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DLN: 93493133028060

Form **990**

Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

| Check if Address | e 2008 ca | | | | _ | | |
|---|--|--|--|---|---|--|---|
| — Address | | lendar yea | r, or tax year beginning 07-01-2008 C Name of organization | and ending 06-30-200 | 9 | D Employer | identification number |
| _ | | Please use IRS | DISTRICT XI HUMAN RESOURCE COUNCIL I | NC | | 81 0222 | 017 |
| | - | label or | Doing Business As | | | 81-0332 E Telephone | |
| Name cl | hange | print or type. See | | | | (406) 73 | 2710 |
| Initial re | turn | Specific Instruc- | Number and street (or P O box if mail is no | t delivered to street addre | ss) Room/suite | e (406) 728 | sipts \$ 4,628,350 |
| Temına | tion | tions. | 1801 S HIGGINS | | | d dross rece | apts \$ 4,020,330 |
| — Amende | d return | | City or town, state or country, and ZIP + 4 | | | 1 | |
| — Applicati | on pending | | MISSOULA, MT 59801 | | | | |
| • • | | E Non | ne and address of Principal Officer | | l | | |
| | | JIM MC | · | | | his a group retu lates? | ırn for ┌ Yes |
| | | | HIGGINS | | | | , 103 / 110 |
| . T | | | ULA,MT 59801 | | H(b) Are a | all affiliates inclu | ıded? |
| [lax-exe | empt status | № 501(c) | (3) ◀ (insert no) | 527 | 1 | | st See instructions) |
| J Webs | ite: 🕨 HT | P //WWW | HRCXI ORG | | H(c) Gro | up Exemption I | Number 🟲 |
| | | | | | | | |
| K Type of o | organization | ✓ Corporat | on | | L Year of F | formation 1965 | M State of legal domicile MT |
| | | | | | | | |
| Part I | Sumi | nary | | | | | |
| 1 | Briefly o | escribe th | e organization's mission or most signif | icant activities | | | |
| . | ADVOC | ATE FOR | OW-INCOME, PUBLIC BENEFIT CO | RPORATION | | | |
| <u> </u> | | | , | | | | |
| ₹ | | | | | | | |
| <u> </u> | Chackt | his hov E | f the organization discontinued its ope | arations or disposed o | f more than | 25% of its ass | ets |
| 오 _ | | , | | | | | 15 |
| l l | | - | nembers of the governing body (Part V | , | | | 15 |
| 6 6 7 | | | dent voting members of the governing | |), | | |
| 5 | | | pployees (Part V, line 2a) | | | 5 | |
| <u> </u> | | | lunteers (estimate if necessary) . | | | 6 | |
| _ | | | ed business revenue from Part VIII, I | | • | 7a | |
| - ' | N et unro | elated busi | ness taxable ıncome from Form 990-T | , line 34 | | 71 | |
| | | | | | Pr | ior Year | Current Year |
| g 8 | Contri | outions and | grants (Part VIII, line 1h) | | | 3,904,812 | |
| ž 9 | Progra | m service | evenue (Part VIII, line 2g) | | | 490,900 | 198,994 |
| Beyenue 10 | | | ne (Part VIII, column (A), lines 3, 4, a | • | | 48,189 | 19,660 |
| L 11 | Other | revenue (P | art VIII, column (A), lines 5, 6d, 8c, 9 | c, 10c, and 11e) | | 4,152 | 948 |
| 12 | | evenue—a | ld lines 8 through 11 (must equal Part | VIII, column (A), lin | е | 4,448,053 | 4,628,350 |
| 12 | 12) | | | 1 3) | | | |
| 13 | | | r amounts paid (Part IX, column (A), I | | | 1,299,655 | |
| 14 | | • | r for members (Part IX, column (A), lir | • | _ | | |
| φ 15 | Salarie 10) | s, other co | mpensation, employee benefits (Part 1 | X, column (A), lines 5 | 5- | 1,301,284 | 1,567,419 |
| | • | sional fund | raising fees (Part IX, column (A), line | 110) | | | |
| ₩ = 16: | 1 10103 | Jional lana | | | | | 1 |
| 16s | . | | | | | | C |
| _ | , | | enses, Part IX, column (D), line 25 0 |) | | 1 100 200 | |
| 17 | Other | expenses (| penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a–11d, 1 | 1f-24f) | | 1,199,202 | 883,514 |
| 17 18 | O ther Total e | expenses (xpenses— | penses, Part IX, column (D), line 25 <u>0</u> Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, | 1f-24f) | | 3,800,141 | 883,514 3,930,075 |
| 17 18 19 | O ther Total e | expenses (xpenses— | penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a–11d, 1 | 1f-24f) | | 3,800,141 647,912 | 3,930,075 698,275 |
| 17 18 19 | O ther Total e | expenses (xpenses— | penses, Part IX, column (D), line 25 <u>0</u> Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, | 1f-24f) | Begini | 3,800,141 | 883,514 3,930,075 |
| 17 18 19 | Other Total e Reven | expenses (xpenses — ue less exp | penses, Part IX, column (D), line 25 <u>0</u> Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, | 1f-24f) | Begini | 3,800,141 647,912 | 883,514 3,930,075 698,275 End of Year |
| 17 18 19 | Other Total e Reveni | expenses (xpenses— ue less exp | penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, enses Subtract line 18 from line 12 | 1f-24f) | Begini | 3,800,141 647,912 ning of Year | 883,514 3,930,075 698,275 End of Year 12,346,215 |
| 17 18 19 | Other Total e Reven Total a | expenses (expenses— ue less exp essets (Par labilities (F | penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, enses Subtract line 18 from line 12 |) 1f-24f) line 25, column (A)) | Begini | 3,800,141 647,912 ning of Year 12,095,887 550,157 | 883,514 3,930,075 698,275 End of Year 12,346,215 389,062 |
| 17 18 19 20 20 20 20 20 20 20 20 20 20 20 20 20 | Other Total e Reven Total a Total I Net as | expenses (xpenses— ue less exp ssets (Par labilities (F | penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, enses Subtract line 18 from line 12 t X, line 16) art X, line 26) d balances Subtract line 21 from line |) 1f-24f) line 25, column (A)) | Begini | 3,800,141 647,912 ning of Year 12,095,887 | 883,514 3,930,075 698,275 End of Year 12,346,215 389,062 |
| 17 18 19 | Other Total e Reven Total a Total I Net as | expenses (xpenses— ue less exp ssets (Par abilities (F sets or fun ature Ble | penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, enses Subtract line 18 from line 12 t X, line 16) art X, line 26) d balances Subtract line 21 from line |) 1f-24f) line 25, column (A)) | | 3,800,141 647,912 ning of Year 12,095,887 550,157 11,545,730 | 883,514 3,930,075 698,275 End of Year 12,346,215 389,062 11,957,153 |
| 17 18 19 20 20 20 20 20 20 20 20 20 20 20 20 20 | Other Total a Total a Total I Net as Under po | expenses (xpenses— ue less exp ssets (Par abilities (F sets or fun ature Bio enalties of pe | penses, Part IX, column (D), line 25 0 Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, enses Subtract line 18 from line 12 t X, line 16) art X, line 26) d balances Subtract line 21 from line | 1f-24f) line 25, column (A)) 20 m, including accompanying | schedules and | 3,800,141 647,912 ning of Year 12,095,887 550,157 11,545,730 statements, and s | 883,514 3,930,075 698,275 End of Year 12,346,215 389,062 11,957,153 to the best of my knowledge |
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Part III Statement of Program Service Accomplishments (See the instructions.)

