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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

				id endin	g			, 20
B	heck if	Please C Name of organization MISSOULA CONSTRUCTION	COUN	CIL	D Em	ployer	identificati	on number
	ddress	Luse IRS			β1-0	0436	678	
Η,	lame cha)	Room/ suite			number	
\vdash	nitial retu	type. 734 c 1cm cm ti		Suite		•	8-5597	7
н		Shool Bo		<u>'</u>			0 337	'
Н	erminate	Instruc-			G Gr			
Η^	Amended				rec	eipts \$		53,037
∐ ^	Application	n pending F Name and address of principal officer:	H(a)	is this a g	group re	turn for a	iffiliates?	Yes X No
		See attachment #1	H(b)	Are all af	filiates i	ncluded?	,	Yes No
		mpt status: X 501(c)(6) (insert no) 4947(a)(1) or 527		lf "No," a	ttach a	lıst (see i	instructions)	
JV	Vebsite	x: ▶ N/A	H(c)	Group ex	emption	number	•	
			ear of for		198			domicile MT
	art I	Summary						
	1							
	'	Briefly describe the organization's mission or most significant activities		· 				
A	ļ							
A C	₹							<u>-</u>
	; L							
を発	2	Check this box ▶ if the organization discontinued its operations or disposed	of more	than 25	% of it	s net as	sets	
*	3 3	Number of voting members of the governing body (Part VI, line 1a)				. 3	1	
		Number of independent voting members of the governing body (Part VI, line 1b))			4		
東京	5	Total number of employees (Part V, line 2a)	•	• • •		5	 	
E رہے	= 1				•	6		
3	6	Total number of volunteers (estimate if necessary)	• •	• •	•	-		
•		Total gross unrelated business revenue from Part VIII, column (C), line 12	•			-		
	Ь	Net unrelated business taxable income from Form 990-T, line 34			<u>. </u>	_ 7b		0
				Pı	dor Ye	ar	Cur	rent Year
Z	8	Contributions and grants (Part VIII, line 1h)					1	
€Ū	9	Program service revenue (Part VIII, line 2g)						51,109
S.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						1,928
<i>⊎a</i> ji	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	• •				 	
E	12		2)					53,037
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 1	<u> </u>					33,037
	13	Grants and smiles amounts paid (Part IX, column (A), lines 1-3)		ļ				
E	14	Benefits paid to π to members (Part IX, column (A), line 4)						
EXPENSES	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10						
Ë	16a	சூறி esskan and funding and funding the first (A), line 11e)						
N	Ь	tundraising expenses (Parrix column (D), line 25) ▶						
E	17	Other expenses (Part, IX, column (A), lines 11a-11d, 11f-24f)						18,829
S	18	Total expanses And Iries 13=17 (must equal Part IX, column (A), line 25)						18,829
	19	Payanua loss evanges. Subtract line 19 from line 19	••					34,208
N		nevenue less expenses Subtractime to nomine tz	· ·				- En/	d of Year
N OR	튀	Tables (BadVIII and				rent Year		
A	L 20	Total assets (Part X, line 16)		<u> </u>	264,	844		299,053
400mm 1020	AZCE 21	Total liabilities (Part X, line 26)						
ξö	Š 22	Net assets or fund balances Subtract line 21 from line 20			264 <u>,</u>	844	12	299,053
Pa	rt II	Signature Block						
		Under penalties of perjury, I declare that I have examined this return, including accompanying s						
		belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on	all inform	iation of w	hich pr	eparer ha	is any knawle	dge
Sig	n	1. 2.6 11.11/					15/19	120
Her		Signature of officer					Date	
	•		אידיים כ	ויזי/ עכו	ס בי א	ים מדוי	D	
			CDIM	RY/TI	(LIA)	JUKE.		
		Type or print name and title						
		Preparer's Date		heck if elf-		Preparer'	's identifying f	number (see instr.)
n		signature / Sarkara (1) Allengu 5/10/301	0 e	mployed	<u>X</u>			
Pald		Firm's name (or yours BD ACCOUNTING, LLC		Ε	IN	>		
	oarer's Only	of self-employed), 410 EXPRESSWAY, STE A						
JJE	Jiny	address, and ZIP+4 MISSOULA, MT 59808		P	hone n	10 b (406)54	13-4864
May	the IDC	discuss this return with the preparer shown above? (see instructions)				\		Yes No
viciv.	HIV IDC	, algorios ting fetulli vviti the diedglei shuvvii advive! (366 ilisuuvuvii),						1

