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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
32 SOUTH TRACY

City or town, state or country, and ZIP + 4
BOZEMAN, MT 59715

D Employer identification number
81-0350886

E Telephone number
(406) 587-4486

G Gross receipts $ 14,674,608

F Name and address of principal officer
JEFFREY K RUPP
32 SOUTH TRACY
BOZEMAN, MT 59715

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www thehrdc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1975 | **M** State of legal domicile MT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
HRDC is leading not-for-profit corporation dedicated to serving communities and peoples needs by developing resources that provide opportunities and essential services such as health and nutrition, emergency services, affordable housing, Head Start, youth development, volunteer opportunities, transportation, energy assistance and conservation and community development

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	242
6	Total number of volunteers (estimate if necessary)	6	750
7a	Total gross 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
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,554,984	13,137,307
9	Program service revenue (Part VIII, line 2g)	1,311,602	1,490,937
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,532	46,364
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,913,118	14,674,608
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,782	78,253
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,622,563	3,107,104
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,402		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,847,951	7,312,484
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,485,296	10,497,841
19	Revenue less expenses Subtract line 18 from line 12	1,427,822	4,176,767
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	10,710,411	15,021,850
21	Total liabilities (Part X, line 26)	1,685,936	1,820,608
22	Net assets or fund balances Subtract line 21 from line 20	9,024,475	13,201,242

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

Sign Here

****** | 2011-05-12
Signature of officer | Date

JEFFREY RUPP EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LOREN W RANDALL CPA	Date 2011-05-13	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CPR ACCOUNTING PLLP PO BOX 4325 MISSOULA, MT 59806			EIN ▶ Phone no ▶ (406) 728-5539

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

HRDC is a non-profit community action agency

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses $	3,335,645	including grants of $	3,666)	(Revenue $ 38,865)
	HEALTH, NUTRITION AND SENIOR CITIZENS - SEE SCHEDULE O FOR COMPLETE DESCRIPTION					
4b	(Code)	(Expenses $	1,985,288	including grants of $	)	(Revenue $ 280,495)
	ENERGY PROGRAMS - SEE SCHEDULE O FOR COMPLETE DESCRIPTION					
4c	(Code)	(Expenses $	1,467,246	including grants of $	69,632)	(Revenue $ 772,714)
	HOUSING - SEE SCHEDULE O FOR COMPLETE DESCRIPTION					
4d	Other program services (Describe in Schedule O) **See also Additional Data for Description**					
	(Expenses $	2,988,658	including grants of $	4,955)	(Revenue $ 398,863)	
4e	**Total program service expenses** ▶ $	9,776,837				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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**		No
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**		No
38	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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	114		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	242		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
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		
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		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CORPORATION
32 SOUTH TRACY
BOZEMAN,MT 59715
(406) 587-4486

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	205,430		35,567

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HAVERKORN MAINT 14280 ROCKY MTN RD BELGRADE, MT 59714	WEATHERIZATION CONTRACT	137,423
VALLEY INSULATION 425 SOUTH F STREET LIVINGSTON, MT 59047	WEATHERIZATION CONTRACT	258,969
TRI-COUNTY SHEET METAL INC 118 EAST GEYSER LIVINGSON, MT 59047	WEATHERIZATION CONTRACT	110,665
COLD COMFORT WX 108 E DOOLEY BELGRADE, MT 59714	WEATHERIZATION CONTRACT	198,295
FIRST STUDENT INC 24179 NETWORK PLACE CHICAGO, IL 60673	PUBLIC TRANSPORTATION	373,472
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 6		

Part VIII 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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 9,450,402				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,686,905				
	g	Noncash contributions included in lines 1a-1f $ 2,569,262				
	h	**Total.** Add lines 1a-1f . . . . . ▶	13,137,307			
Program Service Revenue		Business Code				
	2a	FAMILY DEVELOPMENT 624,100	108,177	108,177		
	b	HOUSING 624,200	772,714	772,714		
	c	HEALTH, NUTRITION, SENIOR SVS 624,100	38,865	38,865		
	d	ENERGY 624,200	280,495	280,495		
	e	TRANSPORTATION 485,110	290,686	290,686		
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,490,937			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	46,364			46,364
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	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 . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	14,674,608	1,490,937		46,364