| 1 | Briefly describe the organization's mission Working to identify and expand resources to provide opportunities for low income households in housing, health, education, training, and employment for Missoula, Mineral, and Ravalli counties |
|------------|---|
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | 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? |
| | 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 (4) organizations and 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 \$ 702,826 including grants of \$ 82,797) (Revenue \$) a Community improvement, Capacity building Community service/homelessness. Provide advocacy for and information and services to low income persons and information on available services to the general public through the 211 3-digit phone system. Provide emergency food and lodging to low income and homeless people, including children 1086 lunches for children under age 19 were provided during the summer lunch program in Mineral County. 1834 meals were provided, in collaboration with homeless shelters and food banks, to homeless individuals. During participation in a HRC program, 43 disabled persons were approved for social security disability (SSI). In collaboration with partners, 25,704 rights stay in emergency housing were provided to homeless adults and children. Provided appropriate info and assistance to 5827 callers on the 211 phone line. Through the efforts of HRC staff, \$108,281 was repaid to Missoula County from SSI for the county program that assists disabled persons. |
| 4b | (Code) (Expenses \$ 2,244,069 including grants of \$) (Revenue \$ 40,789) Human Services Multipurpose Energy Conservation/energy Assistance 4,602 applications for assistance with heating costs and weatherization were processed 3,973 households received assistance with their heating costs 496 households facing a loss of heat were assisted 283 homes were assisted resulting in a decrease in their energy consumption 108 households whose heating delivery system failed were assisted by replacement or repair of a primary heating appliance 7 wood stoves in lower income households were replaced under an Environmental Protection Agency Program 4 clients received an energy efficient refrigerator to reduce their energy costs |
| 4 c | (Code) (Expenses \$ 345,705 including grants of \$) (Revenue \$) Employment, job related Employment and Training Provide training, work experience, and services for youth from lower income homes and for individuals 135 low income youth successfully completed training, achieved employment or educational benchmarks 174 low income adults enrolled have participated in activities |
| | that provide guidance and direction toward obtaining long-term employment (Code) (Expenses \$ 267,237 including grants of \$) (Revenue \$ 158,205) |
| | |
| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses \$ 3,559,837 Must equal Part IX, Line 25, column (B). |

| 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | No |
| 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 | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, | 4 | Yes | |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | 11 | Yes | |
| 12 | Parts VI, VIII, IX, or X as applicable | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | No |
| | 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 | | No |
| 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? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | Νo |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |
| 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 | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Νο |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 | | No |
| 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 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | 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 | | | |
| | | 28a | | Νo |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV | 28b | | Νo |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | Νo |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νo |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | 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> | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νo |
| 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 | Yes | |
| 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 | Yes | |
| 36 | 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 | Yes | |
| 37 | Did the organization conduct more than 5 percent 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 | | No |

| Pa | rt V | Statements Regarding Other IRS Filings and Tax Complianc | е | | | | |
|-----|---------|---|---------|---------------------------|------------|-----|----|
| | | | | | | Yes | No |
| 1a | Enter | r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | | | |
| | | S. Information Returns . Enter -0- if not applicable | | | | | |
| | | | 1a | 25 | | | |
| ь | Enter | r the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | | | |
| | | | 1b | 0 | | | |
| c | | he organization comply with backup withholding rules for reportable payments to | o ven | dors and reportable | | | |
| | _ | ng (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | | r the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>ments</i> filed for the calendar year ending with or within the year covered by this | | | | | |
| | returi | | 2a | 75 | | | |
| ь | Ifatl | ı least one ıs reported ın 2a, dıd the organızatıon file all required federal employm | nent ta | ax returns? | | | |
| | Not e | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this | s retur | rn. | 2b | Yes | |
| 3а | | he organization have unrelated business gross income of \$1,000 or more during | g the | year covered by this | | | |
| | | n? | • • | | 3a | | No |
| | | es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e | | | 3b | | |
| 4a | | ny time during the calendar year, did the organization have an interest in, or a si · a financial account in a foreign country (such as a bank account, securities acc | | | | | |
| | | unt)? | | , or other inteneral | 4a | | No |
| ь | Tf"Va | es," enter the name of the foreign country | | | | | |
| | | the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i> | port o | f Foreign Bank and | | | |
| | Finan | cial Accounts. | | - | | | |
| 5a | Wast | the organization a party to a prohibited tax shelter transaction at any time durir | ng the | tax year? | 5a | | No |
| ь | Dıd a | ny taxable party notify the organization that it was or is a party to a prohibited | tax sh | nelter transaction? | 5b | | Νο |
| _ | If "Ye | es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> a | t Entit | ty Regarding Prohibited | | | |
| _ | | ihelter Transaction? | • | · · · | 5c | | |
| 6a | Dıd tl | he organization solicit any contributions that were not tax deductible? | | | 6a | | Νο |
| ь | If "Ye | es," did the organization include with every solicitation an express statement th | atsu | ch contributions or gifts | | | |
| | were | not tax deductible? | | | 6b | | |
| 7 | Orgar | nizations that may receive deductible contributions under section 170(c). | | | | | |
| а | | he organization provide goods or services in exchange for any quid pro quo con | trıbutı | ion of \$75 or | 7a | | No |
| | | 7 | | 10 | _ . | | I |
| | | es," dıd the organization notify the donor of the value of the goods or services pr | | | 7b | | |
| С | | he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282? | | - | 7c | | No |
| d | | es," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| _ | 1 | as, material number of rorms of of med during the year. | 7.4 | | | | |
| е | | he organization, during the year, receive any funds, directly or indirectly, to pay | | | | | |
| | | fit contract? | | | 7e | | No |
| f | Did tl | he organization, during the year, pay premiums, directly or indirectly, on a perso | onal b | enefit contract? | 7f | | No |
| g | | ll contributions of qualified intellectual property, did the organization file Form 8 | | · | 7g | Yes | |
| h | | ontributions of cars, boats, airplanes, and other vehicles, did the organization fi | ıle a F | orm 1098-C as | 76 | V | |
| | • | red? | | -1 500(-)(3) | 7h | Yes | |
| 8 | | on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s | | | | | |
| | exces | ss business holdings at any time during the | | , | 8 | | |
| | | ? | | | | | |
| 9 | | on 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did tl | he organization make any taxable distributions under section 4966? | • | | 9a | | |
| Ь | Did tl | he organization make a distribution to a donor, donor advisor, or related person | ?. | | 9b | | |
| 10 | Sectio | on 501(c)(7) organizations. Enter | i | | | | |
| а | Initia | ation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | | s receipts, included on Form 990, Part VIII, line 12, for public use of club | 10b | | | | |
| | facılıt | ties | | | | | |
| 11 | Secti | ion 501(c)(12) organizations Enter | | | | | |
| а | Gross | s income from members or shareholders | | | | | |
| | | | 11a | | | | |
| b | | s income from other sources (Do not net amounts due or paid to other sources | 44. | | | | |
| | agaın | nst amounts due or received from them)..........[| 11b | <u> </u> | | | |
| 12a | Section | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in | lieu d | of Form 1041? | 12a | | |
| b | If "Ye | es," enter the amount of tax-exempt interest received or accrued during the | | | | | |
| | year | | 12b | 1 | | | 1 |

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

| <u>Section</u> | <u>A.</u> | Governing | Body | and | Management | |
|----------------|-----------|-----------|------|-----|------------|--|
| | | | | | | |

| | | | Yes | No |
|----|---|----|-----|----|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body 1a 15 | | | |
| b | Enter the number of voting members that are independent 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Νo |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νo |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νo |
| 6 | Does the organization have members or stockholders? | 6 | | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| Ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | the governing body? | 8a | Yes | |
| ь | each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | No |
| 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? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | Yes | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | Νο |
| | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 | 12a | Yes | |
| Ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | | Νo |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| 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? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization DISTRICT XI HUMAN RESOURCE COUNCIL 1801 S HIGGINS MISSOULA, MT 59801 (406) 728-3710