Form **990** (2009)

Form	990 (2009) MISSOULA CONST	TRUCTION COUN 81	-0436678		Page 2
Par		plishments			
1	Briefly describe the organization's mission:				
		_ _			
					
	Did the organization undertake any significant p	rogram convices during the year	which were not listed on		
_				Yes	X No
	If "Yes," describe these new services on Schedu			□ 163	<u> </u>
3	Did the organization cease conducting, or make		nducts, any program		
	services?			Yes	X No
	If "Yes," describe these changes on Schedule O),		Ц	
4	Describe the exempt purpose achievements for	each of the organization's three	largest program services by expense	es	
	Section 501(c)(3) and 501(c)(4) organizations ar			nts	
	and allocations to others, the total expenses, an				
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					· · · <u>- · · · · -</u>
		<u></u>			
			•		
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				<u> </u>	
					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	,				 '
					
					
Ad	Other program services, (Describe in Schedule C))			
		grants of \$) (Revenue \$)	
	Total program service expenses ▶ \$	- J			

Form 990 (2009)

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," X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part Ii Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice X and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.......... 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D. Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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," Х complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X 10 If "Yes," complete Schedule D. Part V 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or Х 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? X X 13 $\overline{\mathbf{x}}$ 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III.......... Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III X Did the organization operate one or more hospitals? If "Yes," complete Schedule H. . . . 20

Par	Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
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 lines 24b through 24d and complete	1		
	Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
_	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	<u> </u>		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ļ		
	Schedule L, Part III	27	1	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
_	Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	-		
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: in Test, complete schedule in			
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	 		
0.	Down!	31]	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	 -		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
34		34		х
35	III, IV, and V, line 1	 		
35		35		Х
20		 -		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		Х
27	organization? If "Yes," complete Schedule R, Part V, line 2	1 30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	х	
	Note: All Form 990 filers are required to complete Schedule O	130		

Form **990** (2009)

Part	V Statements Regarding Other IRS Filings and Tax Compilance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Ī
	U.S. Information Returns Enter -0- if not applicable			Ī
b	Enter the number of forms we administration of the dependence			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4		x
•	gaming (gambling) winnings to prize winners?	1c	ļ	1
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 0			1
	Clateriorite, filed for the described your orients with the year of the control of the described your	2b		Ŧ
b	, and the second of the second	20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	1	x
	this return?	3b	├──	 ^ -
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	·-	4a	İ	X
b	account)?	<u> </u>		 -
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			•
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible?	6a	<u> </u>	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	grifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	1	!
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	X
	required to file Form 8282?	7c		1^
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		_X_
_	benefit contract?	7f	-	X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	\vdash	X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, g	t	
"	required?	7h	[Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		 	
•	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			1
	business holdings at any time during the year?	8	İ	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		1
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			I
	against amounts due or received from them.)			₩.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	X
h	If "Ves" enter the amount of tay-evernot interest received or accrued during the year 12b	F	ŧ	¥

Form 990 (2009)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Secti	ion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, 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	9a		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		.	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
ь	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?	10b		l
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give N/A			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," N/A			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a		Х
b	Other officers or key employees of the organization?	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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 N/A			
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website 🕅 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ See attachment #2			

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons

(A)	(B)		_		C)			(D)	(E)	(F)
Name and Title	Average hours per week	PO DIRECTOR INDIVIEE OR	SITION I T R S U S I T E U E T I	O F F I C E R	K E E M P L O Y E E	All that apply) KEHCE EMIOM YPGMP LOEEO YSNY ETAE TE		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		A O	1 0 Z Q L			T E D		,		and related organizations
NORMAN CAREY PRESIDENT								0	0	0
JOHN HIGHTOWER SECRETARY/TREASURER								o	0	0
TIM KESTER VICE PRESIDENT								o	o	o