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 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	78,253	78,253		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	240,552	0	240,552	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,216,691	2,122,544	94,147	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,223	73,223	0	0
9 Other employee benefits	401,599	366,617	34,982	0
10 Payroll taxes	175,039	154,543	20,496	0
11 Fees for services (non-employees)				
a Management				
b Legal	5,444	4,252	1,192	0
c Accounting	34,515	0	34,515	0
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	1,829,792	1,774,004	55,788	0
12 Advertising and promotion	90,766	85,747	5,019	0
13 Office expenses	71,323	36,472	34,851	0
14 Information technology				
15 Royalties				
16 Occupancy	275,711	211,443	64,268	0
17 Travel	202,761	201,903	858	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	38,430	18,770	19,660	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	372,473	361,491	10,982	0
23 Insurance	104,509	94,225	10,284	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)				
a REPAIRS AND MAINTENANCE	160,987	143,365	17,622	0
b DIRECT CLIENT SERVICES	953,793	953,765	28	0
c FOOD	2,625,277	2,625,277	0	0
d SUPPLIES	203,618	147,200	46,016	10,402
e TRAINING	43,216	34,679	8,537	0
f All other expenses	299,869	289,064	10,805	0
25 **Total functional expenses.** Add lines 1 through 24f	10,497,841	9,776,837	710,602	10,402
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		180,236	1	372,364
	2	Savings and temporary cash investments		1,519,888	2	2,048,685
	3	Pledges and grants receivable, net		1,770,186	3	1,078,113
	4	Accounts receivable, net		203,434	4	283,632
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,109,633	7	2,270,050
	8	Inventories for sale or use		107,526	8	3,044,449
	9	Prepaid expenses and deferred charges		4,784	9	11,423
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 6,894,433			
	b	Less accumulated depreciation	10b 2,215,298	4,814,724	10c	4,679,135
	11	Investments—publicly traded securities			11	
	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			15	1,233,999
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,710,411	16	15,021,850
Liabilities	17	Accounts payable and accrued expenses		568,278	17	951,565
	18	Grants payable			18	
	19	Deferred revenue		58,674	19	95,343
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,058,984	23	773,700
	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		1,685,936	26	1,820,608
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,124,669	27	12,285,137
	28	Temporarily restricted net assets		899,806	28	916,105
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,024,475	33	13,201,242
	34	Total liabilities and net assets/fund balances		10,710,411	34	15,021,850

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Employer identification number
81-0350886

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(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 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,451,784	5,511,247	5,835,538	8,554,984	13,137,307	37,490,860
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,451,784	5,511,247	5,835,538	8,554,984	13,137,307	37,490,860
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						37,490,860

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,451,784	30,012	5,835,538	8,554,984	13,137,307	37,490,860
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,836	30,012	48,394	46,532	46,364	205,138
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						37,695,998

12 Gross receipts from related activities, etc (See instructions)	12	6,432,348

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 460 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96 510 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 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 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, 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 ☐

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 ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

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 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

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 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 line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC	81-0350886

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures	10,497,841	
e Total exempt purpose expenditures (add lines 1c and 1d)	10,497,841	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	674,892	
g Grassroots nontaxable amount (enter 25% of line 1f)	168,723	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	457,333	514,368	574,265	674,892	2,220,858
b Lobbying ceiling amount (150% of line 2a, column(e))					3,331,287
c Total lobbying expenditures	57	5	5		67
d Grassroots non-taxable amount	114,333	128,592	143,566	168,723	555,214
e Grassroots ceiling amount (150% of line 2d, column (e))					832,821
f Grassroots lobbying expenditures	57	5	5		67

