# Form **990**

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 lung benefit trust or private foundation)

benefit trust or private foundation)

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

2010
Open to Public Inspection

2010 NOV 19, and ending JUN 30, For the 2010 calendar year, or tax year beginning Check if applicable: C Name of organization Q Employer identification number Address change MISSOULA ECONOMIC PARTNERSHIP Furnished For Your Own Name change Files And Information 27-3994460 Initial Number and street (or P.O. box if mail is not delivered to street during HA, HICGINS IN ALUSTANTS

PO BOX 7457 one number Termin-ated 406-541-6461 PO BOX 7457 MISSOULA, MONTANA Gross receipts \$ Amende City or town, state or country, and ZIP + 4 1,539,600. Applica-tion MISSOULA, MT 59807 H(a) Is this a group return pendina Yes X No F Name and address of principal officer: JAMES GRUNKE for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: 501(c)(3)  $\times$  501(c)(6) (6) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► MISSOULAWORKS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2010 M State of legal domicile: MT Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSOULA ECONOMIC Activities & Governance PARTNERSHIP IS A UNIQUE PUBLIC/PRIVATE PARTNERSHIP THAT WORKS Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 1,539,600. Revenue 0 Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 1,539,600 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 13 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 0. 8.291. Expenses 0 408,140. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 92,666. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 509,097. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 0. 1,030,503. Revenue less expenses. Subtract line 18 from line 12 Pè **Beginning of Current Year End of Year** 1,134,130. 20 Total assets (Part X, line 16) 0. 0. 4.111 21 Total liabilities (Part X, line 26) 0. 130,019. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STACEY MUELLER,
Type or print name and title TREASURER Here Date Print/Type preparer's name Paid RICHARD F SHULL, CPA RICHAÑD F SHULL Firm's name ► GALUSHA, HIGGINS & GALUSHA Preparer Firm's EIN Firm's address 
■ 101 E. FRONT STRÉET #301 Use Only 406-728-1800 MISSOULA, MT 59802 Phone no. X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	7		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		x
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		X
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			- T
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		\ <del></del>
	If "Yes," complete Schedule D, Part V	_10_	BY.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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	11b		X
С	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	11c		X
d	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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		₹.
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
IJ	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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	140		
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		- 25
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	1
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-= <u>-</u> -
·	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	apparets and ar mare hospitals must attach guidted financial statements (see instructions)	OOL		

27-3994460 Form 990 (2010) MISSOULA ECONOMIC PARTNERSHIP Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 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 Schedule K. If "No", go to line 25 X 242 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \_\_\_\_\_\_ 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b 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 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 X 26 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 Schedule L, Part III X 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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X

