.	
	2	Savings and temporary cash investments			150,852.	2	214,324.	
	3	Pledges and grants receivable, net			9,054.	3	223/324.	
	4	Accounts receivable, net			9,854.	4	1,606.	
	5	Receivables from current and former officers, directors	. trust	ees, kev emplovees		 	1,000.	
		or other related parties Complete Part II of Schedule I	-	oos, ney employees,		5		
	6	Receivables from other disqualified persons (as define		1, 1, 1,				
		and persons described in section 4958(c)(3)(B) Comp	lete P	art II of Schedule L		6		
A S S E T S	7	Notes and loans receivable, net				7		
Ĕ	8	Inventories for sale or use				8		
Ś	9	Prepaid expenses and deferred charges		•		9		
	10 a	Land, buildings, and equipment cost basis	10 a	3,266.	, , ,	,	, ,	
	b	Less accumulated depreciation Complete Part VI of					**************************************	
		Schedule D	10b	2,289.	1,481.	10 c	977.	
	11	Investments — publicly-traded securities				11		
	12	Investments – other securities See Part IV, line 11				12		
	13	Investments – program-related See Part IV, line 11			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		
	16	Total assets Add lines 1 through 15 (must equal line	34)		185,834.	16	303,513.	
	17	Accounts payable and accrued expenses			18,300.	17	18,653.	
	18	Grants payable				18		
	19	Deferred revenue			19			
į	20	Tax-exempt bond liabilities			20			
Ŗ	21	Escrow account liability Complete Part IV of Schedule			21			
LIABILIT	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensations.	key employees, Complete Part II		W.			
Ť		of Schedule L		22	#			
E S	23	Secured mortgages and notes payable to unrelated thi	ties		23			
_	24	Unsecured notes and loans payable	. с. р.с.			24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25		18,300.	26	18,653.		
		Organizations that follow SFAS 117, check here ▶	X a	nd complete lines	" A.75. A.95		10,033.	
N E T		27 through 29 and lines 33 and 34.				1		
A	27	Unrestricted net assets			3,343.	27	57,465.	
ASSETS	28	Temporarily restricted net assets			164,191.	28	227,395.	
	29	Permanently restricted net assets				29		
O R		Organizations that do not follow SFAS 117, check her	re ►	and complete		1,	* 1. / 3 * *	
E		lines 30 through 34.						
FUZD	30	Capital stock or trust principal, or current funds			The second contract of the second contract of	30	mate are a sure so contrar	
B	31	Paid-in or capital surplus, or land, building, and equip	ment f	und		31		
Ĺ	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32		
BALAZCES	33	Total net assets or fund balances.			167,534.	33	284,860.	
	34	Total liabilities and net assets/fund balances			185,834.	34	303,513.	
Pa	ırt X	Financial Statements and Reporting						
							Yes No	
1 Accounting method used to prepare the Form 990 Cash X Accrual Other								
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a								
		ere the organization's financial statements audited by ar	•				2b X	
	c If	Yes' to 2a or 2b, does the organization have a committe view, or compilation of its financial statements and selec	e that	assumes responsibility	for oversight of the aud	dıt,	20 4	
		a result of a federal award, was the organization requir					2c X	
3	Au	dit Act and OMB Circular A-133?	GU (0)	undergo an addit or add	iiro ao oet ivitii ili (ne oi	iigie	3a X	
_		Yes,' did the organization undergo the required audit or	audits	?			3b X	
ВА	A						Form 990 (2008)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