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

| The check this box in the organization and i | · | Posit | (C |) chec | :k al | | | | (E) | (F) |
|--|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
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Part VII Continued

| | | | 1 | (tion that a | | | all | | | (E) | | (F) | |
|-------------|--|--|--|--------------------------------|----------------------------|--------------------|--|----------------|--|---|----------|--|---------------------------------------|
| | (A) Name and Title | (B) Average hours per week | Individual Trustae or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | | Estima amount o compens from t rganizati relate organiza | fother ation he on and ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | \perp | | |
| | | | | | | | | | | | | | |
| | Total | | | | | | | - | 150,40 | 2 | 0 | | 24,305 |
| TD | Total | | | | | | | | | | | | |
| 2 | | | a) who | | | | e than | | | | <u> </u> | | |
| 2 | Total number of individuals (includin compensation from the organization | ıg those ın 1 | | | | | e than | | | | <u> </u> | | |
| 2 | Total number of individuals (includin | ıg those ın 1 | | | | | e than | | | | <u>"</u> | Yes | No |
| 3 | Total number of individuals (including compensation from the organization) Did the organization list any former | ig those in 1 ►0 officer, direc | a) who | recei | ved | mor | employ | n \$1 | 00,000 in reportab | le | | Yes | No |
| 3 | Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu | og those in 1 ▶0 officer, directive | a) who | recei ruste | ved | mor | employ | n \$1 | or highest compens | le sated employee | 3 | Yes | |
| | Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization | officer, directle J for such | a) who | recei ruste <i>ual</i> . | ved e, k | ey e | employ | r \$1 /ee, and | or highest compens | sated employee | | Yes | No |
| 3 4 | Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Scheduler For any individual listed online 1a, is organization and related organization and individual | officer, directle J for such sthe sum of this greater the sum of t | a) who tor or t individu reporta nan \$15 | ruste ual ble c | ved e, k omp 0? } | ey e | ation a | vee, and | or highest compensor or highest compensor other compensation lete Schedule J for si | sated employee n from the | | Yes | No |
| 3 | Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization | officer, directle J for such as the sum of t | a) who | ruste ual ble c | ved e, k omp 0? i | ey e ens f "Y fror | employ ation a es," cc many | ee, | or highest compensor other compensation lete Schedule J for su | sated employee n from the uch for services | 3 | Yes | No No |
| 3 4 | Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual | officer, directle J for such as the sum of t | a) who | ruste ual ble c | ved e, k omp 0? i | ey e ens f "Y fror | employ ation a es," cc many | ee, | or highest compensor other compensation lete Schedule J for su | sated employee n from the uch for services | 3 | Yes | No No |
| 3 4 5 | Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual | officer, directle J for such as the sum of t | a) who ctor or t individu reporta nan \$15 ue comp Schedule | ruste Jal ble c 0,00 censa | e, k omp 0? i | ey e ens f "Y from | employ ation : 'es," co many erson | and stand | or highest compensation of the compensation of | sated employee n from the uch for services | 3 | Yes | No No |
| 3 4 5 | Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual | officer, directive of according the sum of t | a) who | ruste Jal ble c 0,00 censa | e, k omp 0? i | ey e ens f "Y from | employ ation : 'es," co many erson | and stand | or highest compensation of the compensation of | sated employee n from the uch for services | 3 | Yes | No No |
| 3 4 5 | Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual | officer, directive of according the sum of t | a) who | ruste Jal ble c 0,00 censa | e, k omp 0? i | ey e ens f "Y from | employ ation : 'es," co many erson | and stand | or highest compensation or highest compensation other compensation of the schedule of the sche | sated employee n from the uch for services | 3 | Yes (C | No No No |
| 3 4 5 | Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual | officer, directive J for such as the sum of | a) who | ruste Jal ble c 0,00 censa | e, k omp 0? i | ey e ens f "Y from | employ ation : 'es," co many erson | and stand | or highest compensation or highest compensation other compensation of the schedule of the sche | sated employee in from the uch for services re than | 3 | (c | No No No |
| 3 4 5 | Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual | officer, directive J for such as the sum of | a) who | ruste Jal ble c 0,00 censa | e, k omp 0? i | ey e ens f "Y from | employ ation : 'es," co many erson | and stand | or highest compensation or highest compensation other compensation of the schedule of the sche | sated employee in from the uch for services re than | 3 | (c | No No No |
| 3 4 5 | Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual | officer, directive J for such as the sum of | a) who | ruste Jal ble c 0,00 censa | e, k omp 0? i | ey e ens f "Y from | employ ation : 'es," co many erson | and stand | or highest compensation or highest compensation other compensation of the schedule of the sche | sated employee in from the uch for services re than | 3 | (c | No No No |

Part State
VIII

| Statement of Re | venue |
|-----------------|-------|
|-----------------|-------|

| | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|--|--------|---|---------------|----------------------|---|--|--|
| | 1a | Federated campaigns 1a | | | | | |
| m ts | ь | Membership dues | | | | | |
| Contributions, gifts, grants and other similar amounts | с | 1b Fundraising events | | | | | |
| ±£° | d | 1c Related organizations1d | | | | | |
| s, g ⊞iit | e | Government grants (contributions) 1e | | | | | |
| ntion: er sii | f | All other contributions, gifts, grants, and similar amounts not included above | 15,468 | | | | |
| 重量 | | 1f | | | | | |
| 멸 | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| O a | h | Total (Add lines 1a-1f) | [| 4,408,748 | | | |
| | | | Business Code | | | | |
| III e | 2a | REPYMT ON HSG LOANS, A | 624,200 | 158,205 | 158,205 | | |
| ewer e | ь | ENERGY CONSERVATION FE | 624,100 | 40,789 | 40,789 | | |
| ar A≛ | С | | | | | | |
| Š, | d | | | | | | |
| Ž. | e | | | | | | |
| Tan | f | All other program service revenue | | | | | |
| Program Serwoe Revenue | g | Total. Add lines 2a-2f | | | | | |
| | _ | \$ 198,994 | | | | | |
| | 3 | Investment income (including divide | | 19,660 | | | 19,660 |
| | | other similar amounts) | ▶ | | | | |
| | 4 | Income from investment of tax-exempt be | ond proceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (ı) Real | (11) Personal | | | | |
| | 6a | Gross Rents Less rental | | | | | |
| | Ь | expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other | (II) O ther | | | | |
| | ь | than inventory Less cost or other basis and | | | | | |
| | | sales expenses Gain or (loss) | | | | | |
| | c d | Net gain or (loss) | | | | | |
| | | | . ▶ | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including | | | | | |
| Re | | \$15,000 a | | | | | |
| <u>.</u> | ь | Less direct expensesb | | | | | |
| o t | С | Net income or (loss) from fundrais | ing events | | | | |
| - | 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 | | | | | |
| | | a | | | | | |
| | b c | Less direct expensesb Net income or (loss) from gaming a | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | • | | | | |
| | ь | Less cost of goods sold b | | | | | |
| | с | Net income or (loss) from sales of | ınventory | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | REIMBURSEMENTS FOR COP | 900,099 | 948 | 948 | | |
| | ь | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | \$ 948 | | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, 3 | | 4,628,350 | 199,942 | 0 | 19,660 |
| | | 8c, 9c, 10c, and 11e | | | | | |