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ta Enter the number reported in Box 3 of Form 1006. Enter 0- if not applicable 1b Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable 1b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V			
terret the number reported in Box 3 of Form 1006. Enter -0 if not applicable be Enter the number of Forms W26 included in line 1 a. Enter-0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (garactiving) withings to prize wirener? Let the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return Let the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return Let the number of employees exported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return Let the number of the search of the calendar year and the year of the return of lines 1 and 2s is greater than 250, you may be required to e-file, (see instructions) Let the search of the search of the calendar year, did the organization have an interest in, or a signature or other authority over, a firmancial account in a foreign country search as bank account, a scurilles account, or other financial accountry.  Let the search of the organization have an analysis account, or other financial accountry.  Let the search of the organization have an abent account, and uning the tax year?  Let the search organization and the organization have the ways or is a party to a prohibited tax shelter transaction?  Let the organization and party to a prohibited tax shelter transaction?  Let the search organization and party to a prohibited tax shelter transaction?  Let the search organization include with every solicitation an express statement that such contributions or gifts were not tax educutible?  Let "Yes," did the organization include with every solicitation and express provided?  Let the organization sell, exchange, or drievelve dependent organization sell organization sell organization sells organiza				Yes	No
be Enter the number of Forms W.2G included in line 1s. Enter o If not applicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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Gambling) winnings to prize winnes?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return  5 bit at least one is reported on line 2a, did the organization line all required federal employment tax returns?  2 bit at least one is reported on line 2a, did the organization line all required federal employment tax returns?  3 bit was more of the common of th					
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  AB  BO  If the organization have unrelated business give greater than 250, you may be required to e-file, (see instructions)  AB  BO  Juit the organization have unrelated business gross income of \$1,000 or more during the year?  AB  JUIT (*Yes,* has it filed a Form 990 T for this year? If *Yos,* provide an explanation in Schedule O  AB  A fair yit me during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country; Yos, and the secondary of the financial account; or other financial account; or othe					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a	h		2b		
3a Dit the organization have unreleted business gross income of \$1,000 or more during the year?  b if "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  d 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)?  b if "Yes," and the the name of the foreign country: ►  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Account).  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Account).  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Account).  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Account.  See Use the organization sparty to a prohibited tax shelter transaction?  See If Yes, "to like Sea or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  See If Yes, "to like Sea or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible?  For If Yes, "to like the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  For Did the organization seelve a payment in excess of \$75 made party as a contribution of qualitation and party for goods and services provided to the payor?  To Did the organization receive a payment in excess of \$75 made party as a contribution of qualitation and party for goods and services provided to the payor?  To Did the organization receive a payment in excess of \$75 made party as a contribution of qualitic party of the goods or services provided?  To Did the organization receive a payment in excess of \$75 made party as a contribution of qualitic party of the goods	-		36783397		
b if "Yes," has it filled a Form 990-T for this year? // "No." provide an explanation in Schedule O 4a 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?"  4b if "Yes," enter the name of the foreign country; l> See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to aprohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to aprohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to aprohibited tax shelter transaction at any time during the tax year?  5c Was 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?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c Was the organization shall may receive deductible contributions under section 170(c).  7c Was the organization shall may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  8d Was were not tax deductible?  9d Was the organization shall may receive deductible or the form the goods or services provided?  9d Was the organization receive any funds, directly to pay premiums on a personal benefit contract?  9d Was the organization received a contribution of qualified intellectual property, did the organizations. But the graniza	За				x
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See instructions for filing requirements for Form TD F90.22.1, 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Wes," to line 5a or 5b, did the organization file Form 8886.7?  5c 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?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization stat may receive deductible contributions under section 170(c).  9 Did the organization sective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization sective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization sective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 Did the organization sective and the payor of the quods or services provided?  10 Did the organization received and payment in excess of \$75 made partly as a contribution on payment property for which it was required to file Form 8282? filed during the year  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required?  17 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-07 and 19	b		117283		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization life Form 8898-17?  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 X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 If "Yes," indicate the number of Forms 8282 filed during the year or life Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  9 Sponsoring organization maintaining door advised funds and section 509(a)(3) supporting organizations file Form 8999 as required?  9 Sponsoring organizations maintaining door advised funds and section 509(a)(3) supporting organizations file a Form 1098-C?  8 Poposoring organizations maintaining door advised funds and section 509(a)(3) supporting organizations. Broth section 400 for a devised funds and section 509(a)(3) supporting organizations file a Form 1098-C?  9 Sponsoring organizations maintaining door advised funds and section 509(a)(3) supporting organizations. Broth section 501(c)(7) organizations mai					
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X	D		1		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? 13a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  Did the organization receive any payments for indoor tanning services during the tax year? 14a X	120		120		
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X					
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X			132		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	a		, <u>ua</u>		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand	D				}
14a Did the organization receive any payments for indoor tanning services during the tax year?	c				
			14a		Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Page 6

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.

<u> </u>	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		.,	
_		7	Yes	No
_	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent	4 -		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	. <u>  2</u>		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.7
_	of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	F .		X
6	Does the organization have members or stockholders?	. 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1		7.7
	governing body?	. 7a		X
_	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:		32	1.00
a	The governing body?	. <u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	. <u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.   9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Describe accomination has a head about on home has a confidence of	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	. 10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with those of the organization?			v
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	405	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	. 12b	Α.	
C		12c	х	
12		1	X	
13			21	X
14 15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-2.	
_	The organization's CEO, Executive Director, or top management official	15a	х	
h	Other officers or key employees of the organization	15b	- 21	X
D	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	die.		
	taxable entity during the year?	16a		X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure	. , 102		
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.	le for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	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 organic	zation:	•	
	THE ORGANIZATION - 406-541-6461			
	PO BOX 7457, MISSOULA, MT 59807			