HOP	<u>A</u> !	MOUNTAIN INC.								35/49			
Par	t I	Reason for Pub	olic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see II	<u>ıstruct</u>	ions)		
he o	orga	nization is not a priva	ate foundation becaus	e it is. (Please check only	y one or	ganızatı	on)						
1	\Box	A church, conventio	n of churches or asso	ciation of churches descr	ibed in s	ection 1	70(b)(1)	(A)(i).					
2	П	A school described	ın section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Ħ			organization described in		170(b)	(1)(A)(iii). (Attac	ch Sched	dule H)			
4	Ħ		•	I in conjunction with a ho		• •				-	r the hospit	al's	
•	ப	name, city, and stat	•					,	-74-74-74				
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of	f a college or university of	owned or	operate	ed by a g	governn	nental ur	nit descri	ibed in sec	tion	
6		A federal, state, or	local government or g	overnmental unit describe	ed in sec	tion 170)(b)(1)(A	ι) (ν).					
7	X	An organization that in section 170(b)(1)	t normally receives a (A)(vi). (Complete Pa	substantial part of its sup irt II)	port fron	n a gove	ernmenta	al unit o	r from th	ne gener	al public de	escribe	ed
8		A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	Part II))							
9		from activities relate investment income	ed to its exempt functi	more than 33-1/3 % of ons — subject to certain a staxable income (less somplete Part III)	exceptioi	ns. and	(2) no m	nore tha	n 33-1/3	% of its	s support fr	om arc	oss
10		An organization org	anized and operated	exclusively to test for pub	lic safety	/. See s	ection 5	09(a)(4)	. (see ii	nstructio	ns)		
11		more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or se	ection 50	J9(a)(2)	ons of, See s e	or carry ection 50	out the post out the post of t	purposes o Check the	f one o box th	or nat
		a Type I	b Type II	c Type III	- Func	tionally	integrate	ed		d 🗌	Type III-	Other	
•	: [By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controlle i one or more publicly sup	d directly oported o	y or indi organiza	rectly by tions de	one or scribed	more di in sectio	squalifie on 509(a	d persons)(1) or sec	other lion	
ŧ		• • • •	received a written dete	ermination from the IRS th	nat is a T	Гуре І, Т	ype II o	r Type I	ll suppo	rting org	anızatıon,		
ç	3	Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	No
		(i) a person who below, the go	no directly or indirectly controls, either alone or together with persons described in (ii) and (iii) governing body of the supported organization?										
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11g (ii)		
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (in)]	
1	n	Provide the following	ng information about th	ne organizations the orga	n <u>ızatıon</u>	support	<u>s</u>						
	((i) Name of Supported Organization	of Supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Sup								t of Sup	port	
					Yes	No	Yes	No	Yes	No			
					+	 	ļ			-			
							_						
					 		 						
Tota	. 1			× ×				-					

Par	Support Schedule for			•	b)(1)(A)(IV) an	id 1/0(b)(1)(A)	(vi)
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part I	<u>}</u>			
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	0.	11,150.	132,235.	918,189.	1,016,591.	2,078,165.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-3	0.	11,150.	132,235.	918,189.	1,016,591.	2,078,165.
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)						
	Public support. Subtract line 5 from line 4	,	~			<u> </u>	2,078,165.
	tion B. Total Support	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0.	11,150.	132,235.	918,189.	1,016,591.	2,078,165.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		1,435.	518.	3,672.	3,673.	9,298.
9	Net income form unrelated business activities, whether or not the business is regularly carried on					5,0,0,0	3,230.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					•	2,087,463.
12	Gross receipts from related activ	ities, etc. (see inst	tructions)			12	32,339.
	First five years. If the Form 990 organization, check this box and	stop here		I, third, fourth, or	fifth tax year as	a section 501(c)(3	
	tion C. Computation of Pu						
	Public support percentage for 20		•	11, column (f)		14	%
15	Public support percentage for 20	07 Schedule A, Pa	irt IV-A, line 26f			_ 15_	%
16 a	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a publ	not check the box licly supported org	on line 13, and the janization	he line 14 is 33-1	/3 % or more, che	eck this box
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, anization	and line 15 is 33-	1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this bi	ox and ston here	. Explain in Part IV	/ how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ar d-circumstances' t	nd-circumstances' est The organiza	test, check this bo ation qualifies as a	ox and stop here a publicly support	. Explain in Part I\ ed organization	✓ how the
18	Private foundation. If the organiz	zation did not ched	k a box on line, 1	<u>3, 16a, 16b, 17a,</u>			
BAA					Si	chedule A (Form 9	990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 HOPA MOUNTAIN INC. 84-1635749 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2004 **(b)** 2005 (d) 2007 **(e)** 2008 Calendar year (or fiscal yr beginning in) (c) 2006 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) > **(b)** 2005 (a) 2004 (d) 2007 (c) 2006 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 80 . ₅₀ 1. 1.0° (°) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 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 - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A	A (Form 9	990 or 9	90-EZ)	2008	HOPA	MOUNTA	NIA	INC.					84-163	5749	Page 4
Part IV	Suppl Part II	emen I. line	tal Inf	formator 17b:	tion. Co	mplete t III, line	this 12.	part to Provid	provide any	de the other	explanational	n requ	ired by Pation. (se	art II, line e instructi	10; ions)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Employer Identification number 84-1635749 HOPA MOUNTAIN INC