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Employer identification number
81-0350886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,319,994		1,319,994
b Buildings		1,384,847	1,248,271	136,576
c Leasehold improvements				
d Equipment		4,189,592	967,027	3,222,565
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,679,135

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CONSTRUCTION IN PROGRESS	1,233,999
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,233,999

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,674,608
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,497,841
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,176,767
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,176,767

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	14,904,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	229,694		
e	Add lines **2a** through **2d**			2e	229,694
3	Subtract line **2e** from line **1**			3	14,674,608
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,674,608

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	11,012,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	514,667		
e	Add lines **2a** through **2d**			2e	514,667
3	Subtract line **2e** from line **1**			3	10,497,841
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,497,841

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Pt X		Provisions for income taxes have not been recorded in these financial statements
		because the Agency believes it had no income unrelated to its exempt purposes in 2010 or 2009 With few exceptions, the Agency is no longer subject to U S federal or state tax examinations by tax authorities for years before 2007
Pt XII Line 2d		SUBSIDIARY ELIMINATION
Pt XIII Line 2d		SUBSIDIARY ELIMINATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Employer identification number
81-0350886

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF GALLATIN COUNTYPO BOX 475 BOZEMAN,MT 59715	113739588	501(c)3	43,250				HOUSING ASSIST
HAVENPO BOX 752 BOZEMAN,MT 59771	810389914	501(c)3	23,382				EMERGENCY SHELTER

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 5

3 Enter total number of other organizations . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Pt I Line 2		THE AGENCY RECEIVING THE SUB GRANT MUST GIVE DETAILED REPORTS ON THE USE OF FUNDING PROVIDED ON A QUARTERLY OR ANNUAL BASIS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Employer identification number
81-0350886

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1,525,456	2,569,262	WHOLESALE VALUATION 1 58/LB
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Employer identification number
81-0350886

Identifier	Return Reference	Explanation
Pt VI-B, Line 11A		A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF

Identifier	Return Reference	Explanation
		THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT THE FISCAL

Identifier	Return Reference	Explanation
		OFFICER AND FINANCE COMMITTEE REVIEWS THE FORM 990 IN DEPTH

Identifier	Return Reference	Explanation
		PRIOR TO FINALIZING THE FORM 990 TAX RETURN

Identifier	Return Reference	Explanation
Pt VI-B, Line 12c		ANNUALLY THE AGENCY REVIEWS ITS CONFLICT OF INTEREST POLICY

Identifier	Return Reference	Explanation
		WITH THE BOARD OF DIRECTORS BOARD MEMBERS ARE REQUIRED TO

Identifier	Return Reference	Explanation
		DISCLOSE IN WRITING ANY KNOWN CONFLICTS SHOULD AN EVENT

Identifier	Return Reference	Explanation
		OCCUR IN WHICH A BOARD MEMBER BECOMES AWARE OF A CONFLICT

Identifier	Return Reference	Explanation
		OF INTEREST, THE MEMBER IS REQUIRED TO DISCLOSE IT IMMEDIATELY

Identifier	Return Reference	Explanation
		AND NO LONGER PARTICIPATE IN FURTHER DISCUSSION ON THE MATTER

Identifier	Return Reference	Explanation
		CREATNG THE CONFLICT

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE CHIEF EXECUTIVE

Identifier	Return Reference	Explanation
		OFFICER BASED ON PERFORMANCE AND COMPARISON OF WAGE RATES

Identifier	Return Reference	Explanation
		FOR SIMILAR POSITIONS IN THE GEOGRAPHIC AREA, A RECOMMENDATION

Identifier	Return Reference	Explanation
		IS MADE REGARDING COMPENSATION ANNUALLY

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		THE AGENCY'S ANNUAL AUDIT REPORT IS AVAILABLE ON THE AGENCY'S

Identifier	Return Reference	Explanation
		WEBSITE POLICIES AND CONFLICTS OF INTEREST POLICIES ARE

Identifier	Return Reference	Explanation
		AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART III LINE 4		Housing

Identifier	Return Reference	Explanation
		HRDC Housing programs work to ensure that every member of