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⊢orm	990	(2010)	

#### MISSOULA ECONOMIC PARTNERSHIP

27-3994460

# Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### 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.
- 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, if any. 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.

		related organization compensat				npe	ısa	1			
(A) Name and Title	(B)		(C) Position					( <b>D</b> ) Reportable	(E) Reportable	(F)	
Name and Title	Average hours per	10				ı app	dv)	compensation	compensation	Estimated amount of	
	week	$\vdash$	T	1	liac	T	,,,, 	from	from related	other	
	(describe	irecto						the	organizations	compensation	
	hours for	eord	tee			sated		organization	(W-2/1099-MISC)	from the	
	related	truste	al trus	ŀ	yee	m ber		(W-2/1099-MISC)		organization	
	organizations in Schedule	Individual trustee or director	Institutional trustee	<sub>55</sub>	Key employee	est co	<u></u>			and related organizations	
	O)	重	1 ±	Officer	Key	Highest compensated employee	Former			Organizations	
JEFF FEE		<u> </u>									
CHAIRMAN OF THE BOARD	1.00	X		X		<u> </u>		0.	0.	0.	
SCOTT BURKE			ļ								
VICE CHAIRMAN	1.00	X		X		<u> </u>	ļ	0.	0.	0.	
STACEY MUELLER								_	_	_	
TREASURER	1.00	X	<u> </u>	X		_		0.	0.	0.	
JEAN CURTISS	4 00										
SECRETARY	1.00	X	-	X		<del> </del>		0.	0.	0.	
DIRK VISSER	1 00			l					_	_	
EXECUTIVE COMMITTE MEMBER	1.00	X	-	X		-		0.	0.	0.	
JAMES FOLEY	1 00								_		
EXECUTIVE COMMITTE MEMBER	1.00	X		X		<del> </del>		0.	0.	0.	
JOHN ENGEN	1 00	٦,		3,7							
EXECUTIVE COMMITTE MEMBER	1.00	X	┢	X		<u> </u>		0.	0.	0.	
JAMES BOWMAN	40.00			٦,	ŀ			0.	0.		
CEO	40.00			X		-	_	<b>U.</b>	0.	0.	
								w.,*			
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			<u> </u>			-					
			-			-					
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			<u> </u>					1			
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<u> </u>	(A)	(B)	при	oyee	s, a ((		ngn	est	(D)	(E)	Т		(F)	
	Name and title	Average hours per	(c		Pos all t		app	ly)	Reportable compensation	Reportable compensation		am	timate nount (	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	7)	comp fro orga and	other pensa om the anizati d relate inizatio	e ion ed
										14 <sup>-5</sup> to				
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<del></del>											_			
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										***	-		<del></del>	
											1			
1b	Sub-total						<b>&gt;</b>		0.		0.			0.
<u>d</u>	Total from continuation sheets to Part \ Total (add lines 1b and 1c)		<u></u>	<u></u>			▶		0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed at		e) wr	10 r	eceived more than \$100	,000 in reportable		· <del></del>	Yes	No.
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3	162	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	sum of reportable	le co	mpe	ensa	tion	anc	otl	her compensation from	the organization		4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," col	accrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indivi	dual for services		5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest c	ompensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of comp	ensa	tion fr	om	
	the organization. (A)								(B)			(C	:)	
NA'	Name and busines FIONAL COMMUNITY DEVEL		SEI	RVI	CE	S.		-	Description of s	ervices	Cc	omper		1
	55 ROSEWELL ROAD NE, S						•	<u>' -                                   </u>	FUNDRAISING			19(	0,5	<u>52.</u>
						*****		-						
	Talalambarati	/1	_,				· · · · · · · · · · · · · · · · · · ·							<del>,</del>
2	Total number of independent contractors \$100,000 in compensation from the organ	-	OE III	nited	Οĭ L	tnos 1		iec	above) who received m	iore than				

