

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

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		For t	he 2009 calen	dar year,	or tax year beg	inning Jul	1	, 2009, an	d endi	ng Jun	30	, 2010	_			
	В	Check	ıf applicable		C Name of orga	nization					D Employer Ide	entification Number				
	Address change RS label Or print Or type Name change Name change RS label Or print Or type RS label Or print Or type RS label Or print Or type RS label Or PO box if mail is not delivered to street addr.) Room/suite E Telephone number															
	Name change or print or type. See Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telepho															
		-	•	See	PO BOX 75	`		·			(701) 636-4353					
		$\vdash$	itial return	specific Instruc-	City, town or o			State ZIF	Code +	4	(701)	020-4333				
		Ħ	ermination	tions.	_	-					_		_			
		<u> </u>  ^	mended return	<u> </u>	HILLSBOR			ND 5	8045	-0756	G Gross receipt					
		Application pending F Name and address of principal officer H(a) Is this a gr														
						62ND AVE SE	E HILLSBOR	<u>о ир 5</u>	8045		affiliates included? attach a list (see i		s No			
	<u> </u>	Tax	-exempt statu	ıs X 501	(c) (3 )	(insert no	4947(a)	(1) or	527			,				
	J	We	bsite: ► N/	Ά						H(c) Group e	exemption number	<b>&gt;</b>	_			
	K	Forn	n of organization	X Corpora	ation Trust	Association	Other ►	L Year	of Forma	tion 1998	M State o	f legal domicile N	D			
[	Pa	rt I	Summ	ary												
	I	1			anization's mis	ssion or most sig	gnificant activiti	es: HOUS	SING	FOR TH	E ELDERLY	<u></u>				
<b>(5)</b>	اما		•			•	-									
D NOV 0 4 2010	ž															
ومن	Ē															
₹	Š	2	Check this bo	x ► [[	if the organizat	tion discontinued	d its operations	or disposed	of mo	re than 259	% of its assets					
0	ŏ	3				erning body (Pa						15				
$\geq$	8	4				ers of the govern		VI, line 1b)			4	5				
NON	뜵	5			yees (Part V, III						5	3				
	ᢤ	6			eers (estimate i						6	0				
$\Box$	<b>ĕ</b>	7 a	Total gross u	nrelated b	usiness revenu	ie from Part VIII	, Icolumn (C), II	ne 12			7 a	1	0.			
Ш		b	Net unrelated	l business	taxable incom-	e from Form 990	0-T, line 34				7 t	,				
SCANNED										Pı	rior Year	Current	Year			
8	. }	8	Contributions	55.		75.										
3	ᇐ		8 Contributions and grants (Part VIII, line 1h)													
Š	Ver	10	Program service revenue (Part VIII, line 2g) 152,947. 127, nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 1,020. 1,													
9,	ଝ	11				lines 5, 6d, 8c, 9		e)			2,506.		612.			
		12				1 (must equal P			ກ		156,528.		9,711.			
-	_	13				t IX, column (A)		<u> </u>		<del>                                     </del>	200/0201	<del> </del>	7.7.2.4			
		14			· ·			•				<del> </del> -				
	ł				-	IX, column (A),	•			<del> </del>	0.776	<del> </del>	742			
	စ္မ	15			· -	ee benefits (Par		), iines 5-10	"	<b> </b>	9,776.	<del> </del>	1,743.			
	Expenses	16a	Professional	fundraisin	g fees (Part IX,	, column (A), lın	e 11e)	•		<u> </u>		<del> </del>	<del></del>			
	ğ.	þ	Total-fundrais	ing exper	ises (Part IX, c	olumn (D), line	25) ►		0.	*			, 1844 mility			
	ш	17	11 75 71 75 20 12		t-IX <del>, q</del> qlumn (A), lines 11a-11d, 11f-24f)						147,700.	14:	2,458.			
	į					t equal Part IX,		25)			157,476.		4,201.			
	Ì	100	Barrelle Free	3 7 2 2 1		18 from line 12	column (7.5), iiii	. 20)		<del></del>	-948.		4,490.			
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	5 5 E			18							ning of Year	End of Y				
	Bala	20	Total assets	Earl X.Ur	re 16).	•		•			,060,633.		3,647.			
	Net Assets or Fund Balancos	215	<del>-Total∃iabilitie</del>	<del>s (Part X,</del>	<del>-line-26)</del>					1	,121,734.	1,104	4 <u>,238:</u>			
		22				line 21 from line	e 20			1	-61,101.	-85	5,591 <u>:</u>			
Ŀ	Pai	<u>rtill</u>	Signate	ure Bloc	:k											
			Under penaltie	s of perjury.	i declare that I have	nexamined this return parer (other than office	n, including accompa	nying schedule	s and sta	tements, and	to the best of my k	nowledge and belie	f, it is			
			True, correct, a	iu compiete	1 1	prer (other than offic	er) is based on an i	normation of wa	nch prep	arer nas any F	mowieage	- 110				
:	Sig	n	<b>►</b> X	and	al Mu	st.				IX	10/1-	5//0				
1	Her	·e	Signature	of officer						Pate	•					
			IN RO	inde	1 Kus	t Presio	Jost			•						
			Type or pr	int name and	title		200									
-					0			Date		Che	eck if	Preparer's identifying see instructions)	g number			
	Pai	d			0	_ //	/			set		see instructions)				
	Pre		Preparer's signature	<b>▶</b> ~ <i>T</i>	1. 111	n now	a COA	110/	04/1		ployed ►	P00427	352			
		er's	<u> </u>		ANUL I	<u>ع ري ا</u>			04/1	<del>-</del>		LUU74Z	777			
ı	Jse	<del>)</del>	Firm's name (or yours if self-			LSON, LTD.			_		115	11111	a			
(	Onl	У	employed), address, and	▶ 200		N Ste 20				EIN		237701	<u></u>			
_			ZIP + 4		ND FORKS		ND_	58203		Pho	one no_ ► (70		_			
١	Иay	the II	RS discuss thi	s return w	ith the prepare	r shown above?	(see instruction	ns)				X Yes_	No			

