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DLN: 93493133011400

Deturn of Organization From

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

Form **990**

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number C Name of organization

MONTANA COMMUNITY DEVELOPMENT CORP B Check if applicable Please use IRS 81-0500256 Address change label or Doing Business As E Telephone number Name change print or type. See (406) 728-9234 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 110 EAST BROADWAY 2ND FLOOR G Gross receipts \$ 3,638,522 Instruc-Termination tions. Amended return City or town, state or country, and ZIP + 4 MISSOULA, MT 59802 Application pending Name and address of Principal Officer **H(a)** Is this a group return for HARRY POETT affiliates? 110 E BROADWAY 2ND FLOOR MISSOULA, MT 59802 H(b) Are all affiliates included? **5**01(c) (3) **◄** (insert no) √ 4947(a)(1) or
√ 527 (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW MTCDC ORG L Year of Formation 1995 M State of legal domicile MT Summary Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 13 13 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 19 Total number of employees (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 8,895 Net unrelated business taxable income from Form 990-T, line 34 . 7b 0 b **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . . 2,393,970 2,161,349 9 Program service revenue (Part VIII, line 2g) . . 538,428 1,519,933 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 83,593 17,317 8,926 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -60,077 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,024,917 3,638,522 26,193 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 560,073 799,789 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 718,335 1,233,737 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 1,278,408 2,059,719 18 Revenue less expenses Subtract line 18 from line 12 19 1,746,509 1,578,803 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 8,006,211 11,704,084 21 4,060,730 Total liabilities (Part X, line 26) 6,158,719 22 Net assets or fund balances Subtract line 21 from line 20 3,945,481 5,545,365 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** 2010-05-05 Sign Signature of officer Here ROSALIE CATES PRESIDENT Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's Shirlee Walker signature Paid empolyed 🕨 🦵 Preparer's ANDERSON ZURMUEHLEN & CO PC Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 PO BOX 2368

MISSOULA, MT 59806
May the IRS discuss this return with the preparer shown above? (See instructions) .

Phone no (406) 721-7800

Briefly describe the organization's mission

Part III Statement of Program Service Accomplishments (See the instructions.)

Other program services (Describe in	n Schedule O)) (Revenue \$	Λ.
	, , , , , , ,			
Utilization News (an online newsletter) and T	imberBuySell com (a Web s	site of classifieds for Nor	th American timber buyers and s	
(Code) (Expenses \$ Forest Business This programs goal is to heli) (Revenue \$ rom small diameter trees. This pi	ogram includes the Smallwood
Business Consulting State, federal, and priva management capacity among entrepreneurs	ate contract and grant progr In western Montana The o	ams provide technical a rganization served 249 p	ssistance to small businesses Th eople and held 464 sessions for	s programs goal is to build a total of 905 consulting hours
(Code) (Expenses \$	375,304 ır	ncluding grants of \$) (Revenue \$)
Department of Agriculture, local governments	s, and private organizations			
Business Loan Direct loan funds and related	services to borrowers and l	oan applicants These fu	nds are used for loans to small a	
(Code) (Expenses \$	1.141.735 ır	ncluding grants of \$) (Revenue \$)
				and allocations to
		organization's three	largest program services b	y expenses
services?				┌ Yes ┌ No
		hanges in how it cor	nducts any program	
the prior Form 990 or 990-EZ?				✓ Yes No
Did the organization undertake any sig	ınıfıcant program serv	ices during the vear	which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services Did the organization cease conducting services? If "Yes," describe these changes on S Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revent (Code) (Expenses \$ Business Loan Direct loan funds and related of loans and grants from the Montana Depart Department of Agriculture, local governments assistance is funded by grants and loan earning services. (Code) (Expenses \$ Business Consulting State, federal, and prival management capacity among entrepreneurs management capacity among entrepreneurs. (Code) (Expenses \$ Forest Business This programs goal is to help Utilization News (an online newsletter) and T	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conservices? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to rothers, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 1,141,735 including grants of \$ Business Loan Direct loan funds and related services to borrowers and loan applicants Thiese fund folians and grants from the Montana Department of Commerce, the Small Business Administration Department of Agriculture, local governments, and private organizations. TMF makes unsecured assistance is funded by grants and loan earnings. (Code) (Expenses \$ 375,304 including grants of \$ Business Consulting. State, federal, and private contract and grant programs provide technical a management capacity among entrepreneurs in western Montana. The organization served 249 p. (Code) (Expenses \$ 200,430 including grants of \$ Forest Business. This programs goal is to help businesses develop and improve products made for the forest Business. This programs goal is to help businesses develop and improve products made for this programs goal is to help businesses develop and improve products made for the forest Business. This programs goal is to help businesses develop and improve products made for Nor Normal Programs.	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?