		Statement of Rever			(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 b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines	1b 1c 1d ions) 1e ts, and ve 1f 1					
Program Service Revenue	2 a b c d e		nue	Business Code	Control of the Contro			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	rest, and proceeds	238		Single-control of the second o	
	6 a b c	Less: rental expenses						New York
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraising including \$	g events (not of 1c). See a					
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	tivities. See a b					
	10 a b	Gross sales of inventory, less and allowances	returns a b					。 · · · · · · · · · · · · · · · · · · ·
	11 a b c	Miscellaneous Revenu			Same Martin Company of the Company o	- Control Control		
	e 12	Total. Add lines 11a-11d	•••••		1 539 600	0	0	0

## Part IX | Statement of Functional Expenses

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

1 Grants and other assistance to governments and regulations in the U.S. See Part IV, line 22 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to individuals outside the U.S. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other satisfies and wages 8 Persons (as defined under section 4558(r)(1) and persons discribed in section 4558(r)		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
organizations in the U.S. See Part IV, line 21 Crants 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 U.S. See Part IV, lines 15 and 16 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other satisfied under section 4958(r)(1) and persons described in section 4958(r)(3) (8) 9 Pension plan contributions (include section 401(t)) and section 403(t)) employee contributions (include section 405(t)) and section 403(t) employee contributions (include above and the section 403(t) employee contributions (include above and the section 403(t) employee contributions (include above and the	1	Grants and other assistance to governments and				
2 Grants and other assistance to individuals in the U.S. Sep Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 21 faint 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified presens described in section 4586(I/I) and persons described in the section 4586(I/I) and persons in the section 4586	•	_				
the U.S. Sae Part V. Ine 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key emptycyee \$     Compensation and included shove, to disqualified parasses (as defined under section 4986(x)3/8)  Compensation and included shove, to disqualified parasses (as defined under section 4986(x)3/8)  Compensation and included section 4986(x)3/8)  Compensation and included section 491(x) and parasses discribed in section 4986(x)3/8)  Pension plan contributions (include section 491(x)) and section 403(x) employer contributions)  Other employee benefits  1,789. Paymot taxes  469.  Paymot taxes  469.  Professional fundiasing services. See Part IV, line 17  Investment management fees Other  Professional fundiasing services. See Part IV, line 17  Investment management fees Other  444,712.  Advertising and promotion  680.  10 Forganies  10 Coupancy  10 Coupancy  10 Coupancy  10 Coupancy  10 Coupancy  10 Coupancy  11 Travel  12 Payments to dravel or entertainment expenses for any faderal, state, or local public officials  12 Conferences, convertitions, and meetings 13 Internation of the profession of section of the public officials  14 Payments to dravel or entertainment expenses for any faderal, state, or local public officials  15 Conferences, convertitions, and meetings 16 Internation of the Profession of Scientific (A) amount, fist the Profession of Scientific (A) amou	2	The state of the s				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and section 4958(f)(1)) and section 4958(f)(1)) and section 4958(f)(1) and persons 4659 (f) and section 4958 (f	_	į				
organizations, and individuals outside the U.S. Sae Part IV, lines 15 and 16  Berrefits paid to or for members  Compensation of current officers, directors, trustees, and key emptyces  Compensation and included above, to disquallied porsons (as defined under section 498(f)(1)) and persons described in section 498(f)(1) and section 403(f) employer contributions)  Pension plate contributions (include section 401(k) and section 403(f) employer contributions)  Other employee benefits  1,789.  Pension plate contributions  1,789.  Payori (taxes  469.  Accounting  d. Legal  c. Accounting  d. Legal  e. Protessional fundraising services. See Part IV, line 17  f. Investment management fees  g. Other  9 Chter  44,712.  24 Advertising and promotion  Office expenses  for any faddral, state, or local public officials  10 Conferences, conventions, and meetings  Interest  Payments of travel or entertainment expenses for any faddral, state, or local public officials  10 Conferences, conventions, and meetings  Interest  11 Travel  Depreciation, depletion, and amortization  21 Insurance  Depreciation, depletion, and amortization  22 Insurance  Depreciation, depletion, and amortization  23 Insurance  Depreciation, depletion, and amortization  24 Insurance  Depreciation, depletion, and amortization  25 Insurance  MISCELLANEOUS  1, 495.  Total functional expenses  Total functional expen	3					
See Part IV, lines 15 and 16.  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation on Included above, to disqualified persons (as defined under section 4958(c)(3)(8)  Cother sataries and wages  Pension plan contributions (include section 401(s)) and sestions distributions (include section 401(s)) and section 4036(s) employer contributions)  Cher employee benefits  1,789.  1,	_					
4 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(c)(3)(8) . 7 Other saties and wages . 8 Pension plan contributions (include section 491(k) and section 49(5)(c) employer contributions (include section 491(k) and section 49(5)(c) employer contributions (include section 49(1)(c) and section		•				
5 Compensation of current officers, directors, trustees, and key employees (as trustees, and key employees (both trustees) (compensation not included above, to disqualified persons (as defined under section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I) and persons described in section 4958(I)(I) and section 403(I) employer contributions)  9 Other employee Denefits (1,789 - 1,789	4					
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6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8)  7 Other salaries and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  1,789.  10 Payroll taxes  469.  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  e Professional fundraising services. See Part IV, line 17  f Investment management foes  9 Other  9 Other  3 Office expenses  10 office expenses  10 office expenses  10 office pospenses  10 office pospenses  10 office pospenses  11 fravel  12 conferences, conventions, and meetings  12 rayments to affiliates  13 Payments to affiliates  14 payments to affiliates  15 conferences, conventions, and meetings  16 insurance  17 Taxel  18 Payments to affiliates  19 Conferences, conventions, and meetings  10 insurance  21 payments to affiliates  10 professional include along above, its interest above, its interest shows it in a firm of the pospenses in line 24 it line 24 it line 24 it line 24 it line 24 its presses of otheroide to above, its interest in line 24 its presses of otheroide to above, its miscollaeous expenses in line 25 its polyments of the pospenses  15 not casts. Check here  I If following SOP  98 2 (ASC 987-700) Complex bits line only if the origination and fundraising on combined educational cannabing and fundraising on cannabine and fundraising on cannabine and fundraising cannabine and fundraising cannabing and fun	Ū	·	6.033.			
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notinitation I I I I I I I I I I I I I I I I I I I		98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	21,691.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	1,112,439.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	]	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	The state of the s	6	· · · · · · · · · · · · · · · · · · ·
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,000	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	1,134,130.
	17	Accounts payable and accrued expenses		17	4,111.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
:=		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	4,111.
		Organizations that follow SFAS 117, check here  and complete			
es		lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets		27	
als	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
μ̈́		Organizations that do not follow SFAS 117, check here X and			
٥		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
et /	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	1,130,019.
Z	33	Total net assets or fund balances	0.	33	1,130,019.
	34	Total liabilities and net assets/fund balances	0.	34	1,134,130.