Part VII

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

	(A) Name and title	(B) Average								(E) Reportable	(F) e Estimated				
		hours per week	TRUSTEE OR	TRUSTEE ONAL	O F F I C E R	KEY LOYEE	H-GHEST	FORMER	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fro orga	nount of other pensal of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization of the anization o	of tion e on ed		
1b 2	Total	including	but not li	mited	to the	se list	ed abov		<u> </u>	0 \$100,000 in reporta	0 ble con	pensa	ation		
	from the organization							,		· · · · · · · · · · · · · · · · · · ·					
												Yes	No		
3	Did the organization list any												 		
_	employee on line 1a? If "Yes	-									3	ļ	X		
4	For any individual listed on li the organization and related												Ī		
											4		X		
5	Did any person listed on line												<u> </u>		
	services rendered to the orga	anızatıon?	If "Yes,"	comp	lete S	chedu	le J for s	such p	erson	<u></u>	5	<u> </u>	X		
Sectio	n B. Independent Contractor									· · · · · · · · · · · · · · · · · · ·					
1	Complete this table for your		st compe	ensate	d inde	pende	ent contr	actors	that received more	than \$100,000 of					
	compensation from the orga														
	(A) Name and business address								(B) Description of se	anuces	Compe	C) Speatio	'n		
	Name and	business	address						Description of Se	TITOGG	Compe	iisauU			
2	Total number of independen				ut not	lımıte	d to thos	e liste	ed above) who receive	ed more than					
	\$100,000 in compensation fro	om the org	janizatio	n ▶	. 0-1 :		TM				Form	മ	(2009)		

Par	t VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
c G O	1a	Federated campaigns 1a	T		77777		
OFH		Membership dues 1b					
OFH		Fundraising events 1c					<u> </u>
		Related organizations 1d		1			‡
R G S I R M B A	е	Government grants (contributions) 1e	 				
TH F	1	All other contributions, gifts, grants, &				,	1
TSR	1 .	similar amounts not included above					<u> </u>
O A A N D T S D T	g	Noncash contributions included in lines 1a-1f	. 1 _				•
SUT	h	Total. Add lines 1a-1f		1			‡
P			Business Code				
R O S	2a	MSLA PLANS EXCHANGE		51,109	51,109		
GΕ	ь						
RRR	С						
AVE	d						
CE	e						
EN		All other program service revenue					
_ Ē		Total. Add lines 2a-2f	▶	51,109			
	3	Investment income (including dividends, inter-	est, and			-	
		other similar amounts)	▶	1,928	1,928		
	4	Income from investment of tax-exempt bond	proceeds . >				
	5	Royalties	<u> </u>				
	Ì	(i) Real	(II) Personal				
	6a	Gross Rents , ,					<u> </u>
	b	Less rental expenses					
	С	Rental income or (loss)	<u> </u>			,	‡
	d	Net rental income or (loss)	<u></u> ▶			·	<u> </u>
	70	Gross amount from sales (I) Securities	(II) Other				<u> </u>
	/a	of assets other than					<u> </u>
		inventory					İ
	b	Less: cost or other basis					•
_		and sales expenses					<u> </u>
O T	1	Gain or (loss)					‡
H		Net gain or (loss)	<u> </u>				
Ε	8a	Gross income from fundraising					‡
R	ŀ	events (not including \$			`		
R		of contributions reported on line 1c)					
E	j	See Part IV, line 18 a					<u> </u>
V		Less direct expenses b		<i>'</i>			ŧ
E	l	Net income or (loss) from fundraising events	<u></u> ▶				
N U	9a	Gross income from gaming activities See					
Ē		Part IV, line 19 a					
		Less: direct expenses b		1			F
		Net income or (loss) from gaming activities	<u>, ▶</u>				
	10a	Gross sales of inventory, less					
		returns and allowancesa					Ė
		Less: cost of goods sold				:	İ
	င	Net income or (loss) from sales of inventory.					
	44-	Miscellaneous Revenue	Business Code		-		f
	11a			 			
	b						
	A	All other revenue					 -
	12	Total revenue See instructions		53,037	53,037		
JVA		Total revenue. See instructions 9909 TWF 33401 Copyright Forms (Softwai		53,037	33,031		Form 990 (2009
UVM	UJ	ivvr 3340 i Cupyright Forms (SOTtWai	5 OHIY) - 2008 I W				(_000