	990 (2009) HILLSBORO MANOR HOUSING, INC	45~0	<u>45101</u>	5		Page 2
Pai	代間盤 Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	HOUSING FOR THE ELDERLY					
	Did the organization undertake any significant program services during the year which were not listed	on the prior				
	Form 990 or 990-EZ?	on the pine.		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.				لجق	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	enuces?	П	Yes	X	No
•	If 'Yes,' describe these changes on Schedule O.	oci vices.	لــا	103	121	110
4	Describe the exempt purpose achievements for each of the organization's three largest program services.		Coot	EO	1/0\/3	
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and allocations	to other	rs, the	total	יי
	expenses, and revenue, if any, for each program service reported.			•		
4.	(Code) \( (Code) \)	.) (Revenue	c	1 2	0 7.	11 \
46	COOME ACCOUNTABLE STREET BUR ONVERGUED MANACEMENT AND	•				
	OPERATION OF A MULTI-UNIT HOUSING COMPLEX FOR THE ELDERLY					
	AND HANDICAPPED					
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			. – – -			
46	(Code:) (Expenses \$ including grants of \$	-				
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40	(Code:) (Expenses \$ including grants of \$	_) (Revenue	\$			)
				- <b>-</b> -		
				- <b>-</b> -		
		<b></b>		<b></b>		
4 d	Other program services. (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue	\$		,	)	
40	Total program service expenses ► 151, 919.	•				
-46	End State and					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		<u>x</u> _
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		Χ
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 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 Schedule D, Part I	6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	10 mg/m		
•	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	1		
•	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			Mary 1
	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	1	Mary Town	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	- 1		
	<ul> <li>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</li> </ul>		<b>表</b> つ。	hality .
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .	12		X
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X	, <del></del>	,	
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X .,
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
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? If 'Yes,' complete Schedule F, Part III	16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	l	<u>X</u>

Rart IV Checklist of Required Schedules (continued)

•			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		<u>x</u>
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 <sup>7</sup> 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		_ <u>x</u> _
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		_ X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		_x_
ı	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		_ <u>x</u> _
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		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		X
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	20a		
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	_28b		<u>X</u>
29	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		<u>x</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
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		<u>x</u>
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	_	<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule $R$ , Part $VI$	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197  Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form **990** (2009)

			Yes	No				
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	,	163	110				
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,					
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 <sub>c</sub>	x					
2	a 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 3	, ,						
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		ــــــــــــــــــــــــــــــــــــــ	. · ·				
	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		x				
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b	<u> </u>	↓				
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
	b If 'Yes,' enter the name of the foreign country: ►	- F	÷.					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	, , , , , 	<u> </u>	,				
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X				
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		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?	5 c						
6	a 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		x				
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6Ь						
7	Organizations that may receive deductible contributions under section 170(c).	â.	15	S. 30				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х				
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			<u>'</u>				
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X				
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-				
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	¥ .*	20				
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 business holdings at any time during the year?	8		X				
9	Sponsoring organizations maintaining donor advised funds.	- 1		33				
	a Did the organization make any taxable distributions under section 4966?	9a		Х				
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		Х				
	Section 501(c)(7) organizations. Enter	5	( ·	-,,				
i	a Initiation fees and capital contributions included on Part VIII, line 12 . 10a		<b>*</b>					
1	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		· ,	14				
11	Section 501(c)(12) organizations. Enter	` :	í	1 .				
	a Gross income from other 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.)			` •				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ц				
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b							

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.