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	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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		Νο
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		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		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		Νο
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		Νο
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		No
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		Νο
ь	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		N o
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

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported in 2a, did the organization file all required federal employing					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this	_		
	return?	• •		3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	nums on a personal			
_	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?				<u> </u>	L I
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	٠, ١		9b		
10	Section 501(c)(7) organizations. Enter		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

6

9a

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

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.
i i

	processes, or changes in Schedule O. See instructions.	_	
а	Enter the number of voting members of the governing body	1a	13
h	Enter the number of voting members that are independent	1h	13

Did any officer, director, trustee, or key employee								•	
other officer, director, trustee, or key employee?		•	•	•				•	
B. J. H	 			 	 	 	 	 4	

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?
Did the organization make any significant changes to its organizational documents since the prior Form 990 v

ŀ	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

Did the organization become aware during the year of a material diversion of the organization	ons as	sets	•	•	Ĺ
Does the organization have members or stockholders?					
					Г

Does the organization	on ha	ave	mem	bers	s, s	toc	kho	lders	s, o	r oth	er	pers	ons	who	ma	/ el	ect	one	or	mor	e m	nem	nbe	rs of	the
governing body? .	•	٠		•		•	•	•	•			•	•	•			•					•		•	

•	Are any decisions of the governing body subject to approval by members, stockholders, or other persons.
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

	Did the digamization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
a	the governing hody?

Ь	each committee with authority to act on behalf of the governing body?						
	Does the organization have local chapters, branches, or affiliates? .						

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	cŀ	пар	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				

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

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0 $\cdot\cdot\cdot\cdot$

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		Νo
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		Νo
b	Other officers or key employees of the organization?	15b	Yes	
	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	Yes	
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		N o
				1

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MT
- 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. I another's website.
- 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 STACIE STENSRUD
 110 E BROADWAY 2ND FLOOR
 MISSOULA, MT 59802
 (406) 728-9234

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

, once k time bek it time organization ata								, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	I	
		Posit tl	(C non (hat a	chec)			(5)	(E)	(F) Estimated
(A) Name and Title	(B) Average hours per week	Individual Trustee 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)	amount of other compensation from the organization and related organizations
ROSALIE CATES , PRESIDENT	40 00	Х		Х				90,151	0	0
STAN NICHOLSON , DIRECTOR	1 00	Х						0	0	0
HARRY POETT , CHAIRPERSON	2 00	Х		Х				0	0	0
CARLA NEIMAN, DIRECTOR	1 00	Х						0	0	0
KIM ARNOT, DIRECTOR	1 00	Х						0	0	0
JOHN T RILEY , DIRECTOR	1 00	Х						0	0	0
KEN SENN , VICE CHAIRPERSON	1 00	Х		Х				0	0	0
NICHOLAS BABSON , DIRECTOR	1 00	Х						0	0	0
JENNIFER KNOETGEN , DIRECTOR	1 10	Х						0	0	0
COLLEEN RUDIO , SECRETARY-TREASURER	2 00	Х		Х				0	0	0
MARY STRANAHAN , DIRECTOR	1 00	Х						0	0	0
ALAN TRONSON, DIRECTOR	1 00	Х						0	0	0
GERMAINE WHITE , DIRECTOR	1 00	Х						0	0	0
ANDREA SIMMERMAN , DIRECTOR (FORMER)	1 00	Х						0	0	0
KEN VERLEY , DIRECTOR (FORMER)	1 00	X						0	0	0