Part IX Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not requ	irea to complete co		
Do not	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.	10tal expenses	expenses	general expenses	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	H.C. Con Dort IV Ivan 45 and 40				
4	Benefits paid to or for members				
5					
3	Compensation of current officers, directors,				
•	trustees, and key employees	<u> </u>			
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	445		445	
di	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g 12					
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,192		11,192	
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.)				
a	DONATIONS	7,100	6,500	600	
b	OFFICE EXPENSE	77		77	
c	TAX	15		15	
ď					
					
6	All other evenence				
1 25	All other expenses	10 020	6,500	12,329	
<u>25</u> _	Total functional expenses. Add lines 1 through 24f	18,829	6,300	12,323	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2.				
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		<u></u>	l. <u></u>	

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash -- non-interest bearing ... 1 2 184,032 2 227,155 Pledges and grants receivable, net 3 3 48,377 4 50,655 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete ASSETS 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 69,651 **b** Less: accumulated depreciation 10b 48,408 10c 32,435 21,243 11 Investments -- publicly traded securities 11 12 Investments -- other securities See Part IV, line 11 12 13 14 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 264.844 16 299.053 17 Accounts payable and accrued expenses . . 17 18 19 Deferred revenue ... L 19 20 A B 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ī T 23 Secured mortgages and notes payable to unrelated third parties 23 Ε 24 Unsecured notes and loans payable to unrelated third parties. 24 25 26 Total liabilities. Add lines 17 through 25 26 0 0 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets ... 27 υ ND 28 Temporarily restricted net assets . . 28 29 Permanently restricted net assets 29 ASSETS В Organizations that do not follow SFAS 117, check here > X ALANC and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 7,041 7,041 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0 Ε 32 Retained earnings, endowment, accumulated income, or other funds . . . 257,803 32 292,012 33 Total net assets or fund balances 33 299,053 264,844

264,844

34

299,053 Form **990** (2009)

34 Total liabilities and net assets/fund balances...

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JVA

99011

Form	990 (2009)		Pag	e 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain			Ī
	ın Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			•
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on			I
	a consolidated basis, separate basis, or both			•
	Separate basis Consolidated basis Both consolidated and separate basis			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ł		
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b		<u> </u>
JVA	09 99012 99011 TWF 33421 Copyright Forms (Software Only) - 2009 TW	Form	990	(2009)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete If the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate Instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer Identification number

MIS	SSOULA CONSTRUCTION COUNCIL		<u> </u>	31-0436678	3	
Pa	Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts. Cor	mplete if		
	the organization answered "Yes" to Form 99	D, Part IV, line 6				
		(a) Donor advised funds	S	(b) Funds and of	ther accounts	;
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv					
	funds are the organization's property, subject to the	-			Yes	No
6	Did the organization inform all grantees, donors, and	- -				
	for chantable purposes and not for the benefit of the			_	□	П.,
Do	impermissible private benefit? Conservation Easements. Complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the complete if the comple	10/- 24 5	000 Port IV		Yes	No
Fai			rm 990, Part IV,	line /		
ı	Purpose(s) of conservation easements held by the or	• • • • • • • • • • • • • • • • • • • •	☐ Proconvation	of an historically is	mnortant land	d aroa
	Preservation of land for public use (e.g., recreation Protection of natural habitat	or pleasure)		of an historically in of a certified histo		ı alca
	Preservation of open space			or a certified filoto	TIC Suucidie	
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribu	tion in the form o	of a conservation		
-	easement on the last day of the tax year.	a quamos sones rasem sons.se				
				Held at th	e End of the Ta	x Year
а	Total number of conservation easements			2a		
	Total acreage restricted by conservation easements		.,	2b		
c	Number of conservation easements on a certified his	toric structure included in (a)		2c		
d	Number of conservation easements included in (c) as	equired after 8/17/06		2d		
3	Number of conservation easements modified, transfer	rred, released, extinguished, or te	rminated by the	organization durin	g the tax	
	year >					
4	Number of states where property subject to conserva	ation easement is located >				
5	Does the organization have a written policy regarding	the periodic monitoring, inspection	on, handling of v	nolations, and		П.,
	enforcement of the conservation easements it holds?				∐ Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, insp					
7	Amount of expenses incurred in monitoring, inspecting			tne year ▶\$		
8	Does each conservation easement reported on line 2				Yes	∏No
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports co	negration agreements in its revent			∐ 1es	
9	balance sheet, and include, if applicable, the text of t					
	the organization's accounting for conservation easem		mancia statemen	ns trat describes		
Par	t III Organizations Maintaining Collections of A		er Similar Asset	s.		
	Complete if the organization answered "Yes"					
	,					
1a	If the organization elected, as permitted under SFAS	116, not to report in its revenue st	tatement and bal	lance sheet works	of	
	art, historical treasures, or other similar assets held for	r public exhibition, education, or r	esearch in furthe	erance of public se	ervice,	
	provide, in Part XIV, the text of the footnote to its fina	ncial statements that describes the	ese items			
ь	If the organization elected, as permitted under SFAS	116, to report in its revenue stater	ment and balanc	e sheet works of a	urt,	
	historical treasures, or other similar assets held for pu		arch in furtheran	ce of public servic	е,	
	provide the following amounts relating to these items					
	(I) Revenues included in Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, historically wards are under SEL	rical treasures, or other similar ass	sets for financial	gain, provide the		
	following amounts required to be reported under SFA			. •		
	Revenues included in Form 990, Part VIII, line 1					
Þ	Assets included in Form 990, Part X			▶ \$		