Page **9**

Part IX Statement of Functional Expenses

| A | Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re | | | |). |
|------|---|-------------------------------|---|--|---------------------------------------|
| Do ı | 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 | 82,797 | 82,797 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1,396,345 | 1,396,345 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 150,402 | | 150,402 | |
| 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 | 994,456 | 982,623 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 57,595 | 47,524 | 10,071 | |
| 9 | Other employee benefits | 187,898 | 173,664 | 14,234 | |
| 10 | Payroll taxes | 177,068 | 157,315 | 19,753 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 15,790 | 12,859 | 2,931 | |
| c | Accounting | 19,000 | | 19,000 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 198,525 | 176,690 | 21,835 | |
| 12 | Advertising and promotion | 13,143 | 11,370 | 1,773 | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 267,378 | 217,802 | 49,576 | |
| 17 | Travel | 28,514 | 24,614 | 3,900 | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | · | | , | |
| 19 | Conferences, conventions and meetings | | | | |
| 20 | Interest | 10,096 | 9,612 | 484 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 103,736 | 91,111 | 12,625 | |
| 23 | Insurance | | | | |
| 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) | | | | |
| а | materials and supplies | 62,630 | 51,809 | 10,821 | |
| | vehicle | 40,251 | 36,270 | 3,981 | |
| c | telephone | 35,741 | 32,254 | 3,487 | |
| d | CAPITAL EXPENDITURES (G | 29,055 | 19,059 | 9,996 | |
| | postage | 13,331 | 10,918 | 2,413 | |
| | All other expenses | 46,324 | 25,201 | 21,123 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,930,075 | 3,559,837 | 370,238 | |
| 26 | Joint Costs. Check 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 |
|--------|---------|-------|
| | Balance | SHEET |

| | | | (A) Beginning of year | | (B) End of year |
|-------------|-------|---|--------------------------|-----|--------------------|
| | 1 | Cash—non-interest-bearing | 30,000 | | 30,000 |
| | 2 | Savings and temporary cash investments | 2,632,511 | 2 | 2,845,739 |
| | 3 | Pledges and grants receivable, net | 407,549 | 3 | 579,252 |
| | 4 | Accounts receivable, net | 15,554 | 4 | 4,780 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | | 5 | |
| | 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 | | 6 | |
| | 7 | Notes and loans receivable, net | 4,998,228 | 7 | 5,733,122 |
| | 8 | Inventories for sale or use | | 8 | |
| 2 | 9 | Prepaid expenses and deferred charges | 853 | 9 | 1,300 |
| Assets | 10a | Land, buildings, and equipment cost basis 10a 1,128,58 | 93 | | |
| | b | Less accumulated depreciation Complete Part VI of Schedule D | 342,402 | 10c | 339,704 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D | 1,754,675 | 12 | 1,781,992 |
| | 13 | Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D . | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | 1,914,115 | 15 | 1,030,326 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 12,095,887 | 16 | 12,346,215 |
| | 17 | Accounts payable and accrued expenses . | 237,324 | 17 | 373,814 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | 11,283 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ēŠ | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| Ë | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 312,833 | 23 | 3,965 |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 550,157 | 26 | 389,062 |
| seo | | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | |
| Balance | 27 | Unrestricted net assets | | 27 | |
| ထ | 28 | Temporarily restricted net assets | | 28 | |
| 돧 | 29 | Permanently restricted net assets | | 29 | |
| or Fund | | Organizations that do not follow SFAS 117, check here ▶ | | | |
| | 30 | Capital stock or trust principal, or current funds | 11,094,743 | 30 | 11,491,799 |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | 170,912 | 31 | 234,482 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | 280,075 | 32 | 230,872 |
| Net | 33 | Total net assets or fund balances | 11,545,730 | 33 | 11,957,153 |
| _ | 34 | Total liabilities and net assets/fund balances | 12,095,887 | 34 | 12,346,215 |
| Pa | rt XI | Financial Statements and Reporting | | | |

| ParitXI | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| С | 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? | 2c | Yes | |
| 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? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133028060

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

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.

2008

Open to Public Inspection

| DISTR | ICT XI | HUMAN RESOU | RCE COUNCIL INC | | | | | | | | |
|-------|--------------|---|--------------------|---|-------------|--|--|---|--------------|--|--|
| | | | | | | | | | -033201 | | |
| | rt I | | | harity Status (to be co | | | | | Instruct | ions) | |
| | organi. | | | ation because it is (Please | | | | | / A | | |
| 1 | <u> </u> | - | | nurches, or association of ch | | | Section 1 | L/U(B)(1)(| (A)(I). | | |
| 2 | <u> </u> | | | tion 170(b)(1)(A)(ii). (Attac | | | 470/1 | | | | |
| 3 | <u> </u> | - | • | e hospital service organizati | | | - | | | | • |
| 4 | ı | | - | zation operated in conjuncti | on with a | hospital d | escribedi | Section | 1/0(b)(1) | (A)(III). E | nter the |
| _ | _ | | name, city, and | | | | | | | | |
| 5 | ı | | | or the benefit of a college or | universit | y owned o | roperated | by a gove | ernmental | unit desc | ribed in |
| _ | _ | | | (Complete Part II) | | | | | | | |
| 6 | | - | · - | overnment or governmental | | | | | | | |
| 7 | V | | | ally receives a substantial p | | support fro | om a gove | rnmental u | init or fror | n the gene | eral public |
| _ | _ | | - | o)(1)(A)(vi) (Complete Par | • | | | | | | |
| 8 | <u> </u> | | • | ped in Section 170(b)(1)(A) | | • | • | | | | |
| 9 | ı | _ | | ally receives (1) more than | | | | | • | | , - |
| | | • | | lated to its exempt functions | - | | • | , , | • | | |
| | | | - | estment income and unrelate | | | • | | | x) from bu | sinesses |
| | _ | | | on after June 30, 1975 See | | | ' ' | | • | | |
| 10 | <u> </u> | _ | = | and operated exclusively to | • | | - | | | | · · |
| 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 | | | | | | | | | |
| e | Г | other than | foundation man | rtify that the organization is agers and other than one or | | | • | | | | • |
| f | | section 50 | | d a written determination fro | m the IRS | S that it is | a Type I. | Type II o | r Type III | supportir | ng organization. |
| - | | check this | | | | | ,, | 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | , , | | Γ |
| g | | | | as the organization accepted | d any gıft | or contrib | utıon from | any of the | <u></u> | | |
| | | following pe | | r indirectly controls, either a | alono or to | anthor w | th parsons | doscribo | dun (u) | | Yes No |
| | | | · | ng body of the the supported | | - | tii persons | describe | u III (II) | 11g | |
| | | | · = | erson described in (i) above | _ | tion. | | | | 11g | |
| | | | | ty of a person described in (| | hove? | | | | 11g(| |
| h | | | | mation about the organizatio | | | sunnorts | | | 9(| / |
| | | 1101140 1111 | a tottotting intot | mation about the organization | | , a m La crom | очррони | | | | |
| | (i) Na | ame of | (ii) EIN | (iii) Type of organization | (iv) I | s the | (v) Did y | ou notify | (vi) I | s the | (vii) A mount of |
| | | orted | | (described on lines 1-9 | | ation in | _ | nızatıon | | ation in | support? |
| | Organization | | | above or IRC section | | listed in | |) of your | | organized | |
| | | | | (See Instructions)) | , , | verning ment? | supp | ort? | In the | US? | |
| | | | | | Yes | No | Yes | No | Yes | No | 1 |
| | | | | | 103 | 110 | 103 | 110 | 103 | 110 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> |
| | | | | | | 1 | | <u> </u> | - | | |

Total

Support Schedule for Organizations Described in IRC 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.)