Section	on A. Governing Body and Management			
			Yes	No
1 a E	inter the number of voting members of the governing body		rl u	]
bЕ	inter the number of voting members that are independent	<u> </u> (34	20.0	'
2 D	old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee or key employee?	2	<u> </u>	X
	ind the organization delegate control over management duties customarily performed by or under the direct supervision			<u> </u>
0	f officers, directors or trustees, or key employees to a management company or other person?	. 3_		Х
	id the organization make any significant changes to its organizational documents	4		X
	ince the prior Form 990 was filed?	_		
	id the organization become aware during the year of a material diversion of the organization's assets?	5		X
	oes the organization have members or stockholders?	6		X
	oes the organization have members, stockholders, or other persons who may elect one or more members of the overning body?	7a		х
<b>b</b> A	re any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Se	X
	id the organization contemporaneously document the meetings held or written actions undertaken during the year by se following:			
aΤ	he governing body?	8a	_X	L
bΕ	ach committee with authority to act on behalf of the governing body?	8ь	Х	1
9 Is	there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the rganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
	on B. Policies (This Section B requests information about policies not required by the Interna	<del></del>		
Revenu	ue Code )			
_			Yes	No
<b>10</b> a D	oes the organization have local chapters, branches, or affiliates?	10 a		Х
<b>b</b> If ar	'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?	10 ь		
11 H	as the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11 A D	escribe in Schedule O the process, if any, used by the organization to review this Form 990		5 1 1P	p.
<b>12a</b> D	oes the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
	re officers, directors or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12b		
<b>c</b> D S	oes the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in chedule O how this is done	12c		
13 D	oes the organization have a written whistleblower policy?	13		<u>X</u>
14 D	oes the organization have a written document retention and destruction policy?	14	2. 5	Х
<b>15</b> D	id the process for determining compensation of the following persons include a review and approval by independent ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4
a Ti	ne organization's CEO, Executive Director, or top management official	15a	Х	
<b>b</b> O	ther officers of key employees of the organization	15b	X	<b></b>
lf	'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		ing in	
<b>16 a</b> Di er	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable titly during the year?	16a		X
ın	'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt atus with respect to such arrangements?	16b	38.} 	1
	on C. Disclosures			
17 Lr	st the states with which a copy of this Form 990 is required to be filed North Dakota			
18 Se	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply	ailable	for pu	blic
	Own website Another's website X Upon request			
st	escribe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy atements available to the public			ıal
	ate the name, physical address, and telephone number of the person who possesses the books and records of the organ TACEY RIEMER LOCAL HILLSBORO ND 58045 (7	ızatıon 01) 🌜		1353

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Form 990 (2009)

### 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 organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compens	ate ar	ny c	urre	nt o	fficer,	dıre	ctor, or trustee.		
(A)	(B) (c)							(D)	(E)	(F)
Name and Title	Average hours		ition			that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	andividual frustee or director	anstitutional frustee	Offirer	Key employee	Highest corm:सम्प्रजेस्त	Forme	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DAN CHRISTIANSON										
SEC/TREAS	1.00			Х				0.	0.	0.
RANDY RUST	[		Ì			ĺ	ĺ			U.
CHAIRMAN	1.00			Х				0.	0.	0.
CONNIE BERTSCH										
DIRECTOR	1.00	Х						0.	0.	0.
KATHY HAMRE	-									
BOARD MEMBER	1.00	X						0.	0.	0.
MIKE KRESS										
VICE CHAIR	1.00			Х				0.	0.	0.
		·								

TEEA0107 11/10/09

RarteVIII Section A. Officers, Directors, Trust		(ey	Em			es,	an				ont.)
· (A) Name and Title	(B) Average	Posi	tion (		c) k all '	that a	(ylgq	(D) Reportable	(E) Reportable	(F) Estimat	ed
	hours per week			Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from the compensation from the compensation of the compensation (W-2/1099-MISC)	om amount of compens. () from the organizat and relations organizat	other ation ie tion ited
								<u>.</u>	·		
			:								
							_				
1 b Total	•						<b>•</b>	0.		0.	0.
Total number of individuals (including but not limited from the organization	to those	e list	ed a	abov	e) v	vho	rece	eived more than \$1	00,000 in repo	table compensa	tion
<ul> <li>Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such ind</li> <li>For any individual listed on line 1a, is the sum of report the organization and related organizations greater the individual</li> </ul>	<i>lividual</i> ortable (	comi	pens	satio	n a	nd c	ther	compensation from	om	Yes 3	X X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	mpensa dule J f	tion or su	fron Jch	n an pers	y ui	nrela	ated	organization for s	ervices	5	X
Section B. Independent Contractors  1 Complete this table for your five highest compensated	Lindara	nde	nt c	ontr	acto	rs H	hat r	received more than	\$100,000 of		
compensation from the organization	- поере				-						
Name and business address								Description o	f Services	(C) Compensati	on
							$\exists$				
				-			$\dashv$				
2 Total number of independent contractors (including bi	ut not lii	mited	d to	thos	se lı	sted	abo	ove) who received	more than		