Identifier	Return Reference	Explanation
		our community can afford to have a place to call home,

Identifier	Return Reference	Explanation
		w hether ıt ıs a rental or a fırst-tıme homeow nershıp

Identifier	Return Reference	Explanation
		Section 8 Program - (Expenses $165,096, grants $0)(Revenues $165,282)

Identifier	Return Reference	Explanation
		The Section 8 Rental Assistance Program is administered

Identifier	Return Reference	Explanation
		locally by HRDC for the Montana Department of Commerce

Identifier	Return Reference	Explanation
		Section 8 Rental Assistance provides access to safe,

Identifier	Return Reference	Explanation
		adequate, affordable housing of their own choosing to

Identifier	Return Reference	Explanation
		families and individuals who manage their households with

Identifier	Return Reference	Explanation
		very limited incomes Eligible families must complete

Identifier	Return Reference	Explanation
		applications and then be placed on a waiting list for

Identifier	Return Reference	Explanation
		assistance, the current wait is approximately 1 to 2 years

Identifier	Return Reference	Explanation
		and contains 405 households Participating families receive

Identifier	Return Reference	Explanation
		a rental subsidy in a home of their choosing, assuming it

Identifier	Return Reference	Explanation
		meets housing quality standards The rental subsidy is the

Identifier	Return Reference	Explanation
		equivalent of the difference in their rent versus 30% of

Identifier	Return Reference	Explanation
		their income During 2010, 429 households were provided

Identifier	Return Reference	Explanation
		with rental subsidies in order to obtain and maintain affordable housing

Identifier	Return Reference	Explanation
		Resource Property Management (Expenses $199,289 including

Identifier	Return Reference	Explanation
		Grants of $0)(Revenues $240,073)

Identifier	Return Reference	Explanation
		Resource Property Management w as formed as an entity of HRDC

Identifier	Return Reference	Explanation
		HRDC in late 1995 and provides 271 units of

Identifier	Return Reference	Explanation
		of affordable housing in Bozeman, Belgrade, Livingston, and

Identifier	Return Reference	Explanation
		Helena bringing comfortable housing within reach of people

Identifier	Return Reference	Explanation
		who are low-income, elderly, or disabled Resource Property

Identifier	Return Reference	Explanation
		Management provides access to quality, affordable single

Identifier	Return Reference	Explanation
		family units (3), transitional housing units (2), mentally

Identifier	Return Reference	Explanation
		disabled units (7), family units (44), and elderly/disabled

Identifier	Return Reference	Explanation
		units (215) All apartment communities within Resource

Identifier	Return Reference	Explanation
		Property Management are income restricted

Identifier	Return Reference	Explanation
		Home To Stay Program (Expenses $495,4448 including Grants of

Identifier	Return Reference	Explanation
		$69,632)(Revenues $419,716)

Identifier	Return Reference	Explanation
		Home To Stay Program prevents homelessness and secures

Identifier	Return Reference	Explanation
		housing for families without a home This program is

Identifier	Return Reference	Explanation
		designed to assist families facing eviction due to

Identifier	Return Reference	Explanation
		non-payment of rent and to help locate housing for the

Identifier	Return Reference	Explanation
		homeless Funding sources include HUD, FEMA, United Way,

Identifier	Return Reference	Explanation
		and private contributions During 2010, 539 households representing

Identifier	Return Reference	Explanation
		1220 individuals have been assisted both financially and strategically

Identifier	Return Reference	Explanation
		with a plan to return to self-sufficiency 430 households

Identifier	Return Reference	Explanation
		w ere assisted in preventing homelessness and 109 households w ere

Identifier	Return Reference	Explanation
		assisted in securing and obtaining housing who were

Identifier	Return Reference	Explanation
		experiencing homelessness Of those households,11 were provided

Identifier	Return Reference	Explanation
		with rental assistance for rental arrears, 21 with hotel/motel assistance

Identifier	Return Reference	Explanation
		35 with long-term rental assistance, 3 with mortgage assistance, 20 with utility deposit