Form **990** (2010)

Form	990 (2010) MISSOULA ECONOMIC PARTNERSHIP	27-3	994460	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	*			X
			•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,539	, 60	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	509	, 09	<del>7</del> 7.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,030	,50	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	99	, 51	L6.
6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,130	,01	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1	
	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 Scho	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no b			10.00
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		į	
	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 required	red audit			
	or guidite, availain why in Schodula O and describe any stone taken to undergo auch guidite		1 05	- 1	

Form **990** (2010)

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2010

MISSOULA ECONOMIC PARTNERSHIP 27-3994460 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 6) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

# MISSOULA ECONOMIC PARTNERSHIP

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALLEGIANCE BENEFIT PLAN MANAGEMENT  2806 S GARFIELD ST  MISSOULA, MT 59806	\$125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ALLIED WASTE SERVICE ON NORTH AMERICA PO BOX 8449 MISSOULA, MT 59809	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	BEACH TRANSPORTATION CO  825 MOUNT AVE  MISSOULA, MT 59801	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	BLACKFOOT TELEPHONE COOPERATIVE, INC.  121 N RUSSELL ST  MISSOULA, MT 59808	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	COMMUNITY MEDICAL CENTER  2827 FORT MISSOULA ROAD  MISSOULA, MT 59804	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	FIRST SECURITY BANK OF MISSOULA  1704 DEARBORN  MISSOULA, MT 59801	\$ 102,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