Page 9

Fai	Tevin 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above q Noncash contribus included in lns 1a-1f;				
SA	h Total. Add lines 1a-1f	▶ 75.			-, 1
ä	Business Code		1	17.7	
PROGRAM SERVICE REVENUE	2a RENTAL FEES N/A  b C C C C C C C C C C C C C C C C C C	127,724.	127,724.	0.	0.
SGR.	f All other program service revenue				
	g Total. Add lines 2a-2f	► 127,724.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	By the state	1000 3 1000
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	1,300.	1,300.	0.	0.
	(i) Real (ii) Personal	Section of the sectio	Harry 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	و يا يُعْرِي لَمْ أَخْرِيْنِ اللَّهِ الْمُرْجَعِينَ اللَّهِ الْمُرْجَعِينَ اللَّهِ الْمُرْجَعِينَ ا
	6a Gross Rents  b Less: rental expenses c Rental income or (loss)				
1	d Net rental income or (loss)	3/ 4/2 1/2 1/2		1, -	to a second
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses				
	c Gain or (loss)		<u> </u>	أستناه المستادة	
	d Net gain or (loss)	<b>&gt;</b>	1	1 11111	
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
0	c Net income or (loss) from fundraising events	<b>&gt;</b>	, , , , , , , , , , , , , , , , , , , ,	ļ	
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b		<u> </u>		3 The same dames of 1
	c Net income or (loss) from gaming activities		, .	ļ,	
	10 a Gross sales of inventory, less returns and allowances a  b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	<b>&gt;</b>			
	Miscellaneous Revenue Business Code				أننت سننسا
	11a OTHER N/A	612.	612.	0.	0.
	d All other revenue	1			
	e Total. Add lines 11a-11d	<b>►</b> 612.		1 1 2	11 7.
	12 Total revenue. See instructions	<b>▶</b> 129,711.	129,636.	0.	0.

Part IX: Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do .	not include amounts reported on lines 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		- superiore		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			1.3.	E TO THE STATE OF
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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		9,915.	9,915.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		<u> </u>
10	Payroll taxes .	1,828.	1,828.	0.	0.
11	Fees for services (non-employees)				
ā	a Management				
Ł	Legal.				
c	: Accounting	750	0.	750.	0.
c	Lobbying		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the second second	
e	Prof fundraising svcs. See Part IV, In 17		对似 数 在 晚成的	では、影響を行うは、	
f	Investment management fees				<del> </del>
-	Other				
12	Advertising and promotion				
13	Office expenses .				·
14	Information technology				
15	Royalties			<del></del>	
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	55,569.	55,569.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,079.	25,079.	0.	0.
23	Insurance	5,939.	5,939.	0.	0.
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	PROPERTY TAX	12,727:	12,727.	0.	0.
b	MANAGEMENT FEES	0.	0.	0.	0.
c	JANITORIAL & HOUSEKEEPING	340.	340.	0.	0.
d	UTILITIES	21,304.	21,304.	0.	0.
е	TELEPHONE	869.	0.	869.	0.
f	All other expenses .	19,881.	19,218.	663.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	154,201.	151,919.	2,282.	0.
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.				
BAA				-	Form <b>990</b> (2009)

P	<u>art X</u>	Balance Sheet					
•					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			30,413.	1	22,916.
	2	Savings and temporary cash investments			38,500.	2	30,000.
	3	Pledges and grants receivable, net				3	•
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trust I of Sc	ees, key employees, hedule L		5	
	6	Receivables from other disqualified persons (as define	d unde	er section 4958(f)(1))	15 To 10 15 15 15 15 15 15 15 15 15 15 15 15 15		The state of the s
	1	and persons described in section 4958(c)(3)(B) Comp	lete Pa	art II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net.				7	
Ē	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis	10a	1,357,407.	The state of the s		1. 李利思。285000000
		Complete Part VI of Schedule D					
	Ь	Less: accumulated depreciation.	10Ь	396,261.	986,225.	10 c	961,146.
	1	Investments – publicly-traded securities	<u> </u>			11	1
	12	Investments – other securities See Part IV, line 11				12	
	13	Investments – program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,495.	15	4,585.
	16	Total assets Add lines 1 through 15 (must equal line	34)		1,060,633.	16	1,018,647.
	17	Accounts payable and accrued expenses			4,820.	17	10,434.
	18	Grants payable				18	
	19	Deferred revenue				19	
L	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability Complete Part IV	of Sc	hedule D .		21	
Ī L I T	22	•			4.是多。在1	がな	
- 1		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated this	rd part	ies .		23	
	24	Unsecured notes and loans payable to unrelated third	parties		657,419.	24	635,219.
	25	Other liabilities Complete Part X of Schedule D			459,495.	25	458,585.
	26	Total liabilities. Add lines 17 through 25 .		<u></u>	1,121,734.	26	1,104,238.
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	X an	d complete lines			
Ą	27	Unrestricted net assets			-61,101.	27	-85,591.
	28	Temporarily restricted net assets			0=/=0=1	28	
Ĕ	29	•				29	
P		Organizations that do not follow SFAS 117, check her	. ▶	and complete	A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.27	- 3 3 5
		lines 30 through 34.	•			1-5"	
FUZD	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equip	nent fi	ınd		31	
Ā	32	Retained earnings, endowment, accumulated income,				32	
BALAZCES	33	Total net assets or fund balances	J. J. 10		-61,101.	33	-85,591.
Ĕ	34	Total liabilities and net assets/fund balances .	•		1,060,633.	34	1,018,647.
BA				. <u></u>		<u> </u>	Form <b>990</b> (2009)