Identifier	Return Reference	Explanation
		assistanc, 4 with utility payments, 76 with one-time rental assistance

Identifier	Return Reference	Explanation
		Further assitance w as provided in the form of application fees and

Identifier	Return Reference	Explanation
		and 0% interest loans for security and utility deposits

Identifier	Return Reference	Explanation
		Road to Home (Expenses $146,097 including grants of $0)

Identifier	Return Reference	Explanation
		Revenues $362,985)

Identifier	Return Reference	Explanation
		The Road to Home Program is HRDC's homeownership initiative,

Identifier	Return Reference	Explanation
		offering homeownership education, individual pre-and post-

Identifier	Return Reference	Explanation
		purchase counseling, down payment assistance, low-interest

Identifier	Return Reference	Explanation
		mortgages, Section 8 Homeownership, delinquency prevention,

Identifier	Return Reference	Explanation
		and foreclosure counseling Road to Home provides

Identifier	Return Reference	Explanation
		families w ith education and financial assistance to help

Identifier	Return Reference	Explanation
		families realize the American Dream of owning their own home

Identifier	Return Reference	Explanation
		The Road to Home down-payment assistance program provides up

Identifier	Return Reference	Explanation
		up to $20,000 in down-payment assistance to eligible

Identifier	Return Reference	Explanation
		households for the purchase of their first home The

Identifier	Return Reference	Explanation
		Program also offers a matched savings account program for

Identifier	Return Reference	Explanation
		first time homebuyers, and has made homeownership financing

Identifier	Return Reference	Explanation
		possible for 93 households since its inception in 2003 Homebuyer loans

Identifier	Return Reference	Explanation
		disbursed to date total $1,915,037 including $247,170 this year

Identifier	Return Reference	Explanation
		Funding for the Road to Home Program is provided by the Montana Dept

Identifier	Return Reference	Explanation
		of Commerce, Gallatin County, the City of Bozeman, and the

Identifier	Return Reference	Explanation
		U S Department of Housing and Urban Development

Identifier	Return Reference	Explanation
		Home Rehabilitation (Expenses $419,590, including Grants of

Identifier	Return Reference	Explanation
		$0)(Revenues $346,168)

Identifier	Return Reference	Explanation
		The Home Rehabilitation Program offers forgivable loans to home owners

Identifier	Return Reference	Explanation
		to repair portions of the home that do not meet housing quality

Identifier	Return Reference	Explanation
		standards Eligible applicants for the program own their

Identifier	Return Reference	Explanation
		own home and lot, and their home is on a foundation The

Identifier	Return Reference	Explanation
		household income must be at or below 80% of the area median income

Identifier	Return Reference	Explanation
		The Rehabilitation Program also offers a self-help section, allowing

Identifier	Return Reference	Explanation
		work to be performed by the household, friends, neighbors, and/or

Identifier	Return Reference	Explanation
		service groups, lowering the cost and providing home repair skills

Identifier	Return Reference	Explanation
		to the homeowner HRDC partners with the Northern Rocky Mountain

Identifier	Return Reference	Explanation
		RC&D to add the self-help requirements for each household

Identifier	Return Reference	Explanation
		This is one of three Rural Housing Services, self-help, home

Identifier	Return Reference	Explanation
		rehabilitation programs in the nation The Rehabilitation Program

Identifier	Return Reference	Explanation
		worked with 7 households in 2010 to retrofit their homes,

Identifier	Return Reference	Explanation
		ensuring that some of our elderly and disabled homeowners

Identifier	Return Reference	Explanation
		remain in a safe environment while preserving their home

Identifier	Return Reference	Explanation
		Energy Assistance

Identifier	Return Reference	Explanation
		HRDC offers several programs to help low-income individuals

Identifier	Return Reference	Explanation
		and families combat the high cost of heating their homes

Identifier	Return Reference	Explanation
		during Montana's cold winters LIEAP and Energy Share

Identifier	Return Reference	Explanation
		provide eligible households with financial assistance to