# MISSOULA ECONOMIC PARTNERSHIP

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4 MISSOULA RADIO BROADCASTERS ASSOCIATION PO BOX 309	\$5,000.	Person X Payroll Noncash (Complete Part II if there
(a)	MISSOULA, MT 59806	(c)	is a noncash contribution.)
No. 8	Name, address, and ZIP + 4  NORTHWESTERN ENERGY  PO BOX 4467	Aggregate contributions \$ 20,000.	Person X Payroll Noncash
	MISSOULA, MT 59806		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	PARTNERS CREATIVE INC.  PO BOX 7515  MISSOULA, MT 59807	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	QUALITY SUPPLY INC.  2801 W BROADWAY  MISSOULA, MT 59808	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	SOUTHGATE MALL ASSOCIATES, LLP  2901 BROOKS STREET  MISSOULA, MT 59801	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	ST. PATRICK HOSPITAL AND HEALTH SCIENCES  500 W BROADWAY MISSOULA, MT 59802	\$300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page	3 of	6 of Part	ı
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Name of organization

Employer identification number

## MISSOULA ECONOMIC PARTNERSHIP

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	SUMMIT BEVERAGE  3305 GREAT NORTHERN WAY  MISSOULA, MT 59808	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	TERRY PAYNE  2620 RADIO WAY #C  MISSOULA, MT 59808	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>	THE MISSOULIAN  500 S HIGGINS AVENUE  MISSOULA, MT 59808		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	THE UNIVERSITY OF MONTANA  109 UNIVERSITY HALL  MISSOULA, MT 59807	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	GOOD FOOD STORE  1600 SOUTH 3RD ST WEST  MISSOULA, MT 59801	\$25,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	WESTERN STATES INSURANCE AGENCY 2925 PALMER ST SUITE B MISSOULA, MT 59802	\$\$.	Person X Payroll
023452 12-23	3-1U	Scheanle R (Folm )	990, 990-EZ, or 990-PF) (2010)

Employer identification number

## MISSOULA ECONOMIC PARTNERSHIP

(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
BEAUDETTE CONSULTING ENGINEERS, INC.  131 WEST MAIN  MISSOULA, MT 59802	\$ 12,500.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
COMMUNITY BANK - MISSOULA INC.  PO BOX 16167  MISSOULA, MT 59808	\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
GARLINGTON, LOHN & ROBINSON, PLLP PO BOX 7909 MISSOULA, MT 59807	\$ 35,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
GATEWAY COMMUNITY FEDERAL CREDIT UNION 2300 GREAT NORTHERN WAY MISSOULA, MT 59808	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
GCS RESEARCH  115 S 4TH STREET  MISSOULA, MT 59801	\$ <u>15,000.</u>	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
MACARTHUR, MEANS & WELLS  125 W ALDER STREET  MISSOULA, MT 59802	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)
	PO BOX 16167  MISSOULA, MT 59808  (b) Name, address, and ZIP+4  GARLINGTON, LOHN & ROBINSON, PLLP PO BOX 7909  MISSOULA, MT 59807  (b) Name, address, and ZIP+4  GATEWAY COMMUNITY FEDERAL CREDIT UNION 2300 GREAT NORTHERN WAY  MISSOULA, MT 59808  (b) Name, address, and ZIP+4  GCS RESEARCH 115 S 4TH STREET  MISSOULA, MT 59801  (b) Name, address, and ZIP+4  MACARTHUR, MEANS & WELLS  125 W ALDER STREET	### PO BOX 16167    MISSOULA, MT 59808