Form 990 (2009)

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ivame o	r tne	organization							Employe	r identifica	uon number			
HIL	S	BORO MANOR H	OUSING, INC						45-0	451015	5	_		
Part	1	Reason for Pu	blic Charity Statu	us (All organizations	must	comple	ete this	s part.	) See i	nstruct	ions			
The o	gar	nization is not a priv	vate foundation becau	ise it is: (For lines 1 throu	igh 11, d	heck on	ly one b	ox.)						
1		A church, conventi	on of churches or ass	ociation of churches desc	ribed in	section	170(b)(	1)(A)(i).						
2		A school described	in section 170(b)(1)(	A)(ii). (Attach Schedule E	<b>:</b> )									
3		A hospital or coope	erative hospital service	e organization described	ın sectio	n 170(b	)(1)(A)(i	ii).						
4	П	A medical research	n organization operate	ed in conjunction with a hi	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii) Ente	er the hospi	tal's		
		name, city, and sta	nte:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6	Ш	A federal, state, or	local government or g	governmental unit describ	ed in <b>se</b>	ction 17	′0(ь)(1)(	A)(v).						
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	닏	A community trust	described in <b>section</b> 1	1 <b>70(b)(1)(A)(vi).</b> (Complet	e Part II	)								
9		from activities relationvestment income	ted to its exempt funct	(1) more than 33-1/3 % o tions — subject to certain ess taxable income (less s complete Part III)	exception	ons. and	(2) no i	more th	an 33-1/	3 % of its	s support fr	om aro	SS	
10	Ц	•	•	exclusively to test for pul		•			•					
11	Ш	more publicly supp	orted organizations d	exclusively for the benefilescribed in section 509(a sation and complete lines	i)(1) or s	section 5	09(a)(2)	tions of, ) See <b>s</b>	or carry ection 5	out the <b>09(a)(3).</b>	purposes of Check the	f one o box tha	r at	
		a Type I	b Type II	c ☐ Type II		-		ed		dП	Type III-	Other		
е	_	<b>—</b>		ganization is not controlle		•	•		r more d	ے isqualifie	ed persons	other		
		than foundation ma 509(a)(2).	anagers and other that	n one or more publicly su	pported	organiza	ations d	escribed	l in secti	on 509(a	a)(1) or sec	tion		
f		If the organization in the check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II c	r Type	III suppo	rting org	anızatıon,			
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?				
												Yes	No	
		(i) a person who	directly or indirectly of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) an	id (III)	11 g (i)			
			ber of a person desc								11 g (ii)			
		• •	•	i described in (i) or (ii) ab	0.42						11 g (iii)			
h		• •	•	he supported organization							[_119(/)			
			1		1	la tha	(A) D.d.		(4)	s the	(VII) Amoun			
	(1)	Name of Supported Organization	(ii) EIN	(ili) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?		ion in col	(VII) Allioun	( от зарро	ort	
					Yes	No	Yes	No	Yes	No				
					1.00		1.00		100	110				
	_	<del> </del>			1	1								
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					<del></del>		<u> </u>		15-	<del>  </del>				
<b>Cotal</b>		:				ir,		, , ,	, - ;	1,5,11				

# Schedule A (Form 990 or 990-EZ) 2009 HILLSBORO MANOR HOUSING, INC 45-0451015 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Calendar year (or fiscal year beginning in) P  1 Gifts, grants, contributions and membership unsured and the properties of the properties	Sec	ction A. Public Support	sa the box on line	5, 7, 01 8 01 Fait	.,					
2 Tax revenues leved for the organizations benefit and either paid to it or expended or the organizations benefit and either paid to it or expended either paid to it in expended either paid to it expended either paid to it expended either paid to it expended either paid to ex	Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	 09	(f) Tota	al
organization's benefit and either paid to it or expended on its behalf.  3 The value of services or organization by a governmental unit without charge. Do not include the value of services or programation by a governmental unit without charge. Do not include the value of services or programation by a governmental unit without charge. Do not include the value of services or programation in the programation of the common	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
facilities furnished to the organization by a governmental unit without charge to D not facilities generally furnished to the public without charge of the public contributions by each person (other than a governmental unit or publicly supported or the public without charge of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 6 from line 7 from line 8 from line 9 from line 9 from line 1 from	2	organization's benefit and either paid to it or expended								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line it that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, similar sources  9 Net income from interest, dividends, payments received on securities loans, rents, similar sources  9 Net income from unclated business as regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)  15 Public support percentage from 2008 Schedule A, Part III, line 14  16a 33-1/3 support test — 2008. If the organization did not check he box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to								
contributions by each person (other than a governmental unit or publicly supported organization) included on line shown on line 11, column (f)  Public support. Subtract line 5 from line 7. Total Support Callendar year for fiscal year beginning in)  7. Amounts from line 4  8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  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 gain or loss from the sale of gain or loss from the late activities, etc. (see instructions)  11. Total support. Add lines 7 If through 10.  12. Gross receipts from related activities, etc. (see instructions)  13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14. Public support percentage from 2008 Schedule A, Part III, line 14  15. Line 14  16. a 33-1/3 support test - 2008. If the organization duplic fies as a publicly supported organization  and stop here. The organization qualifies as a publicly supported organization  17. a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qua	4	Total. Add lines 1-through 3								
Section B. Total Support  Calendar year (or fiscal year beginning in) >	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
Calendar year (or fiscal year beginning in) >  (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) >  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  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  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2008 Schedule A, Part II, line 14  15 Public support percentage from 2008 Schedule A, Part II, line 14  16 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances' test, check this box and stop here Explain in Part IV how or more, and if the organization meets the facts-and-circumstances' test, check this box and stop here Explain in Part IV how the organization meets the facts-and-circumstances' test, check this box and stop here Explain in Part IV how the organization meets the facts-and-circumstances' test. The organization dualifies as a publicly supported organization.		from line 4								_
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18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions .	ŧ	or more, and if the organization in	neets the 'facts-an	id-circumstances'	test, check this be	ox and stop here.	Explain in F	Part IV		► □
Schedule A (Form 990 or 990-FZ) 2009			ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,					<u> </u>