	Organizations Maintaining Dono	Advised Funds or Other Sir	nilar Funds or Ac	counts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	illui i ulius oi 710	occurred complete ii
		(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 don funds are the organization's property, subject t	or advisors in writing that the assets of the organization's exclusive legal c	held in donor advised ontrol?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??	s, and donor advisors in writing that ne benefit of the donor or donor advis	grant funds may be sor or other	☐ Yes ☐ No
Par	t II Conservation Easements Comple	ete if the organization answer	ed 'Yes' to Form	
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re	ecreation or pleasure)	eservation of an histor	rically important land area
	Protection of natural habitat	Pre	eservation of certified	historic structure
	Preservation of open space	-		
2	Complete lines 2a-2d if the organization held a of the tax year	qualified conservation contribution i	n the form of a conse	rvation easement on the last day
				Held at the End of the Year
ā	Total number of conservation easements		2a	
t	Total acreage restricted by conservation easer	nents	2 b	
(: Number of conservation easements on a certif	ed historic structure included in (a)	2c	
	Number of conservation easements included in		2 d	
3	Number of conservation easements modified,	transferred, released, extinguished, o	r terminated by the or	rganization during the taxable
	year ►			
4	Number of states where property subject to co	nservation easement is located 🟲 🔃		
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, inspe olds?	ection, violations, and	Yes No
6	Staff or volunteer hours devoted to monitoring	inspecting, and enforcing easement	s during the year 🟲	
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements d	uring the year 🛌 💲	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirem	ents of section	Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to	orts conservation easements in its re the organization's financial stateme	venue and expense s ents that describes the	statement, and balance sheet, and e organization's accounting for
Da	conservation easements	ations of Art Historical Tree	auma au Othau G	Similar Assats
	Organizations Maintaining Colle Complete if the organization ans	wered 'Yes' to Form 990, Par	t IV, line 8.	
1;	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research	ue statement and bala in furtherance of publi	ance sheet works of art, historical ic service, provide, in Part XIV,
1	b) If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, not to report in its reveni ic exhibition, education, or research	ue statement and bala in furtherance of publ	ance sheet works of art, historical ic service, provide the following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other simila 116 relating to these items	ar assets for financial	gain, provide the following
i	a Revenues included in Form 990, Part VIII, line	1		► \$
1	Assets included in Form 990, Part X			►\$ ►\$
				

Schedule D (Form 990) 2008 HOPA Part III Organizations Maintain			cal Treasures, or	84-163 Other Similar As		ontını	Page 2 ued)
3 Using the organization's accession that apply) a Public exhibition b Scholarly research c Preservation for future general	and other records,	check any of the fold d Loan or e	lowing that are a sign	nificant use of its collec	ction item		
4 Provide a description of the organi Part XIV					: In		
5 During the year, did the organization assets to be sold to raise funds raise.	on solicit or receive ther than to be mair	donations of art, his ntained as part of the	itorical treasures, or o e organization's collec	other similar ction?	☐ Yes	Γ	No
Part IV Trust, Escrow and Cus IV, line 9, or reported a	stodial Arrange	ments Complete	ıf organization a		Form 9	90, P	art
1a is the organization an agent, truste included on Form 990, Part X? b if 'Yes,' explain the arrangement in	ee, custodian, or oth	ner intermediary for o	contributions or other	assets not	Yes		No
					Amoun	t	
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f	·		
2a Did the organization include an an	nount on Form 990,	Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement in					ш		
Part V Endowment Funds Cor		zation answered	'Yes' to Form 99	0, Part IV, line 10			
	(a) Current year	(b) Prior year	(c) Two years back			Four year	s back
1 a Beginning of year balance		*** 3	* * * * * * * * * * * * * * * * * * * *		7.73	* ~	
b Contributions			17 18 July 18 19 18 19 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	(2 .	ž >
c Investment earnings or losses		27.4 1144	19800 11 4		1 1	1 450	- ;
d Grants or scholarships		7 7 18 2 3 4	4 1 12 12 2	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7 7		⊘ (
e Other expenditures for facilities		X. X.		7 2 2 3	Y.,1	¥\$	
and programs					**	J.	
f Administrative expenses		· 134 %i		1, 2	, %;	4.	\$
g End of year balance		14 14 14	ig i milit de de	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13.	-,	7 9
2 Provide the estimated percentage	of the year end bal-	ance held as					
a Board designated or quasi-endowr	ment 🟲	%					
b Permanent endowment ▶	%						
c Term endowment	%						
3a Are there endowment funds not in organization by	the possession of t	he organization that	are held and adminis	stered for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related or	ganizations listed a	s required on Schedi	ule R?		3b		
4 Describe in Part XIV the intended					1 42 1		<u> </u>
Part VI Investments-Land, Bu				line 10			
Description of investment	(a) Co		(b) Cost or other basis (other)	(c) Depreciation	(d)	Book V	alue
1 a Land				3			
b Buildings				<u></u> -	1		
c Leasehold improvements							
d Equipment		0.	3,266.	2,289.	1		977.
e Other	—						
Total. Add lines 1a-1e (Column (d) show	uld equal Form 990.	Part X, column (B)	line 10(c))	-	-		977.