Part VIII Continued

		1	(ition that a	•		all			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from the organization (W-		Estimated amount of other compensation from the organization and related organizations
					\vdash						
1b Total			•			•	>	90,151	0	0	

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

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation			
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation					

Part IX Statement of Functional Expenses

Δ	Section 501(c)(3) and 501(c)(4) org).
	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		·		· ·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	26,193	26,193		
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	90,151	45,076	45,075	
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	586,650	493,915		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,648	15,648		
9	Other employee benefits	53,575	53,575		
10	Payroll taxes	53,765	28,151	25,614	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	55,700	21,338	34,362	
d	Lobbying	181		181	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	27,973		27,973	
L 4	Information technology				
15	Royalties				
16	Occupancy	39,345		39,345	
17	Travel	60,469	41,797	18,672	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	121,832	121,832		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,807		7,807	
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	LOAN LOSS PROVISIONS	462,628	462,628		
b		197,822	197,822	0	
c	NEW MARKET TAX CREDITS	60,618	60,618		
d	CONTRACT SERVICES	58,106	55,856	2,250	
	OUTREACH	31,640	31,275	365	
	All other expenses	109,616	61,745	47,871	
25	Total functional expenses. Add lines 1 through 24f	2,059,719	1,717,469	342,250	
26	Joint Costs. Check If following SOP 98-2 Complete this	2,033,119	1,717,409	312,230	<u> </u>
20	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			540,071	1	22,332
	2	Savings and temporary cash investments			913,733	2	694,413
	3	Pledges and grants receivable, net			108,382	3	124,589
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	s or		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4958(f)(:			6	
	7	Notes and loans receivable, net			5,553,065	7	6,664,039
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			16,413	9	19,172
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	247,279			
-4	Ь	Less accumulated depreciation Complete Part VI of	100		-		
		Schedule D	10Ь	218,954	8,967	10c	28,325
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII of			12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	865,580	15	4,151,214		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,006,211	16	11,704,084
	17	Accounts payable and accrued expenses .	62,302	17	95,508		
	18	Grants payable			18		
	19	Deferred revenue				19	60,210
	20	Tax-exempt bond liabilities				20	
<u>ŏ</u>	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					
ä		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			3,637,101	23	5,386,154
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		361,327	25	616,847	
	26	Total liabilities. Add lines 17 through 25		4,060,730	26	6,158,719	
S ⊕ S		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	lete lines 27				
an	27	Unrestricted net assets			3,234,572	27	4,804,456
Balance	28	Temporarily restricted net assets			10,000	28	40,000
됟	29	Permanently restricted net assets			700,909	29	700,909
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d complet e				
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32	
Net	33	Total net assets or fund balances			3,945,481	33	5,545,365
_	34	Total liabilities and net assets/fund balances			8,006,211	34	11,704,084
Pa	rt XI	Financial Statements and Reporting					

Dart YT	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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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	

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As Filed Data -

DLN: 93493133011400

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

		MMUNITY DEVI	ELOPMENT CORP						proyer rac		abc.	
									-050025			
	rt I			harity Status (to be co					Instruct	ions)		
	organı		•	ation because it is (Please		-	•					
1	<u> </u>	•		nurches, or association of ch			Section 1	L70(b)(1)((A)(i).			
2	<u>_</u>			t ion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	A hospital	or a cooperative	e hospital service organizati	on descril	oed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	ı	A medical i	research organı	zatıon operated ın conjunctı	on with a l	nospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5		An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unit desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6		A federal, s	tate, or local g	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public	
		described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	Г	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	ership fees	, and gross	
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Г	-	ation organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
				=	ribed in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check							
		a T			zation and complete lines 11e through 11h Type III - Functionally Integrated d Type III - Other					III - Other		
e	Г		• •	rtify that the organization is	′ '			•				
_	•			agers and other than one or			•				•	
		section 50										
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepted	d any gift	or contrib	ution from	any of the	1		ļ	
3		following pe			, 5			,				
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) bel	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	oove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	anızatıon	supports					
				I	ı				1			
		ame of	(ii) EIN	(iii) Type of organization	(iv) I			ou notify		is the	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section	organiz col (i)	ation in		inization i) of your		ation in organized	support?	
	Organ	iizatioii		(See Instructions))	your go		supr	• '		US?	a	
document?												
					Yes	No	Yes	No	Yes	No		