Page 3

### Part III. | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 **(b)** 2006 (e) 2009 Calendar year (or fiscal yr beginning in) (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 0 0 0 55 75 130. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 117,658 157,090 159,361 152,947 127,724 714,780. purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf 0 0 0 0 0. The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 0. 117,658 157,090 159,361 153,002 127 799 714, 910. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0. 0. 0. 0. persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0. vear 0 0 0. 0 0 0. c Add lines 7a and 7b 8 Public support (Subtract line 714,910. 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 117,658 157,090 159,361 153,002 127,799 714,910. 10 a Gross income from interest, dividends, payments received on securities loans, rents. royalties and income form similar sources 1,020 1,340 2,817 1,300 6,477. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,340 2,817 1,020 1,300 c Add lines 10a and 10b 6,477. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is 0 0 0 0 0 0. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 2.505 645 3,762. 725,149. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 98.59% Public support percentage from 2008 Schedule A, Part III, line 15 16 98.89% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0.89% 0.69% 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 Investment income percentage non 2000 Schedule 7, 1 arc in, inc.

19a 33-1/3 support tests – 2009. 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 X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 • is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 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) 2009	HILLSBORO	MANOR	HOUSING,	INC	45-0451015	Page 4
Part II, line 17a or 17b	<b>tion.</b> Complete ; and Part III, I	this pa line 12. l	rt to provide Provide any	the exp	lanations required by Part II, line Iditional information. See instruction	10; ons.
Other Income Part III, La	ine 12	<del>-</del>				
Description: OTHER						
2006: 0.						
2007: 645.						
2008: 221.						
2009: 612.						
Description: INSURANCE CI	LAIM					
2005: 0.						
2006: 0.		. <b></b> _				
2007: 0.						
2008: 2284.						
2009: 0.						
		. – – – -				
			. <b></b> -			
				. – – – .		

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

нті	LSBORO MANOR HOUSING, INC			45~0451015	
	Organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Othe	er Similar Funds or		
	the organization answered Tes	(a) Donor advised	<del></del>	(b) Funds and other accounts	
1	Total number at end of year .	(a) Derior devised	lands	(b) I arias aria otrici accounts	
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year .				
-		<u> </u>	,		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the a to the organization's exclusive	assets held in donor advis legal control?	eed Yes	No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	the benefit of the donor or dono	g that grant funds may be r advisor or for any other		No
Pai	MIE Conservation Easements Compl	ete if the organization ar	swered 'Yes' to Forn	m 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re			torically important land area	
	Protection of natural habitat	, ,	Preservation of certifie		
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	contribution in the form o	of a conservation easement on	the
				Held at the End of the Y	ear
a	Total number of conservation easements		2a	a	
Ŀ	Total acreage restricted by conservation easer	nents	_2t	ol	
c	Number of conservation easements on a certif	ied historic structure included ii	n (a) <b>2</b> c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06	20	1	
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminated by the	organization during the tax	
	year ►				
4	Number of states where property subject to co	nservation easement is located	·		
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring	, inspection, handling of v	violations, Yes	No
6	Staff and volunteer hours devoted to monitorin during the year ▶	g, inspecting, and enforcing co	nservation easements		
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conser	vation easements	\$	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	Yes	No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in the organization's financial st	its revenue and expense atements that describes the	statement, and balance sheet he organization's accounting fo	t, and or
Par	Organizations Maintaining Colle Complete if the organization ans			Similar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statemen	ic exhibition, education, or rese	evenue statement and ba arch in furtherance of pub	alance sheet works of art, histo olic service, provide, in Part XI	rical V,
b	If the organization elected, as permitted under treasures, or other similar assets held for publicamounts relating to these items:	SFAS 116, to report in its reve ic exhibition, education, or rese	nue statement and balanc arch in furtherance of pub	ce sheet works of art, historical plic service, provide the following	l ng
	(i) Revenues included in Form 990, Part VIII,	line 1 .	•	<b>-</b> \$	
	(ii) Assets included in Form 990, Part X	•		<b>-</b> \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other 16 relating to these items:	similar assets for financia	al gain, provide the following	
а	Revenues included in Form 990, Part VIII, line	1		▶\$	
b	Assets included in Form 990, Part X .	•		<b>&gt;</b> \$	