Schedule **D** (Form 990) 2008

BAA

Schedule D (Form 990) 2008 HOPA MOUNTAIN INC.		8	1-1635749 Pag
Part VII Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	f valuation
Financial derivatives and other financial products		Cost of end-of-ye	ar market value
Closely-held equity interests			
Other	-		
			*
			
			- -
			
			· · · · · · · · · · · · · · · · · · ·
Total (Column (b) should equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (See F	orm 990, Part X,	line 13)	
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
		Cost or end-of-ye	ar market value
			······
			<u> </u>
			
	- ".		
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T-1-1 C-1 (1/2-1		**************************************	
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13) ► Part IX → Other Assets (See Form 990, Part X, I	ine 15)	A Superior Control	
	scription		/b\Dark all all a
(a) De	scription		(b) Book value
	····		
			-

			ł
Total, Column (b) Total (should equal Form 990, Part X, col.	(B), line 15)		•
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X)			P
Part X Other Liabilities (See Form 990, Part 2	X, line 25)		A
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part 2	X, line 25)		
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		A 20 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		
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Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		A 3 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		
Part X Other Liabilities (See Form 990, Part 2) (a) Description of Liability	X, line 25)		
Part X Other Liabilities (See Form 990, Part) (a) Description of Liability Federal Income Taxes	X, line 25)		

·		
	<u>-163574</u>	<u>49 Page 4</u>
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)		1 102 070
 Total revenue (Form 990, Part VIII,column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 		1,103,970.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		986,644.
4 Net unrealized gains (losses) on investments		117,326.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments	<u> </u>	
8 Other (Describe in Part XIV)	<u> </u>	
9 Total adjustments (net). Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		117,326.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn	
1 Total revenue, gains, and other support per audited financial statements	1	1,111,099.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	, 98	
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,111,099.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	38	
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV) 4b -7,129.	4	
c Add lines 4a and 4b	4c	-7,129.
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,103,970.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	T	
1 Total expenses and losses per audited financial statements	1	993,787.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	3.5	
a Donated services and use of facilities		
b Prior year adjustments 2b	-	
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)	1 1	
e Add lines 2a through 2d	2e	002 707
3 Subtract line 2e from line 1	3	993,787.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 4a	28 783 5	
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b -7,143.	-	
c Add lines 4a and 4b	- -:``# 4c	_7 142
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	-7,143. 986,644.
Part XIV Supplemental Information	1 3 1	900,044.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	nes 1b and	l 2b, Part V,
Pt XII Line 4b Special Event expenses netted with Event income		
Pt XIII Line 4b Special Event expenses netted with Event income		
Pt XIII Line 4b Difference: Tax depreciation and Financial depreciat	<u>ion</u>	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public Inspection 2008

≥ □

X Yes

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

► Attatch to Form 990.

Employer identification number 84-1635749 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I & General Information on Grants and Assistance HOPA MOUNTAIN INC. Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

I alt IV alid ocileddie II (I olili 220) II additioliai space is liceded	וו לסכל ווווס ו	nonal space is i	ובכתבת				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Oglala_Lakota_College PO_Box_490Kyle_SD_57752	23-7135915		12,882.				To develop
Blackfoot Community Colle Helen Augare, PO Box 819 Browning MT 59417	81-0378943		235,339.				To develop
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	 and government orgons 	anizations				A A	

Schedule I (Form 990) 2008

TEEA3901 12/19/08

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

Page 2 Schedule I (Form 990) 2008 HOPA MOUNTAIN INC.