Pa	rt III Organizations Maint	alning Collec	tions of	Art, Historical Ti	reasu	res, or Other Sim	ilar A	ssets (continued)			
3	Using the organization's acqu	otton second	ion and	other records of		ny of the following	**	ore a supplicant use	of its salls	otio m	
3	items (check all that apply):	isition, access	ion, and	other records, cr	ieck a	ny or the following	ınaı	are a significant use of	or its cone	Cuon	
а	Public exhibition					Loan or exchange		romo			
b	Scholarly research				\vdash	_	prog	grants			
	Preservation for future get	norebene			е [Other					
С 4					• • • • • • • • • • • • • • • • •	. 6			_		
•	Provide a description of the or Part XIV.	rganizations	onection	s and explain no	w iney	riurther the organi	izauo	n's exempt purpose ii	1		
_											
5	During the year, did the organ								Пу		
Da	assets to be sold to raise fund						_		. Y	es	No
1.0	Escrow and Custodi	_		•		n answered "Yes"	10 F	orm 990,			
	Part IV, line 9, or repo	nteo an amou	nt on For	m 990, Part X, III	ne 21	 					
10	le the organization on agent t			ha		ntukutiana ar atha		ata mat			
1a	Is the organization an agent, t			•					□ v		□No
L	included on Form 990, Part X'								□ "	53	
b	If "Yes," explain the arrangem	entin Part XIV	and cor	riplete the followi	ing tat	ne.		T			
_	Dominana hatanas						1	A	nount		
c	-				•	• • • • • • • • • • • • • • • • • • • •	1c	 			
d	Additions during the year						1d				
e	Distributions during the year.						1e				
f	Ending balance								TV		No
2a	Did the organization include a			J, Part A, line 21 f	• •				· 🗆 "	53	IJ ''''
b	If "Yes," explain the arrangement V Endowment Funds.			estan annuared (iiVoo" i	to Form 000 Port	1\ / lus	10.10			
Fa	Endowment Funds.		<u>-</u>			(c) Two years ba		(d) Three years back	(a) Form	voore	back
4.5	Pogunning of year belongs	(a) Curren	ı year	(b) Pnor yea	41	(c) Two years be	ick i	(u) Three years back	(e) rou	years	Dack
1a	Beginning of year balance Contributions	 		ļ							
b	Net investment earnings,			 							
С	gains, and losses]]							
	Constant an archalamah ma										
d	Grants or scholarships .										····
е	Other expenditures for facilities and programs										
f	Administrative expenses	<u> </u>				······	· · · · · · · · · · · · · · · · · · ·				
	•										
g 2	End of year balance Provide the estimated percent	age of the year	r and ha	lance hold so			1				
	Board designated or quasi-en	- ,	ai end ba	wance new as							
a b	Permanent endowment	idowineiii 🏲	 _								
C	Term endowment	%	- ′°								
3a	Are there endowment funds no		neeinn of	the organization	that a	re held and admu	nieter	ed for the			
34	organization by:	ot iii the poss	5331011 OI	ine organization	i iiiai u	ile neid and admin	113101	04 101 1110		Yes	No
	(i) unrelated organizations								3a(l)	+-	+
	(ii) related organizations						• •		3a(ii	+-	1-
ь	If "Yes" to 3a(II), are the related								3b	' 	†
4	Describe in Part XIV the intend										٠
_	rt VI Investments Lar										
	Description of investment			st or other basis		Cost or other	1	c) Accumulated	(d) Bo	ok valu	ue
	Description of investmen	, 11.	1.,	ivestment)		basis (other)	' '	depreciation	(=, 50		
12	Land		 ("	ivesuitettt)		Jusis (Ulliel)	 	acprociation			
1a h	Land										
b	Buildings						\vdash				
, C	Leasehold improvements			60 651			-	48,408	2	1,243	3
ď	Equipment			69,651			 	40,400		-, 4 -	
E Tota	Other		ld a mind	Form COO Deat Y	001	mn (R) line 10(c))	<u> </u>	+		L,24	3
	1. Add lines 1a through 1e. (Col				, colul	rin (b), ine lu(c).)	<u> </u>		le D (For		
JVA	09 990D2 TWF 33237	Copyright Form	s (Softwar	e Only) - 2009 TW				Scriedu	.5 D (FUI	330	,