**Employer identification number** 

## MISSOULA ECONOMIC PARTNERSHIP

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
25	OPPORTUNITY RESOURCES, INC. 2821 S RUSSELL STREET	 \$6,000.	Person X Payroll  Noncash
	MISSOULA, MT 59801		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
26	PEW CORPORATION	_	Person X Payroli
	1901 S HIGGINS	<u> </u>	Noncash (Complete Part II if there
	MISSOULA, MT 59806	_	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	SIRIUS CONSTRUCTION INC. 825 COOPER STREET	<b>-</b> \$ 5,000.	Person X Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
	MISSOULA, MT 59807	_	is a noncasti contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	WGM GROUP	_	Person X
	1111 E BROADWAY	<u>\$</u> 12,500.	Payroll Noncash
	MISSOULA, MT 59802	_	(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
29	ZIP BEVERAGE	_	Person X Payroll
	1301 SCOTT STREET	<u> </u>	Noncash (Complete Part II if there
	MISSOULA, MT 59802		is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
30	KECI-13		Person X Payroll
	340 W MAIN	_ \$10,000.	Noncash
	MISSOULA, MT 59802		(Complete Part II if there is a noncash contribution.)
023452 12-2		Schedule B (Form !	990, 990-EZ, or 990-PF) (2010)

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	6 of	6 of Part 1
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Name of organization

Employer identification number

# MISSOULA ECONOMIC PARTNERSHIP

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	ALPS CORPORATION  PO BOX 9169  MISSOULA, MT 59807	\$ 100,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	WORDEN THANE P.C.  PO BOX 4747  MISSOULA, MT 59803	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33	CITY OF MISSOULA - MAYORS OFFICE  435 RYMAN  MISSOULA, MT 59802	\$ <u>35,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\ \$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
23452 12-23	-10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2010)

of Part II

Name of organization

Employer identification number

# MISSOULA ECONOMIC PARTNERSHIP

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

Employer identification number

	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi \$1,000 or less for the year. (Enter this inf	e columns (a) through (e) and the ous, charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating of following line entry. For organizations completing s of
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t

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

# **Supplemental Information Regarding Fundraising or Gaming Activities**

2010

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization	A ECONOMIC PARTNE	рсит	D		27-3994	ntification number
	Complete if the organization answ			o Form 990, Part IV,		***************************************
1 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	ised funds through any of the follow e Solicit s f Solicit g Special or oral agreement with any individu Part VII) or entity in connection with dividuals or entities (fundraisers) pure	cation of cation of al fundra al (include profess	non-g gover alsing ding o ional f	overnment grants inment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NATIONAL COMMUNITY	COMMUNITY AND ECONOMIC	Yes	No			
DEVELOPMENT SERVICES - 3155	DEVELOPMENT FUNDRAISING		_ X	1,630,500,	341,262,	1,289,238.
JAMES W GRUNKE - 13220 W PASSAGE COURT, BOISE, ID	COMMUNITY AND ECONOMIC DEVELOPMENT FUNDRAISING		х	0.	66,878.	-66,878.
3 List all states in which the organization	on is registered or licensed to solici			1,630,500. s or has been notified	408,140. d it is exempt from re	1,222,360. egistration
or licensing.						

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5 Direct Expenses Rent/facility costs 6 Food and beverages ..... 8 Entertainment Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2010 MISSOULA ECONOMIC PARTNERSHIP

27-3994460 Page 2

Sch	edule G (Form 990 or 990 EZ) 2010 MISSOULA ECONOMIC PARTNERSHIP 27-3	<u>994</u>	<u>460</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		<b>r</b> es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
•	to administer charitable gaming?		/es	☐ No
40				
	Indicate the percentage of gaming activity operated in:	42-		0/
	The organization's facility	1 1		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆 <b>›</b>	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
C	in 165, enter hame and address of the time party.			
	Name >			
	Address			<del></del>
16	Gaming manager information:			
	Name			···
	Gaming manager compensation > \$			
	Description of services provided			<del></del>
			,	
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	١لــا،	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v)	), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	<u> </u>		
(I	) NAME OF FUNDRAISER: NATIONAL COMMUNITY DEVELOPMENT SERVICES			
(I	) ADDRESS OF FUNDRAISER:			
7=	7 ADDRESS OF FUNDRAIDER:			
31	55 ROSEWELL ROAD NE, SUITE 250, ATLANTA, GA 30305			
<u>ـد ب</u>	JO MODERALLE MOND ME, DOLLE 200, MILMAN, GA 30000			
<u>(I</u>	) NAME OF FUNDRAISER: JAMES W GRUNKE			
, -	)	74 0		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 13220 W PASSAGE COURT, BOISE, ID 837	13		<del></del>