Schedule D (Form 990) 2009 HILLS				45-04	
Part III Organizations Mainta	ining Collec	tions of Art, Hist	orical Treasures, o	r Other Similar As	sets (continued)
3 Using the organization's acquisition items (check all that apply):	on accession a			nat are a significant use	of its collection
a Public exhibition		<b>,</b>	or exchange programs		
b Scholarly research		e U Other	·	<del></del> -	
c Preservation for future genera					
4 Provide a description of the organ Part XIV.		•			) in
5 During the year, did the organization assets to be sold to raise funds ra	ather than to be	e maintained as part o	f the organization's colle	ection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme	ents Complete if	organization answe		990, Part IV, line
1a is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other intermediary	for contributions or othe	r assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV and	complete the following	ng table.	r————	
					Amount
c Beginning balance		•		1c	
<b>d</b> Additions during the year .				1 d	
e Distributions during the year .				1 e	
f Ending balance				_1f	
2a Did the organization include an ai	mount on Form	990, Part X, line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement					
Part V Endowment Funds Co	mplete if org	anızation answer	ed 'Yes' to Form 99	00, Part IV, line 10	<u>.                                    </u>
	(a) Current ye	ear (b) Prior yea			
la Beginning of year balance					
<b>b</b> Contributions			1 1 1 1	-1.5 ( 2.4 6 4	
c Net Investment earnings, gains, and losses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d Grants or scholarships .			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
<b>g</b> End of year balance				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- to 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 Provide the estimated percentage	of the year en	d balance held as:			
a Board designated or quasi-endow	ment 🟲	&			
<b>b</b> Permanent endowment ►	<u> </u>				
c Term endowment ►	<del>8</del>				
3a Are there endowment funds not in organization by:	the possessio	n of the organization t	hat are held and admını	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	rganizations list	ted as required on Sch	nedule R?		3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B			e Form 990, Part X		
Description of investment	(1	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
<b>1 a</b> Land	. L		40,938.		40,938.
<b>b</b> Buildings	L		1,311,716.	391,508.	920,208.
c Leasehold improvements	<u>L</u>				<u></u>
<b>d</b> Equipment	<u> </u>		4,753.	4,753.	0.
e Other					
Total. Add lines 1a through 1e (Column	(d) must equa	Form 990, Part X, co	lumn (B), line 10(c))		961,146.
BAA				Sche	dule <b>D</b> (Form 990) 2009

TEEA3302 02/02/10

Schedule D (Form 990) 2009 HILLSBORO MANOR	HOUSING, INC	45-04	51015 Page 3
Part VII Investments-Other Securities See	<del>*</del>	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation
Financial derivatives	<del>                                     </del>	Cost or end-of-year ma	rket value
Closely-held equity interests .	<del></del>		
Other a			
Other	· <del> </del>	<del></del>	
	· <del> </del>		
	· <del> </del>		
	· <del>                                    </del>		
	· <del> </del>	<del></del>	
	· <del>                                    </del>		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	1	· · · · · · · · · · · · · · · · · · ·	. 144
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of value	ation
	(b) Book value	Cost or end-of-year ma	rket value
		<del></del>	
		· <del></del>	·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13 )	<u> </u>	Take the second second	
Part IX Other Assets (See Form 990, Part X			T
	escription		(b) Book value
ORGANIZATION COSTS - 3,114 (NET)			0.
RENTER DEPOSITS			
			4,585.
			4,365.
			4,303.
			4,000.
			4,505.
			4,303.
			4,303.
			4,000.
Total (Column (h) must oqual Form 200 Part V. col (P) I	TO 15)		
Total. (Column (b) must equal Form 990, Part X, col (B), I			4,585.
Part X: Other Liabilities (See Form 990, Par	t X, line 25)		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability			
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes	t X, line 25) (b) Amount		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes	t X, line 25) (b) Amount		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		
Part X: Other Liabilities (See Form 990, Par (a) Description of Liability Federal Income Taxes RENTER DEPOSITS	t X, Ine 25) (b) Amount 4, 585.		

	dule D (Form 990) 2009 HILLSBORO MANOR HOUSING, INC	45-0451015	Page
Par	t XI / Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	ents	
. 1	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		<u></u>
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments	<u> </u>	
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8	<u> </u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2' 5'	
	Net unrealized gains on investments		
	Donated services and use of facilities		
_	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	
3	·	·   3	
4_	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 A A	
	Investments expenses not included on Form 990, Part VIII, line 7b	——————————————————————————————————————	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	t:XIII: Reconciliation of Expenses per Audited Financial Statements With Expens	es per Keturn	
_	Total expenses and losses per audited financial statements	35	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses . 2c	<u>`</u>	
	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1 .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	÷ 35	
а	Investments expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIV)	igni -	
c	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	. 5	
Par	t XIV:   Supplemental Information		
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P b; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete t mation.	art IV, lines 1b and 2b; Par this part to provide any add	t V, itional

Schedule D (Form 990) 2009 HILLSBORO MANOR HOUSING, INC RartXIV Supplemental Information (continued)	45-0451015	Page 5
RartXIV Supplemental Information (continued)		
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### SCHEDULE O (Form 990)

Name of the organization

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990.