edule D (Form 990) 2009 MISSOULA C	ONSTRUCTION CON 1990. Part X. line 12	OUN 81-0436678	Pa
(a) Description of security or category	(b) Book value	(c) Method of valuat	iou.
(including name of security)	(,	Cost or end-of-year mark	
ncial derivatives			
ely-held equity interests			
er			
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	-		
rt VIII Investments Program Related. See For	m 990, Part X, line 13	The second section is a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	
(a) Description of investment type	(b) Book value	(c) Method of valuat	on
		Cost or end-of-year mark	ket value
	1		
al. (Column (b) must equal Form 990, Part X, col (B) line 13)			
other Assets. See Form 990, Part X, line 15			
	scription		(b) Book value
		İ	
al. (Column (b) must equal Form 990, Part X, col. (B) line	9 15)		
other Liabilities. See Form 990, Part X, line			
(a) Description of liability	(b) Amount		
eral income taxes		,	
	1 E		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 MISSOULA	CONSTRUCTION COU	N 81-0436678	3	Page 4
Part XI Reconciliation of Change In Net Assets	from Form 990 to Audited Finar	icial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line	12)		1	
2 Total expenses (Form 990, Part IX, column (A), line			2	
3 Excess or (deficit) for the year. Subtract line 2 from	line 1		3	
			4	
5 Donated services and use of facilities			5	
6 Investment expenses		,	6	
7 Prior period adjustments			7	
8 Other (Describe in Part XIV.)		[8	
9 Total adjustments (net). Add lines 4 through 8		[9	
10 Excess or (deficit) for the year per audited financial	statements. Combine lines 3 and 9) <u>.</u>	10	
Part XII Reconciliation of Revenue per Audited	Financial Statements With Reve	nue per Return		
 Total revenue, gains, and other support per audited 	I financial statements		1	
2 Amounts included on line 1 but not on Form 990, P		i		
a Net unrealized gains on investments	2a	<u> </u>		
b Donated services and use of facilities	2b		1	
	2c	<u> </u>		
d Other (Describe in Part XIV.)	2d			
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII, line 12, b	ut not on line 1:			
a Investment expenses not included on Form 990, Pa	ert VIII, line 7b 4a		1	
	<u>4b</u>	<u> </u>	1 1	
			4c	
5 Total revenue. Add lines 3 and 4c. (This must equa		·	5	
Part XIII Reconciliation of Expenses per Audited		enses per Return	1 1	
1 Total expenses and losses per audited financial star	tements		1	
2 Amounts included on line 1 but not on Form 990, P	art IX, line 25	1		
a Donated services and use of facilities	2a		4	
b Prior year adjustments	<u>2b</u>		4	
c Other losses	2c		-	
d Other (Describe in Part XIV)			1	
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX, line 25, bu				
a Investment expenses not included on Form 990, Pa			4 1	
b Other (Describe in Part XIV)	<u>4b</u>		1	
c Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 and 4c. (This must equ	ual Form 990, Part I, line 18)	<u> </u>	5	
Part XIV Supplemental Information				

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

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MISSOULA CONSTRUCTION COUNCIL