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MISSOULA ECONOMIC PARTNERSHIP

Employer identification number 27-3994460

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLABORATIVELY AND STRATEGICALLY TO FACILITATE INCREASED PROSPERITY
THROUGH BUSINESS DEVELOPMENT WHILE ENHANCING THE BUSINESS ENVIRONMENT
AND QUALITY OF LIFE IN OUR COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOURCES, BUSINESS PLANNING, REAL ESTATE/RELOCATION, FACILITY SITING,
LOCAL AND COUNTY PROCESSES, CONNECTING WITH THE UNIVERSITY OF MONTANA
AND TAPPING THE LOCAL WORKFORCE.
FORM 990, PART VI, SECTION B, LINE 11: THE CEO REVIEWS THE FORM 990 PRIOR
TO ITS FILING AND A COPY IS PROVIDED TO THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE
DISCLOSED AND ADDRESSED AS THEY ARISE.
FORM 990, PART VI, SECTION B, LINE 15A: AN INDEPENDENT CONSULTING FIRM
CONDUCTED THE COMPENSATION SURVEY AND HELPED DETERMINE THE CEO COMPENSATION
PACKAGE.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
DONATED SERVICES 90,900.
DONATED USE OF FACILITIES & OTHER 8,616.

Form 8868 (Rev. 1-2011)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this bo	ох	<b>&gt;</b>	X	
Note. Only complete Part II if you have already been granted	an automatic	3-month extension on a previously filed	Form	8868.		
If you are filing for an Automatic 3-Month Extension, com						
Part II Additional (Not Automatic) 3-Month	<u>ı Extensio</u>	n of Time. Only file the original (no c	opies i	needed).		
Type or Name of exempt organization Employer identification number						
print						
MISSOULA ECONOMIC PARTNERS			2	7-3994460	······································	
extended Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions.				
filing your FO BOX 7437						
return. See City, town or post office, state, and ZIP code. For instructions.	a foreign add	lress, see instructions.				
MISSOULA, MT 59807						
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)			0 1	
Application	Baturn	Amuliantian			Detum	
Application Is For	Return	Application Is For			Return Code	
Form 990	01	IS FU	39450		Code	
Form 990-BL	02	Form 1041-A	-28655		08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already gran	ted an autor		sly file	ed Form 8868.		
THE ORGANIZAT						
• The books are in the care of ▶ PO BOX 7457 -	MISSO	ULA, MT 59807				
Telephone No. ► <u>406-541-6461</u>		FAX No. ▶				
• If the organization does not have an office or place of busing	ness in the Ur	nited States, check this box				
• If this is for a Group Return, enter the organization's four di	git Group Exe	emption Number (GEN) If th	is is fo	r the whole group, cl	neck this	
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.	
4 I request an additional 3-month extension of time until						
5 For calendar year, or other tax year beginning	NOV 1	9 , 2010 , and ending	JUN	30, 2011	<u></u> .	
6 If the tax year entered in line 5 is for less than 12 months	s, check reas	on: Initial return	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL INFORMATION IS NE		N ORDER TO FILE A CC			RATE	
RETURN. THEREFORE, TAXPAYER	RESPEC'	TFULLY REQUESTS THIS	EX	TENSION.		
			т	<del></del>	·	
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	20, or 6069, e	nter the tentative tax, less any	_	_	^	
nonrefundable credits. See instructions.	^^ .		8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 60	•					
tax payments made. Include any prior year overpaymen	t allowed as a	a credit and any amount paid	-		0	
previously with Form 8868.		to this forms if we wind however	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your		n this form, if required, by using	0-	¢	٥	
EFTPS (Electronic Federal Tax Payment System). See in		d Verification	8c		0.	
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare th	cluding accomp		e best o	f my knowledge and be	lief,	
			Dat-	_		
Signature Title	► CEO	· · · · · · · · · · · · · · · · · · ·	Date			