HILLSBORO MANOR HOUSING, INC 45-0451015 Pt\_VI-B, Line 11A BOARD MEETS WITH PREPARER WHEN RETURN IS COMPLETE Pt\_VI-B, Line 15 REVIEWS COMPARABLE WAGE RATES IN THE COMMUNITY & REGION Pt VI-C, Line 19 AVAILABLE ON SITE DURING REGULAR BUSINESS HOURS

### Form 4562

Department of the Treasury Internal Revenue Service (99)

accet accounts check have

### **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions.
Attach to your tax return.

OMB No 1545-0172

2009

Attachment

Name(s) shown on return Identifying number HILLSBORO MANOR HOUSING. 45-0451015 Business or activity to which this form relates Form 990 / Form 990EZ Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses \$250,000. 2 Total cost of section 179 property placed in service (see instructions) 2 \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II : Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general

					1
<ul> <li>Assets Placed</li> </ul>	in Service During 2009	Tax Year Using th	ne General Dep	reciation Syster	m
(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
the second					
4.4		25 <u>yr</u> s		S/L	
		27.5 yrs	MM	S/L	
		27.5 yrs	MM	S/L	
		39 yrs	MM	S/L	
			MM	S/L	
Assets Placed in	Service During 2009 T	ax Year Using the	Alternative De	preciation Syst	em _
				S/L	
		12 yrs		S/L	
		40 yrs	MM	S/L	
structions)					
int from line 28				21	
	(b) Month and year placed in service  Assets Placed in structions )	(c) Basis for depreciation (business/investment use only — see instructions)  Assets Placed in Service During 2009 T	(b) Month and year placed in service only — see instructions)  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs  Assets Placed in Service During 2009 Tax Year Using the 12 yrs 40 yrs	(b) Month and year placed in service only — see instructions)  25 yrs  27.5 yrs MM  27.5 yrs MM  39 yrs MM  Assets Placed in Service During 2009 Tax Year Using the Alternative Descriptions of the place of the plac	- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (b) Month and year placed in Service Only — see instructions)  25 yrs S/L  27.5 yrs MM S/L  27.5 yrs MM S/L  39 yrs MM S/L  Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation Systematics  12 yrs S/L  12 yrs S/L  12 yrs S/L  12 yrs S/L  13 yrs MM S/L  Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation Systematics  10 yrs MM S/L  11 yrs S/L  12 yrs MM S/L  13 yrs MM S/L  15 yrs S/L  16 yrs MM S/L  17 yrs MM S/L  18 yrs MM S/L  19 yrs MM S/L

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

25,079.

Form 4562 (2009) HILLSBORO MANOR HOUSING, INC 45-0451015 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? Yes 24 a Do you have evidence to support the business/investment use claimed? Yes No (a) (e) (f) (i) (b) (d) (h) (c) Business/ (a) Elected section 179 cost Type of property (list vehicles first) Date placed in service Method/ Convention Basis for degreciation Recovery period Depreciation deduction investment (business/investment use only) other basis use percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 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 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (d) **(f)** Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes Nο 34 Was the vehicle available for personal use during off-duty hours? 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) Yes Nο 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 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 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI **Amortization** (d) **(f)** (c) (b) (e) (a) Amortization period or percentage Amortizable amount Amortization for this year Description of costs Date amortization begins Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

#### **Additional Information**

CHANGE OF ACCOUNTING PERIOD

THE ORGANIZATION ADOPTED A NEW YEAR END FROM SEPTEMBER 30 TO JUNE 30 SO THAT IT HAS THE SAME YEAR END AS ITS RELATED ORGANIZATION.

THE ORGANIZATION HAS NOT CHANGED ITS YEAR END BEFORE.

### Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet									
To enter assets, <b>QuickZoom</b> to Asset Entry Worksheet									
The following items carry to line  Description	(A) Total	<b>(B)</b> Program	<b>(C)</b> Management	<b>(D)</b> Fundraising					
A Depreciation B Depletion	25,079.	services 25,079.	and general 0.	0.					
C Amortization									

### Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet										
The total of the following items carry to line 24f below:										
Ĭ	(A)	(B)	(C)	(D)						
Description	Total	Program	Management	Fundraising						
<u> </u>		services	and general							
REPAIRS & MAINTENANCE	16,625.	16,625.	0.	0.						
MISCELLANEOUS	90.	80.	10.	0.						
SUPPLIES	3,166.	2,513.	653.	0.						