| | (Complete only if you chec | keu the box of | 11 lille 3, 7, 01 | o or Part 1.) | | | | |
|-----|--|--------------------|-------------------|-------------------|-----------------|-----------|-------------------|------------|
| | iblic Support | | | | , n 1 | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | 4,239,584 | 4,147,945 | 3,570,712 | 3,781,854 | | 4,407,296 | 20,147,391 |
| | membership fees received (Do not include any "unusual grants") | 4,239,304 | 4,147,343 | 3,370,712 | 3,761,634 | | 4,407,290 | 20,147,391 |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| 2 | benefit and either paid to or expended on | | | | | | | |
| | its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| - | furnished by a governmental unit to the | 2,400 | 2,400 | 2,400 | 2,400 | | 2,400 | 12,000 |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | 4,241,984 | 4,150,345 | 3,573,112 | 3,784,254 | | 4,409,696 | 20,159,391 |
| 5 | The portion of total contribution by each | | | | | | | |
| | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | (f) | | | | | | \longrightarrow | |
| 6 | Public Support subtract line 5 from line | | | | | | | 20,159,391 |
| _ | 4 | | | | | | | |
| | otal Support | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 7 | A mounts from line 4 | 4,241,984 | 21,632 | 3,573,112 | 3,784,254 | | 4,409,696 | 20,159,391 |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | 11,414 | 21,632 | 50,359 | 48,189 | | 19,660 | 151,254 |
| | rents, royalties and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| 9 | activities, whether or not the business is | | | | | | | |
| | regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| | from the sale of capital assets (Explain in | 274,061 | | | | | | 274,061 |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | 20,584,706 |
| 12 | Gross receipts from related activities, etc | (See instruction | s) | | | 12 | | 1,772,893 |
| 13 | First Five Years. If the Form 990 is for the | organization's fir | et second thir | d fourth or fifth | tav voaras a 5 | 01(c)(| (3) | |
| | organization, check this box and stop here | organization 5 m | st, second, time | a, rouren, or men | tax year as a s | 0 1 (0)(| | ▶ ┌ |
| | | | | | | | | , |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | | ed by line 11 co | olumn (f)) | | 14 | | 97.930 % |
| 15 | Public Support Percentage for 2007 Sched | ule Δ Part IV-Δ | line 26f | | | | | |
| | | | | | | 15 | <u> </u> | 95.950 % |
| 16a | 33 1/3% Test - 2008. If the organization did | | | | 1/3% or more, | check | this box | . |
| | and stop here. The organization qualifies as | | - | | F 22 1/20/ - | | | ►✓ |
| D | 33 1/3% Test - 2007. If the organization di | | | | .5 IS 33 1/3% O | r more | , cneck thi | s ▶□ |
| 172 | box and stop here. The organization qualific | | | | 3 162 or 16b = | and lun | 0 14 15 10 | |
| 1/a | 7a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the | | | | | | | |
| | organization meets the "facts and circumst | | | | | | | ▶ □ |
| ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| _ | more, and if the organization meets the "fac | | | | | | | |
| | the organization meets the "facts and circu | | | | | | | ▶ □ |
| 18 | Private Foundation. If the organization did | | | | | | | • |
| | instructions | | | | | | | ▶ □ |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any 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 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | 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 | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 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) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | monutation of Dublic Compant Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% 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 **33 1/3% 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) | | | | | |
|------------------------------|---|--|--|--|--|--|
| | | | | | | |
| Facts and Circumstances Test | | | | | | |
| | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 81-0332017

Name: DISTRICT XI HUMAN RESOURCE COUNCIL INC

Form 990, Part VII - Section Aaa

| Form 990, Part VII - Section Aaa | | | | | | | | | | | |
|---|--|----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
| | | Posit t | (C non (c | chec | | I | | | (5) | (F) | |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Prector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations | |
| ALAN THOMPSON , outgoing BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 | |
| BILL CAREY , outgoing BOARD MEMBER | 1 00 | Χ | | | | | | 0 | 0 | 0 | |
| CINDY WULFEKUHLE , BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| CHARLIE WELLENSTEIN , BOARD MEMBER | 1 00 | × | | | | | | 0 | 0 | 0 | |
| DAVE DONKLE , VICE PRESIDENT | 1 00 | Х | | Х | | | | 0 | 0 | 0 | |
| JUDY STANG , boarD MEMBER | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| LARRY DEGARMO , BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| LEON STALCUP , CHAIRMAN | 2 00 | Х | | Х | | | | 0 | 0 | 0 | |
| MORRIS MITTENESS , BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| RON OSBORN , BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| VALERIE FOREST , BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| BILLYE ANN BRICKER , secretary/treasurer | 1 00 | Х | | х | | | | 0 | 0 | 0 | |
| DENNIS DANEKE , BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| TOM REGAN , outgoing BOARD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| michele landquist , board MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| clark conrow , board MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| michele thompson , boaRD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| jr ıman , boaRD MEMBER | 1 00 | Х | | | | | | 0 | 0 | 0 | |
| RUTH DECKER-BURKE , FISCAL OFFICER | 40 00 | | | Х | | | | 62,475 | 0 | 11,427 | |
| JAMES MORTON , EXECUTIVE DIRECTOR/CEO | 40 00 | | | Х | | | | 87,927 | 0 | 12,878 | |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

| | ne organization answered "Ye ection 501(c)(4), (5), or (6) organ | es," to Form 990, Part IV, Line 5 (P ızatıons complete Part III | roxy Tax) | | | |
|-------|---|--|--|--|--|---|
| Na | ame of the organization STRICT XI HUMAN RESOURCE COUNCIL | · | | | ntıficatıon numbe | r |
| Par | | by all organizations exempt ee the instructions for Schedule | | 81-0332017 n 501(c) and section | | |
| 1 | Provide a description of the o | rganızatıon's dırect and ındırect polit | ıcal campaıgn act | tivities in Part IV | | |
| 2 | Political expenditures | | | | \$ | 700 |
| 3 | V olunteer hours | | | | · | |
| Par | rt I-B To be completed for Schedule C for c | by all organizations exempt letails.) | under section | n 501(c)(3). (See the | instructions | |
| 1 | Enter the amount of any excis | e tax incurred by the organization un | ider section 4955 | 5 | \$ | |
| 2 | Enter the amount of any excis | \$ | | | | |
| 3 | If the organization incurred in | a section 4955 tax, did it file Form 4 | 1720 for this year | ر ې | ☐ Yes | ┌ No |
| 4a | Was a correction made? | | | | ☐ Yes | ┌ No |
| ь | If "Yes," describe in Part IV | | | | | |
| Par | | by all organizations exempt s for Schedule C for details.) | under section | n 501(c), except sect | tion 501(c)(3 | ·). |
| 1 | Enter the amount directly exp | ended by the filing organization for s | ection 527 exemp | pt function activities | \$ | |
| 2 | Enter the amount of the filing 527 exempt funtion activities | organization's internal funds contribu | uted to other orga | nizations for section | \$ | |
| 3 | Total of direct and indirect ex 1120-POL, line 17b | empt function expenditures Add line | s 1 and 2 and ent | ter here and on Form | \$ | |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | ☐Yes | ┌ No |
| 5 | were made Enter the amount political contributions receive | nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona | oaid from the filing d to a separate po | g organization's own interna olitical organization, such a | l funds or were s a separate | ents |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's internal funds If none, enter - 0 - | (e) A mount of contributions and prompt directly delive separate poorganization enter -0 | received ly and red to a litical If none, |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| For I | Paperwork Reduction Act Notice | e, see the instructions for Form 990. | Cat No 5 | 0084S Schedule C (| Form 990 or 990 | -EZ) 2008 |

section 4911 tax for this year?