Total

Part II 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	kea the box of	1 line 5, 7, or	8 of Part I.)				
	ublic Support	T T						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	455,842	1,048,113	1,031,036	2,393,970		2,001,349	6,930,310
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	455,842	1,048,113	1,031,036	2,393,970		2,001,349	6,930,310
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)							285,829
6	Public Support subtract line 5 from line							
•	4							6,644,481
T	otal Support							
Cal	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	455,842	31,683	1,031,036	2,393,970		2,001,349	6,930,310
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	16,786	31,683	78,893	83,593		17,260	228,215
9	Net income from unrelated business 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 Part IV)							
11	Total Support (Add lines 7 through 10)							7,158,525
12	Gross receipts from related activities, etc	(See instruction:	s)			12		2,490,411
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, second, third	, fourth, or fifth	tax year as a 50	01(c)(3)	▶ □
С	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		92.820 %
15	Public Support Percentage for 2007 Sched		•	· · · ·		15		95.390 %
16a	33 1/3% Test - 2008. If the organization did	I not check the b	ox on line 13, a	nd line 14 is 33	1/3% or more,	check	this box	
b	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	d not check the b	oox on line 13 or	16a, and line 1	.5 is 33 1/3% oi	r more	, check th	▶ ✓
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "facts or the state of the s	f the organizatio	n did not check	a box on line 13				
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I	ances" test The Ifthe organizatio	organization qu on did not check	ialifies as a publ a box on line 13	licly supported 3, 16a, 16b, or :	organı 17a aı	zation nd line 15	▶ □ is 10% or
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did instructions	mstances" test	The organizatio	n qualıfıes as a	publicly suppor	ted or	ganızatıon	» ▶□

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						
С	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						▶ □
	manufaction of Dublic Compact 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

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations complete Part III	oxy Tax)		
Na	me of the organization NTANA COMMUNITY DEVELOPMENT CO			Employer iden 81-0500256	tification number
Par		oy all organizations exempt e the instructions for Schedule (527
1	Provide a description of the or	ganızatıon's dırect and ındırect polıtı	cal campaign act	ivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
Par	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectioi	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	i	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				☐ Yes ☐ No
Ь	If "Yes," describe in Part IV				
Par		by all organizations exempt sfor Schedule C for details.)	under sectioi	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (loaid and indicate if the amount was ped and promptly and directly delivered action committee (PAC) If additiona	aid from the filing I to a separate po	j organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				1	
	Damamusadi Dadusatisas 4 at 51 11		Cot No. 5	00046	F 000 000 F7\ 300
LOL I	Paperwork Reduction Act Notice	, see the instructions for Form 990.	Cat No 50	0084S Schedule C (Form 990 or 990-EZ) 2008

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c tion 501(h)). (See the instructions for Schedule		68
	Check If the filing organization	belongs to an affiliated group	,	
<u> </u>	Limits on Lol	obying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	181	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	: Total lobbying expenditures (add line	s 1a and 1b)	181	
d	Other exempt purpose expenditures		2,043,410	
e	: Total exempt purpose expenditures (add lines 1c and 1d)	2,043,591	
f	columns —	he amount from the following table in both	252,180	
	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)	63,045	
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 - ()- if line f is more than line c	0	
j	If there is an amount other than zero	on either line 1h or line 1i, did the organization file Form	4720 reporting	

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.)