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance	External Evaluator			provide the information required in Part I, line 2, and any other additional information.	ing_subgrants, all of the	outlined in the proposal and approved by the funding agency.	defined by the funding agency. Both the Executive Director	and Finance Manager actively monitor all of the grants to ensure they are in compliance with oversight	from the Board. The Board reviews and approves all purchases above \$1,500 that are not already outlined in a grant award.	a Lakota Native Science Field Center teaching the integration of traditional knowledge with Western science.	a Blackfeet Native Science Field Center teaching the integration of traditional knowledge with Western science.			
(e) Method of valuation (book, FMV, appraisal, other)	FMV			rt I, line 2, and any ot	an_intermediary_organization_and_awarding_subgrants.	al_and_approved_	unding agency. Bo	ensure they are	\$1,500 that are not a	n of traditional kr	on of traditional k		 	
(d) Amount of non cash assistance	0			lon required in Pa	mediary_organi	in_the_propos	fined by the f	f_the_grants_to	purchases above	the integration	ng <u>the integrati</u>		, 	
(c) Amount of cash grant	16,248.			rovide the informat	a S	are	almost_always_de	_monitor_all_o	and approves all	Center_teaching	'd Center teachi	 	?	
(b) Number of recipients	1				When_Hopa_Mountain_is_serving_	grant guidelines and amounts	ال. ا	<u>nager_actively</u>	<u>The Board reviews</u>	Science Field	ive Science Fiel	 	 	
(a) Type of grant or assistance	ıht			Supplemental Information. Complete this part to	When_Hopa_Mou	grant guideli	The_selection_criteria	and_Finance_Ma	from the Board.	a Lakota Native			 	
(a) Type of gr	Subaward oversight			Part IV Supplemen	Pt_I_Line_2	Pt_I_Line_2	Pt_I_Line_2	Pt_I_Line_2	Pt_I_Line_2	Part II-Oglala .	Part II-Blackfeet		 	

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service 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.

HOPA MOUNTAIN INC	
Pt_XI,_Line_2c	The Board authorizes the audit. Bids are accepted two
	years in advance and a firm is contracted. Once a draft of
	the audit is completed, it is sent to the Board for their
	review. The Board approves the audit and then it is finalized.
	The Board treasurer serves as the contact point in this
	process.
Pt_V, Line_3b	The organization has no gross income from a regularly
	carried on unrelated trade or business. All of the income is
	exempt function income that is set aside for qualified
	purposes.
Pt VI-A, Line 10	The CPA prepares the draft 990 and it is submitted to the
	Executive Director (ED). The ED presents it to the entire
	Board. The Board views the draft, makes any corrections, approves
	and then it is sent back to the ED to ratify and authorize
	the CPA to finalize and issue.
Pt_VI-B, Line 12c	Hopa's Board completes new Conflict of Interest (COI) disclose forms
	annually at the summer Board meeting. The President monitors
	any COI and would discuss any conflicts. So far HOPA has
	not had any.
Pt_VI-B, Line 15	The Board reviews comparable salaries in the industry doing
	comparable work to determine the compensation level for
	the Executive Director.
Pt_VI-C, Line 19	The organization makes its governing documents, conflict of
	interest policy, and financial statements available
	to the public upon request.
Pt VI-A, Line 8	The organization documents meetings held by taking Board Minutes.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
HOPA MOUNTAIN INC.	84-1635749
Sch BOriginally filed tax return_did_not_include_t	he
Sch B correct information for the Schedule B contri	butors.
	·
	·

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2008

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service
Name(s) shown on return

HOPA MOUNTAIN INC.

Identifying number 84-1635749

Business or activity to which this form relates Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$250,000. 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) \$800,000. 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) **Section A** MACRS deductions for assets placed in service in tax years beginning before 2008 17 504. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) (b) Month and (g) Depreciation (business/investment use Classification of property year placed Convention Recovery period deduction in service only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property S/L h Residential rental 27.5 yrs S/L MM property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions 22 504 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2008) HOPA MOUNTAIN INC 84-1635749 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes.' is the evidence written? Yes No (b) (c) Businessi (e) **(f)** (i) Basis for depreciation (business/investment Elected section 179 Type of property (list vehicles first) Date placed in service Cost or Recovery Method/ Depreciation deduction investment other basis period use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) **(f)** 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes Yes Yes Yes No No No No No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting. by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code Amortization Amortization for this year period or percentage Amortization of costs that begins during your 2008 tax year (see instructions) 43 Amortization of costs that began before your 2008 tax year 43 Total. Add amounts in column (f) See the instructions for where to report 44 44

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission

We provide these leaders with training, mentoring, networking opportunities, and financial resources to help them create opportunities for advancing their communities.

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 11 (continued)

Name	Address	City	St	ZIP
Sharon Klotz	145 Brooklyn Ave.	Brooklyn	NY	11213
Joseph Horse Capture	2400 3rd Ave. S., #A	Minneapolis	MN	55404
Bernie Zubrowski	Center for Sci. Ed., 55 Chapel	Newton	MA	02458
Kirk Branch	Montana State Univ Bozeman	Bozeman	MT	59717
Judi gaiashkibos	State Capitol-6th Floor E.	Lincoln	NE	68509
David Chittenden	120 W. Kellogg Blvd.	St. Paul	MN	55102