┌ Yes ┌ No

| P | | organizations exempt under section 501(ction 501(h)). (See the instructions for Schedule | | 68 |
|----------|--|--|--|---|
| 4 | Check If the filing organization | belongs to an affiliated group | | |
| <u>B</u> | Check If the filing organization | checked box A and "limited control" provisions apply | | |
| | | bbying Expenditures— s" means amounts paid or incurred.) | (a) Filing Organization's Totals | (b) A ffiliated Group Totals |
| 1a | Total lobbying expenditures to influe | nce public opinion (grass roots lobbying) | | |
| b | Total lobbying expenditures to influe | nce a legislative body (direct lobbying) | 700 | |
| c | Total lobbying expenditures (add line | es 1a and 1b) | 700 | |
| d | Other exempt purpose expenditures | | 3,930,985 | |
| е | Total exempt purpose expenditures (| (add lines 1c and 1d) | 3,931,685 | |
| f | Lobbying nontaxable amount Enter t columns— | 346,584 | | |
| | If the amount on line 1e, column (a) | | | |
| | or (b) is: Not over \$500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| g | Grassroots nontaxable amount (ente | r 25% of line 1f) | 86,646 | |
| h | Subtract line 1g from line 1a Enter - | 0- ıf lıne g ıs more than lıne a | 0 | |
| i | Subtract line 1f from line 1c Enter - 0 | O- if line f is more than line c | 0 | |
| | | | | |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | | |
|--|---|----------|-----------------|-----------------|---------------------|------------------|--|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total | | | | |
| _2a | Lobbying non-taxable amount | 307,898 | 316,524 | | 346,584 | 971,006 | | | | |
| ь | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,456,509 | | | | |
| c | Total lobbying expenditures | 0 | 1,561 | | 700 | 2,261 | | | | |
| _d | Grassroots non-taxable amount | 0 | 79,131 | | 86,646 | 165,777 | | | | |
| е | Grassroots ceiling amount (150% of line d, column (e)) | | | | | 248,666 | | | | |
| f | Grassroots lobbying expenditures | 0 | 1,561 | | dula C (Farma 200 a | 1,561 | | | | |

| | | d by organizations exempt un | | | | led | | age 3 I |
|-----------|---|--|---|--------------|---------|----------|---------|-------------------|
| | סאס (פופננוטוו ע | under section 501(h)). (See the | ! Instructions for Schedule C for C | uetaii (a | | \top | (b) | |
| | | | , | Yes | No | 1 | A moun | nt |
| 1 | | rganization attempt to influence foreigr npt to influence public opinion on a legi: | | | | | | |
| а | Volunteers? | | | 1 | ĺ | | | |
| b | | ude compensation in expenses reporte | d on lines c through i)? | | | \dashv | | |
| c | Media advertisements? | , , | , | | | +- | | |
| d | | rs, or the public? | | | | +- | | |
| e | Publications, or published or bi | | | | | + | - | |
| f | Grants to other organizations f | | | | | +- | | |
| g | | , their staffs, government officials, or a | leaislative body? | | | +- | | |
| h | | nars, conventions, speeches, lectures, | | $\neg \neg$ | | +- | | |
| i | Other activities If "Yes," desc | | | | | +- | | |
| j | Total lines 1c through | | | | | +- | | |
| • | 11 | | | | | | | |
| 2a | | se the organization to be not described | in section 501(c)(3)? | | | _ | | |
| | | ny tax incurred under section 4912 | | | | | | |
| c | If "Yes" enter the amount of ar | ny tax incurred by organization manage | rs under section 4912 | | | | | |
| | | ed a section 4912 tax, did it file Form 4 | | | | | | |
| Par | | d by all organizations exempt | | tion | 501(| c)(5 |), or | |
| | section 501(c)(6 | 5). (See the instructions for Sched | dule C for details.) | | | | Т., | |
| 4 | Ware automobile all (00% or | ······································ | | | ſ | 1 | Yes | No |
| 1 | | more) dues received nondeductible by | | | - | 2 | | - |
| 2 | | r in-house lobbying expenditures of \$2, | | | ŀ | 3 | | - |
| 3 Date | | arryover lobbying and political expendi | | | 501(| | \ | |
| РŒП | | d by all organizations exempt 6) if BOTH Part III-A, questions | | | | | | |
| | | swered "Yes." (See the instructi | | · · · · · | | | ٠, | |
| 1 | Dues, assessments and simila | | · | | 1 \$ | | | |
| 2 | | lobbying and political expenditures (d | o not include amounts of political | | | | | |
| | expenses for which the section | on 527(f) tax was paid). | | | - 4 | | | |
| a | Current Year | | | - | 2a \$ | | | |
| Ь | Carryover from last year | | | - | 2b\$ | | | |
| c | Total | | | - ⊢ | 2c \$ | | | |
| 3 | | section 6033(e)(1)(A) notices of nonde | ` <i>'</i> | F | 3 \$ | | | |
| 4 | | nount on line 2c exceeds the amount of carryover to the reasonable estimate c | | | 4 \$ | | | |
| 5 | • | d political expenditures (line 2c total m | ıınus 3 and 4) | | 5 \$ | | | |
| Pa | art IV Supplemental Ir | | · | | - | | | |
| Со | mplete this part to provide the d | escriptions required for Part I-A, line 1 | , Part I-B, line 4, Part I-C, line 5, and f | Part II | -B, lin | e 1ı | | |
| Ais | so, complete this part for any add Ident if ier | Return Reference | Explanatio | on | | | | |
| Part | t I-A, Line 1 | Organizations Direct and Indirect | wages to executive director to lobby | | 2110115 | hills | durina | |
| Ган | . I-A, Line I | Political Campaign Activities | 2009 legislative session | 101 4 | 311045 | י כוווט | Juining | |
| | | 1 | 1 | | | | | |
| | | | | | | | | |
| | | | | - | | | | |

| Part I-A, Line 1 | Organizations Direct and Indirect Political Campaign Activities | wages to executive director to lobby for various bills during 2009 legislative session | | | | |
|-------------------------------------|--|---|--|--|--|--|
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| Schodulo C (Form 000 or 00057) 2009 | | | | | | |

| Part IV Supplemental Information | | | | | | |
|----------------------------------|------------------|-------------|--|--|--|--|
| Ident if ier | Return Reference | Explanation | | | | |
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Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

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.

Supplemental Financial Statements

Employer identification number Name of the organization DISTRICT XI HUMAN RESOURCE COUNCIL INC

| | | | 81-0332017 |
|-----|--|--|---|
| Par | organizations Maintaining Donor A organization answered "Yes" to Form 9 | | unds or Accounts. Complete if the |
| | organization answered Tes to Form 5 | (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 | | |
| | Did the organization inform all donors and donor adv funds are the organization's property, subject to the | | nor advised Yes No |
| | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit? | | |
| Par | t III Conservation Easements. Complete | e if the organization answered "Yes" | to Form 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space | tion or pleasure) Γ Preservation of a | n historically importantly land area ertified historic structure |
| 2 | Complete lines 2a-2d if the organization held a qua on the last day of the tax year | lified conservation contribution in the form | n of a conservation easement |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easemen | ts | 2b |
| c | Number of conservation easements on a certified b | nistoric 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, transf | ferred, released, extinguished, or terminat | ed by the organization during |
| | the taxable year ► | | |
| 4 | Number of states where property subject to conserv | vation easement is located ► | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds | ng the periodic monitoring, inspection, vio | ations, and Yes No |
| 6 | Staff or volunteer hours devoted to monitoring, insp | ecting and enforcing easements during th | e year ► |
| 7 | A mount of expenses incurred in monitoring, inspect | ing, and enforcing easements during the y | ear ►\$ |
| 8 | Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$? | 2(d) above satisfy the requirements of se | ction Yes No |
| | In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financia | |
| | Organizations Maintaining Collecti Complete if the organization answered | "Yes" to Form 990, Part IV, line 8. | |
| | If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi | d for public exhibition, education or resear | ch in furtherance of public service, |
| _ | If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item | public exhibition, education, or research | · |
| | (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, his following amounts required to be reported under SFA | | · • |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |

b Assets included in Form 990, Part X

| 3 | Using the organization's accession and other i | - | | | - | | | ontinued) |
|---------|--|--------------------------|----------------|------------------------------------|--------------------------------|---------------------|-----------------|-----------|
| | items (check all that apply) | | _ | - | • | | | |
| а | Public exhibition | d | Г | Loan or exch | ange programs | | | |
| b | Scholarly research | e | Γ | Other | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's coll Part XIV | lections and explain how | w the | y further the or | rganızatıon's ex | empt purpose ın | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | | | | | | Yes | □ No |
| Par | t IV Trust, Escrow and Custodial A | | | | | <u> </u> | | , |
| | Part IV, line 9, or reported an amo | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia included on Form 990, Part X? | n or other intermediary | ford | ontributions oi | r other assets r | | Yes | Г No |
| b | If "Yes," explain why in Part XIV and complete | e the following table | | | | | | |
| | | | | | | A mou | nt | |
| с | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on For | m 990, Part X, line 21? | | | | Γ | Yes | ┌ No |
| ь | If "Yes," explain the arrangement in Part XIV | | | | | | | |
| Pa | rt V Endowment Funds. Complete if | | | | | | VE V | |
| 1_ | Paginning of woor holonog | (a)Current Year (b |) Prior | Year (c)Iwo | Years Back (d) | Three Years Back (e |)Four Ye | ears Back |
| 1a | Beginning of year balance | | | | | | | |
| b | _ | | | | | | | |
| C | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year | end balance held as | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | |
| ь | Permanent endowment | | | | | | | |
| | | | | | | | | |
| c 3a | Term endowment ► Are there endowment funds not in the possess | ion of the organization | that | are held and ad | Iministered for | the | | |
| | organization by | or the organization | | | | | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | 3a(ii) | | <u> </u> |
| | If "Yes" to 3a(II), are the related organizations | | | | | 3b | | <u> </u> |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | |
| Pai | t VI Investments—Land, Buildings, | and Equipment. S | | • | | | | |
| | Description of investment | | | a) Cost or other isis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Bo | ook value |
| 1a | Land | | | | 82,750 | , | | 82,750 |
| b | Buildings | | | | | | | |
| c | Leasehold improvements | | | | 308,257 | 169,793 | | 138,464 |
| | | | | | | | | 100, |
| d | Equipment | | | | 737,586 | 619,096 | | 118,490 |
| e | 0 + h = = | | | | · | , | | |

| (a) Description of security or cateory | | | d of valuation |
|---|------------------------|----|-------------------|
| (including name of security) | (b) Book value | | year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other PARENT SUBSIDIARY TRANSFERS | 1,781,992 | | С |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 1,781,992 | | |
| Dawl VIII Investments Dresses Polated Co | a Farm OOA Dart V June | 12 | |
| Part VIII Investments—Program Related. Se | | | d of valuation |
| (a) Description of investment type | (b) Book value | | year market value |
| | | | • |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | | |
| (a) Descri | ption | | (b) Book value |
| HOUSES HELD FOR RE-SALE TO INCOME QUALIFIED | CLIENT | | 74,138 |
| ACCRUED PROGRAM INCOME | | | 956,188 |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line | | | 1,030,326 |
| Part X Other Liabilities. See Form 990, Part X | | | |
| (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
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| Total (Column (b) should! F 000, Bt V, I (B) Inc. 051 | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | | 1 | |

| | XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|------|---|-------|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 4,628,350 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,930,075 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 698,275 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -286,852 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -286,852 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 411,423 |
| Part | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,435,647 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | , , |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 807,297 |
| 3 | Subtract line 2e from line 1 | 3 | 4,628,350 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 4,628,350 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per R | leturn |
| 1 | Total expenses and losses per audited financial statements | 1 | 4,613,241 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Losses reported on Form 990, Part IX, line 25 | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 683,166 |
| 3 | Subtract line 2e from line 1 | 3 | 3,930,075 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 3,930,075 |

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanation |
|--------------|------------------|---|
| | | adjustments to revenues and expenses reflect the transactions of subsidiaries which file separate Form 990s Part XI line 8 - reclassification of HOME grant from parent subsidiary transfers to HRC development |
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DLN: 93493133028060 OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

| Name of the organization | CE COUNCIL IN | | | | | Employer identi | ification number |
|---|---|--|------------------------------|---|---|--|---|
| DISTRICT XI HUMAN RESOUR | CE COUNCIL IN | C | | | | 81-0332017 | |
| Part I General Inform | ation on Gra | nts and Assistance | e | | | • | |
| Does the organization main the selection criteria used Describe in Part IV the org | to award the grai ganization's proce | nts or assistance? edures for monitoring th | ne use of grant funds in t | he United States | | | |
| Part IV and Sche | /, line 21 for ar dule I-1 if addi | ny recipient that rece tional space is | eived more than \$5,0 | 00. Check this box | if no one recipient rec | ceived more than \$5 | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| POVERELLOPO BOX 7644 MISSOULA,MT 59807 | | | 23,600 | | | | EMERGENCY FOOD AND SHELTER GRANTS |
| SAFEPO BOX 534 HAMILTON,MT 59840 | | | 11,481 | | | | EMERGENCY FOOD AND SHELTER GRANTS |
| YWCA1130 W BROADWAY MISSOULA,MT 59802 | | | 15,071 | | | | EMERGENCY FOOD AND SHELTER GRANTS |
| SALVATION ARMY339 W BROADWAY MISSOULA,MT 59801 | | | 9,000 | | | | EMERGENCY FOOD AND SHELTER GRANTS |
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| | | | | | | | |
| 2 Enter total number of sections anizations | | | | | • | | <u> </u> |
| 3 Enter total number of other | | | | | | | <u> </u> |
| For Paperwork Reduction Act Notic | e, see the Instruct | tions for Form 990. | | Cat No 50055 | 5P | Se | chedule I (Form 990) 2008 |

| Part III | Grants and Other Assis | stance to Individuals in the United S | tates. Complete if the organization | answered "Yes' | ' on Form 990, | Part IV, | line 22 |
|----------|-------------------------------|---------------------------------------|-------------------------------------|----------------|----------------|----------|---------|
| | Use Schedule I-1 (Form 9 | 90) if additional space is needed. | | | | | |

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------------|---|---------------------------------------|
| See Additional Data Table | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

|--|

| Ident if ier | Return Reference | Explanation |
|---|------------------|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 District XI retains all relevant information regarding applications for assistance from both organizations and individuals and records payments through the accounting system |
| Other Information | Part IV | Lunch for children - In the summer children in families experiencing lower incomes, have difficulty accessing a substitute for the school lunch program. This assistance provides a free lunch to children under age 19 residing in a pre-determined low income geographical area, in Mineral County. The amount valued at Cost is the cost of food only. Low-income housing - Housing development costs including relocation costs, related to a 24 unit tax credit project, and emergency housing for homeless individuals. Energy conservation measures - Energy conservation measures performed on Low Income. Households to reduce household energy costs. Cash buy down - Pre-76 sub-standard unsafe trailer homes were removed from the market, in a pilot program and replaced with a modern safe, affordable housing. Energy bill assistance - Energy bill assistance was provided to lower income household to reduce their out of pocket cost of energy and prevent their loss of heating fuel Efficient refrigerators - Households experiencing very low income received efficient refrigerator, and reduce their out of pocket energy costs. Wood stoves - Households experiencing very low income received efficient, cleaner-burning wood stoves to replace their inefficient, poluting wood stove. cash incentives - Incentives paid to youth for accomplishing established goals in the process of obtaining long-term employment. rent and basic needs costs. |
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Software ID: Software Version:

EIN: 81-0332017

Name: DISTRICT XI HUMAN RESOURCE COUNCIL INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) | | (f)Description of non-cash assistance |
|---|---------------------------------|-------------------------------------|---|------|--|
| Lunch for Children | 1086 | | 3,404 | Cost | see Part IV |
| Low-income housing | 24 | | 3,033 | Cost | See part IV |
| Energy conservation measures | 283 | | 788,031 | COST | see part IV |
| Emergency food | 1834 | | 4,187 | COST | Emergency food to low income people and people experiencing homelessness |
| cash buy down on the purchase of modern manufactured housing | 5 | 25,000 | | | see part ıv |
| Energy bill assistance | 4469 | | 255,470 | COST | see part ıv |
| Heating delivery system repair or replacement | 108 | | 102,526 | COST | Households whose heating delivery system failed were assisted with a repair or replacement |
| Efficient refrigerators | 4 | | 3,250 | соѕт | see part IV |
| Wood stoves | 7 | | 15,451 | COST | see part IV |
| Cash Incentives | 13 | 650 | | | see part IV |
| Paid job experiences | 65 | 46,578 | 3,795 | COST | Youth and adults from households experiencing low income are provided a paid job experience in the community |
| RENT AND BASIC NEEDS COSTS | | | 144,970 | COST | see part ıv |

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization DISTRICT XI HUMAN RESOURCE COUNCIL INC Employer identification number

81-0332017

| ldentifier | Return Reference | Explanation |
|-----------------------------------|------------------------------|--|
| Form 990, Part III, line 4d | Other Program Services | Housing, Shelter Housing Construction, financing, and managing low-income housing for purchase or rent HRC served 27 households by loaning them down payment assistance, enabling the households to purchase their first home. Assistance given to 367 needy families which allowed these families to access safe affordable rental housing 24 privately owned rentals were subsidized and reserved for use by households experiencing lower incomes 7 lower income households whose home was facing deteriorating conditions were assisted with loans to make necessary repairs. 5 low income households participated in a pilot program where their pre-76 substandard trailers were removed from the market, materials recycled, and the trailers were replaced with modern, safe, and affordable units. Additionally, more pre-76 sub-standard trailers were removed from the market and recycled. Expenses \$ 267237 including grants of \$ 0. Revenue \$ 158205. |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|---------------------|---|
| Form 990, Part VI, Section A, line 10 | | Executive director and fiscal officer review 990 before filing. Final draft is presented to the board after filing. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section B, line 12c | | conflict of interest policy applies to both employees and officers of the organization officers declare conflicts as they occur and abstain from participating in deliberations and decisions in which they may be viewed as conflicted the organization, through the administration of federal programs, is also monitored by outside entities for any evidence of self dealing |

| ldentifier | Return Reference | Explanation |
|---------------------------------------|---------------------|---|
| Form 990, Part VI, Section B, line 15 | | board of directors reviews and approves compensation package for executive director |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section C, line 19 | | Current year 990 is posted on the organization's wiebsite, governing documents, conflict of interest policy, and financial statements are available upon request |

DLN: 93493133028060

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Open to Public Inspection

| Name of the organization DISTRICT XI HUMAN RESOURCE COUNCIL INC | Employer identification number | | | | | | |
|---|--|---|----------------------------|-----------------------------------|------------|---------------|--|
| | | | | | 81-0332017 | | |
| Part I Identification of Disregarded Entities | | | | | | | |
| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | | | (F) Direct controlling entity |
| | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organiza | tions | | | | _ | | |
| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code sect | (D) Exempt Code section | | atus ((3)) | (F) Direct controlling entity |
| hrc cottages inc | | | | | | | |
| 1801 s higgins missoula, MT59801 81-0521301 | management of rental properties for low-income individuals | MT | 501(c)(3) | | 9 | | N/A |
| district xi hrc veba inc 1801 s higgins missoula, MT59801 36-3686156 | manage employee benefits | МТ | 501(c)(9) | | | | N/A |
| hrc properties inc 1801 s higgins missoula, MT59801 81-0516735 | real estate holding and management | МТ | 501(c)(2) | | | | N/A |
| hrc development inc 1801 s higgins missoula, MT59801 81-0516736 | purchase and develop low- income housing | МТ | 501(c)(3) | | 9 | | N/A |
| hrc parkside inc 1801 s higgins missoula, MT59801 81-0517550 | provide affordable housing to residents of Parkside Apartments, Hamilton, MT | МТ | 501(c)(3) | | 9 | | N/A |
| | | | | | | | |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (B) Degal domicile (state or foreign country) | | (D) Incit controlling entity (E) Predominant income(related, investment, unrelated) Sh | | (F) Share of tot |) al income | Share | (G) of end-of-year assets | (H) Dispropitionate allocations? | | oprtionate (I) | | J) eral or aging ener? | |
|---|--------------------------------------|---|---------|--|--|---------------------|---|-------------------------------------|--|--|-----|--|---------------|--|----|
| | | | | | | | | | | | Yes | No | | Yes | No |
| hamilton affordable housing LP 1801 s higgins missoula, MT59801 81-0519859 | 24 unit tax credit rental housing | МТ | N/A | | n/a | | | | | | | No | | | No |
| | | | | | | | | | | | | | | | |
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| Part IV Identification of Rela | nted Organiz | ations Taxa | able as | a Corpo | ration or T | rust | | | | | | | | | |
| (A) Name, address, and EIN of related organization | (B) Primary ac | tivity | | (s | (C) I domicile tate or oreign untry) | | (D) ct controlling entity | (E Type of (C corp, or tru | entity S corp, | (F) Share of tota Income | | (G) Share cend-of-y assets | ear ownership | | |
| | | | | | | | | | | | | | | | |
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| Part V Transactions with Related Organizations | | | |
|--|---|-----|-------|
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | а | | No |
| b Gift, grant, or capital contribution to other organization(s) | b | | No |
| c Gift, grant, or capital contribution from other organization(s) | С | | No |
| d Loans or loan guarantees to or for other organization(s) | d | Yes | |
| e Loans or loan guarantees by other organization(s) | е | | No |
| f Sale of assets to other organization(s) | f | | No No |
| g Purchase of assets from other organization(s) | _ | | No |
| y , a solution of a solution of a solution (c) | h | | No |
| | i | | No No |
| Lease of Identities, equipment, of other assets to other organization(3) | + | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | j | Yes | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | k | | No |
| I Performance of services or membership or fundraising solicitations by other organization(s) | ı | | No |
| m Sharing of facilities, equipment, mailing lists, or other assets | m | Yes | |
| n Sharing of paid employees | n | Yes | |
| | | | |
| o Reimbursement paid to other organization for expenses | 0 | Yes | |
| p Reimbursement paid by other organization for expenses | р | Yes | |
| | | | |
| q Other transfer of cash or property to other organization(s) | q | Yes | |
| r Other transfer of cash or property from other organization(s) | r | | No |
| | | | |

| | (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|-----|-----------------------------------|--|-------------------------------|
| (1) | hrc properties inc | J | 171,120 |
| (2) | district xi hrc veba inc | Q | 232,344 |
| (3) | hrc properties inc | D | 142,144 |
| (4) | hrc development inc | Q | 286,852 |
| (5) | | | |
| (6) | | | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | T | ı | (5) | | · - | | | 1 | 1 | |
|--|-------------------------|---|---|----|---|---|----|---|---|----|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Disproprtionate allocations? | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General or managing partner? | |
| | | | Yes | No | | Yes | No | | Yes | No |
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