	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount				252,180	252,180
b	Lobbying ceiling amount (150% of line 2a, column(e))					378,270
C	Total lobbying expenditures				181	181
_d	Grassroots non-taxable amount				63,045	63,045
e 	Grassroots ceiling amount (150% of line d, column (e))					94,568
f	Grassroots lobbying expenditures				181	181

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

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

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization MONTANA COMMUNITY DEVELOPMENT CORP 81-0500256 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

(i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

► \$

3								
_	Using the organization's accession and othe items (check all that apply)	r records, check any of the	ne fol	lowing that are	a significant us	se of its collection		
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain ho	w the	y further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					ılar 🕝	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				nization answe	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermediary	forc	ontributions oi	rotherassets n	ot	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table						
						A mou	nt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			_
2a	Did the organization include an amount on Fo					Γ,	Yes	│ No
	If "Yes," explain the arrangement in Part XIV			1 1157 17 -		T) () ()		
Pa	rt V Endowment Funds. Complete)Prior				Four V	ears Back
la	Beginning of year balance	(a) Curient rear (b	JETIOI	rear (c)rwo	Tears back (u)	illee reals back (e)	TOUL TO	cais back
b	Contributions							
c	Investment earnings or losses							
	investment earnings or losses							
Ы	Grants or scholarshins							
d e	Grants or scholarships							
d e	Grants or scholarships Other expenditures for facilities and programs							
	Other expenditures for facilities							
e	Other expenditures for facilities and programs							
e f g	Other expenditures for facilities and programs	r end balance held as						
e f g	Other expenditures for facilities and programs	r end balance held as						
e f g	Other expenditures for facilities and programs	r end balance held as						
e f g a	Other expenditures for facilities and programs	r end balance held as						
e f g 2 a b	Other expenditures for facilities and programs		that :	are held and ac	Iministered for t	:he		
e f g 2 a b	Other expenditures for facilities and programs	ssion of the organization	that	are held and ac	Iministered for t		Yes	No
e f g a b c	Other expenditures for facilities and programs	ssion of the organization	that :	are held and ac	Iministered for t	3a(i)	Yes	No
e f g 2 a b c	Other expenditures for facilities and programs	ssion of the organization			Iministered for t	3a(i) 3a(ii)	Yes	No
e f g 2 a b c 3a	Other expenditures for facilities and programs	ssion of the organization	 Sched	 ule R?	Iministered for t	3a(i)	Yes	No
e f g 2 a b c 3a	Other expenditures for facilities and programs	ssion of the organization	Sched ent fu	 ule R?		3a(i) 3a(ii)	Yes	No
e f g 2 a b c 33a	Other expenditures for facilities and programs	ssion of the organization	chec ent fu See F	ule R?	rt X, line 10.	3a(i) 3a(ii)	Yes	No
e f g 2 a b c 3a	Other expenditures for facilities and programs	ssion of the organization	Schedent fu	 ule R?		3a(i) 3a(ii)		No Dook value
e f g a b c 3a b Par	Other expenditures for facilities and programs	ssion of the organization	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		
e f g 2 a b c 3a	Other expenditures for facilities and programs	ssion of the organization	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		
e f g a b c 3a b 4 Parr	Other expenditures for facilities and programs	ssion of the organization	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		
e f g a b c 3a Par	Other expenditures for facilities and programs	ssion of the organization	Schedent fu	ule R?	rt X, line 10.	3a(i) 3a(ii) 3b		
e f g a b c 3a b 4 Par	Other expenditures for facilities and programs	ssion of the organization	Schedent fu	ule R?	rt X, line 10. (b)Cost or other basis (other)	3a(i) 3b (c) Depreciation		ook value

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 1		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		2001 01 0114 01	y =
Closely-held equity interests			
Other			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of the of	year marker varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X,			
(a) Desc			(b) Book value
COMMUNITY DEVELOPMENT TRUST STOCK	•		500
INTEREST RECEIVABLE			81,545
DUE FROM OTHER AGENCIES			110,069
RESTRICTED CASH			3,493,845
PROPERTY HELD THROUGH FORECLOSURE			200,000
MONTANA FUND LLC			265,255
Total. (Column (b) should equal Form 990, Part X, col.(B) line	= 15.)		4,151,214
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	16,531		
ADVANCE NORTHWEST AREA FOUNDATION	277,929		
LINE OF CREDIT	150,000		
CURRENT PORTION ON LONG-TERM DEBT	172,387		
Total. (Column (b) should equal Form 990. Part X. col (B) line 25.)	616.847		