Employer Identification number

81-0436678

PRINCIPAL OFFICER NAME AND ADDRESS

Attachment	1: Form 990 Page 1, Line F	
Open to Public		
Inspection	For calendar year 2009, or tax period beginning	, and ending
Name of Organizat		Employer Identification Number
MISSOULA C	ONSTRUCTION COUNCIL	81-0436678
990, Page 1, Line F		
Principal officer namor or Business Name	ne <u>NORM</u> Z	IAN CAREY
Street Address	<u>734</u> \$	S 1ST ST W
U.S. Address:		
Zıp code or	59801 City MISSOULA	State MT
Foreign Address		
Crty		
Province or	State	
Country .		· ·· · · · · · · · · · · · · · · · · ·
Postal code		

BOOKS ARE IN CARE OF

Attachment	2: Form 990 Page 6, Part	VI, Section C, Line 20	
Open to Public			
Inspection	For calendar year 2009 or tax period beginning		
Name of Organizati MISSOULA C	on ONSTRUCTION COUNCIL	Employer Identification Numb 81-0436678	er
Part VI - Line 91a			
Individual Name or Business Name: BD ACCOUNT	ING, LLC		
Street Address .		PO BOX 7188	
U.S. Address:			
Zıp code or Foreign Address	S9807-7188 Cnty MISSOULA	State MT	
City .	·		
Province or	State		
Country			
Postal code			
Phone Num	per ,		64
Fax Number		(406)721-70	43

Form' **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenue S	ervice Prile a Separate application for each return.			
 If you are film 	ng for an Automatic 3-Month Extension, complete only Part I and check this box			▶ 🛛
If you are film	ng for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	2 of the	s form)	
Do not comple	te Part II unless you have already been granted an automatic 3-month extension on a prev	ously f	led Form	8868
Part I Au	tomatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corporation re Part I only	equired to file Form 990-T and requesting an automatic 6-month extension check this box		omplete	• []
All other corporates returns	ations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to rec	quest a	n extensio	n of time to file income
returns noted be if (1) you want t consolidated Fo	g (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic relow (6 months for a corporation required to file Form 990-T). However, you cannot file Form e additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870 rm 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits	n 8868 , group	electronica returns, c	ally or a composite or
Type or Na	me of Exempt Organization	Er	nployer id	lentification number
	SSOULA CONSTRUCTION COUNCIL	81	043 <i>6</i>	678
	mber, street, and room or suite no. If a P O box, see instructions			
due date for 73	4 S 1ST ST W			
return See Cit	y, town or post office, state, and ZIP code. For a foreign address, see instructions			
	SSOULA MT 59801-1844			
Check type of a	eturn to be filed (file a separate application for each return)			
X Form 990	Form 990-T (corporation)			Form 4720
Form 990-Bl				Form 5227
Form 990-E2	⊢ • • • • • • • • • • • • • • • • • • •			Form 6069
Form 990-PF	$oldsymbol{arphi}$			Form 8870
• The books a	re in the care of ▶ See attachment #2			
Telephone N	lo ▶ FAX No ▶			
 If the organi 	zation does not have an office or place of business in the United States, check this box			
 If this is for a 	Group Return, enter the organization's four digit Group Exemption Number (GEN)			. If this is
for the whole gro	oup, check this box	x ,		b and attach
a list with the na	mes and EINs of all members the extension will cover.			
1 I request an	automatic 3-month (6 months for a corporation required to file Form 990-T) extension of tin	ne		
until AUGU	ST 15 , 20 10 , to file the exempt organization return for the organization named ab	ove Th	ne extensio	on is
for the organ	nization's return for:			
▶ 🏻 calen	dar year 20 0 9 or			
▶ ☐ tax ye	ear beginning , 20 , and ending	,	20	
2 If this tax yes	ar is for less than 12 months, check reason:	CH	ange in a	ccounting period
3a If this applica	ation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	1	1	
• •	refundable credits. See instructions	3a	\$	0
	ation is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	1		
	ade. Include any prior year overpayment allowed as a credit	3b	\$	0
	Subtract line 3b from line 3a. Include your payment with this form, or, if required,	1		
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
	e instructions.	3c	\$	0
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO an		8879-EO	
for payment instr				
ioi payiticiit ilisii	44401101			