Pall	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,638,522
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,059,719
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,578,803
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	-21,485
8	Other (Describe in Part XIV)	8	42,566
9	Total adjustments (net) Add lines 4 - 8	9	21,081
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,599,884
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,681,088
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	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	42,566
3	Subtract line 2e from line 1	3	3,638,522
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)		
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	3,638,522
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	2,059,718
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a L	Donated services and use of facilities		
b c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,059,718
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		2,035,710
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,059,718
	t XIV Supplemental Information		, ,

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

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - O ther Adjustments		PARTNERSHIP INCOME NOT REPORTED ON BOOKS 42566
Part XII, Line 2d - Other Adjustments		PARTNERSHIP LOSS 42566

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

DLN: 93493133011400

OMB No 1545-0047

2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

MONTANA COMMUNITY DEV						81-0500256	
1 Does the organization m the selection criteria use 2 Describe in Part IV the of Part II Grants and Of Form 990, Part Part IV and Sch	aintain records to sed to award the grain organization's proceed ther Assistance IV, line 21 for an edule I-1 if additional and the second s	nts or assistance? edures for monitoring the e to Governments ny recipient that rece tional space is	t of the grants or assista 	he United States in the United Sta 00. Check this box	tes. Complete if the o	organization answere elived more than \$5,	d "Yes" on
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
2 Enter total number of se			'				
organizations 3 Enter total number of oth							•
For Paperwork Reduction Act No				Cat No 50055			hedule I (Form 990) 2008

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(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
USDA RURAL DEVELOPMENT GRANT GIVEN TO ASSIST WITH MARKETING OR ACCOUNTING WORK INDIVIDUALS NEED TO HAVE DONE TO HELP THEIR BUSINESSES SUCCEED	28	17,700			
GRANT FROM STRANAHAN FOUNDATION TO PROVIDE ASSISTANCE TO INDIVIDUALS SPECIFICALLY FOR QUICKBOOKS TRAINING	44	8,493			
				•	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ONCE A GRANT IS APPROVED IT IS ENTERED INTO OUR GRANT SPREADSHEETS AND TRACKED THROUGH CONTACT WITH THE CLIENT AND WITH THE SERVICE PROVIDERS MCDC IS INVOICED DIRECTLY FOR SOME SERVICES, AND RECEIVES COPIES OF INVOICES FROM GRANT RECIPIENTS IN CASES WHERE WE PROVIDE REIMBURSEMENT PRIOR TO DISBURSEMENT OF FUNDS THESE INVOICES ARE CROSSCHECKED WITH THE ORIGINAL APPLICATION TO ENSURE THAT FUNDS ARE BEING USED AS ORIGINALLY INTENDED THE SENIOR LOAN OFFICER OVERSEES THIS PROCESS FOR A FINAL CHECK, MCDC REPORTS TO THE FUNDING AGENCY ON HOW THE MONIES WERE SPENT AT THIS TIME, ALL RECEIPTS MUST BE SUBMITTED WITH THE REPORT THE FUNDING AGENCY THEN REVIEWS AND APPROVES THE REPORT

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SCHEDIII E O

SCHEDULE O (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.

2008

Open to Public Inspection

Name of the organization MONTANA COMMUNITY DEVELOPMENT CORP Employer identification number

81-0500256

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	THE ORGANIZATION RECEIVED NEW MARKETS TAX CREDITS FROM THE US DEPARTMENT OF TREASURY CDFI FUND

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FINANCE COMMITTEE AND BOARD OF DIRECTORS REVEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		ANNUAL REVIEWS ARE PERFORMED EACH YEAR AND INDUSTRY COMPARISONS ARE DONE FOR THE PRESIDENT'S SALARY OTHER EMPLOYEES HAVE ANNUAL REVIEWS AND RECEIVE A 4% RAISE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		MCDC WILL POST A MESSAGE ON IT'S WEBSITE THAT DOCUMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
		THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12A AND LINE 13		A CONFLICT OF INTEREST POLICY, WHISTLE BLOWER POLICY AND COMPLIANCE SYSTEM WERE ADOPTED IN THE EARLY PART OF THE CURRENT FISCAL YEAR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization MONTANA COMMUNITY DEVELOPMENT CORP				Employer ident	ification number	
IONTANA COMMONITT DEVELOPMENT CORP				81-0500256		
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	
Part II Identification of Related Tax-Exempt Organiza	tions	1	1	_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)((F) Direct controlling 3)) entity	

Part III Identification of	Kerateu	- Ji yaiii Za		ADIC 02	arail	p									ı	
(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	Direct co en	D) ontrolling itity	(E) Predominant income(related, investment, unrelated)	Share	(F) e of total ॥	ncome	Share	(G) of end-of-year assets	(H Disproj alloca	i) prtionate tions?	Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
												Yes	No		Yes	No
MONTANA FUND LLC 110 E BROADWAY ST FL 2 MISSOULA, MT59802 20-1112499	ENTITI	CING TO ES THAT DE ECONOMIC	DE	N/A		RELATED		-	-42,566		302,599		No		Yes	
Part IV Identification of	Polated	l Organiza	tions Tax	able as	a Corr	oration or Tr	uet									
			ILIUIIS I AX	able as				. 1			(F)					
(A) Name, address, and EIN of related orga	nızatıon	(B) Primary acti	vity			(C) gal domicile (state or foreign country)	(D) Direct cor entil	ntrolling	(E Type of (C corp, or tr	f entity S corp,	Share of total income		(G) Share o nd-of-ye assets	ear ownership		
																-

Part V Transactions with Related Organizati	ons
---	-----

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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1 c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1р		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who m	nust complete this line, including covered relationship	s and transaction thresholds
	(B)	l

	(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1)	THE MONTANA FUND LLC	Q	42,822
(2)	THE MONTANA FUND LLC	D	932,299
(3)	THE MONTANA FUND LLC	н	277,929
(4)			
(5)			
(6)			

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations ¹		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) (F) Share of Disproprtice allocation assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	D / Form							

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DLN: 93493133011400

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return MONTANA COMMUNITY DEVELOPMENT CORP Form 990 Page 10 81-0500256 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more . **|-**| Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 25,279 ΗY S/L 4,186 19a 3-year property 3 0 550 5 0 HYS/L 55 **b** 5-year property **c** 7 - year property 75 1.499 100 ΗY d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 4,316 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Additional Data

Software ID: Software Version:

EIN: 81-0500256

Name: MONTANA COMMUNITY DEVELOPMENT CORP

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NEW MARKET TAX CREDIT	900,099	608,790	608,790		
b DIRECT LOAN INTEREST	525,990	476,105	476,105		
c FEES FOR SERVICES	900,099	277,427	277,427		
d DEBT FORGIVENESS INCOM	525,990	64,020	64,020		
e LOAN ORIGINATION FEES	525,990	55,238	55,238		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

MCDC partners with people and communities that want to prosper, providing innovative financing and business development products that create income opportunities for all members of our community. Our role is to foster a resilient economy that is built on the inherent strengths of the people and the place where we live. Since 1989, MCDC has served hundreds of entrepreneurs with loans, consulting and training. The businesses our clients create help sustain their local communities and provide jobs in Western Montana. MCDC obtained certification as Community Development Entities (CDEs) for ten limited liability companies in which MCDC is the managing member. These entitie's mission is to provide loans, equity investments, or financial services to qualified businesses in Low-Income Communities. Our primary service area is Missoula, Ravalli, Mineral, Sanders and southern Lake Counties, but we can work with entrepreneurs throughout the state. MCDC is an equal opportunity lender and employer