Identifier	Return Reference	Explanation
		help w ith heating costs

Identifier	Return Reference	Explanation
		LIEAP (Expenses $313,785 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $313,785)

Identifier	Return Reference	Explanation
		LIEAP (Low Income Energy Assistance Program) is a federally

Identifier	Return Reference	Explanation
		funded program that helps by supplementing a families' cost

Identifier	Return Reference	Explanation
		to heat their home during the cold Montana winter months

Identifier	Return Reference	Explanation
		LIEAP also provides emergency funds to replace and repair

Identifier	Return Reference	Explanation
		furnaces and hot w ater heaters The amount of funding

Identifier	Return Reference	Explanation
		assistance each LIEAP household receives is determined by

Identifier	Return Reference	Explanation
		the household's income, size, type of heat, and other

Identifier	Return Reference	Explanation
		factors LIEAP provides qualified applicants with a grant

Identifier	Return Reference	Explanation
		payment, paid directly to the heating vendor for the

Identifier	Return Reference	Explanation
		household LIEAP emergency funds assisted 735 households

Identifier	Return Reference	Explanation
		with emergencies, furnace, and/or hot water heater repair/

Identifier	Return Reference	Explanation
		replacement during 2010 and more than 2,104 households with

Identifier	Return Reference	Explanation
		their heating bills throughout the winter months

Identifier	Return Reference	Explanation
		Energy Share (Expenses $157,855 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $166,350)

Identifier	Return Reference	Explanation
		Energy Share provides financial assistance to help with

Identifier	Return Reference	Explanation
		heating costs and offers solutions to heating emergencies

Identifier	Return Reference	Explanation
		such as shut-off notices and furnace failures A committee

Identifier	Return Reference	Explanation
		of community members reviews requests for assistance and can

Identifier	Return Reference	Explanation
		loan or grant a family the money they need to resolve the

Identifier	Return Reference	Explanation
		energy emergency Energy Share is funded by fundraising

Identifier	Return Reference	Explanation
		efforts spearheaded by Energy Share of Montana Last year

Identifier	Return Reference	Explanation
		291 households received emergency assistance through the

Identifier	Return Reference	Explanation
		energy share program, totaling $157,855

Identifier	Return Reference	Explanation
		Weatherization (Expenses $1,523,468 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $1,520,640)

Identifier	Return Reference	Explanation
		The Weatherization Program creates more efficient homes by

Identifier	Return Reference	Explanation
		installing effective insulation and weather-stripping, and

Identifier	Return Reference	Explanation
		testing and tuning combustion appliances for safety and

Identifier	Return Reference	Explanation
		efficiency The Program strives to educate homeowners or

Identifier	Return Reference	Explanation
		renters on energy conservation, home health, and safety

Identifier	Return Reference	Explanation
		Eligible households will receive a benefit based on the

Identifier	Return Reference	Explanation
		projected Savings to Investment Ratio for the energy

Identifier	Return Reference	Explanation
		retrofit, which must pay for itself within the lifetime of

Identifier	Return Reference	Explanation
		the energy saving measure In Fiscal Year ended June 30,

Identifier	Return Reference	Explanation
		2010 the Weatherization Program installed energy

Identifier	Return Reference	Explanation
		conservation measures on 311 houses

Identifier	Return Reference	Explanation
		Food & Nutrition

Identifier	Return Reference	Explanation
		Emergency Food (Expenses $2,905,658 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $3,091,297)

Identifier	Return Reference	Explanation
		The Gallatin Valley Food Bank's Emergency Food Assistance

Identifier	Return Reference	Explanation
		Program provides emergency foods to individuals and families

Identifier	Return Reference	Explanation
		w ho otherw ıse mıght go hungry Assıstance ıs ın the form of

Identifier	Return Reference	Explanation
		a five day food supply, requests for assistance are honored

Identifier	Return Reference	Explanation
		once every thirty days This program has experienced

Identifier	Return Reference	Explanation
		significant increases in requests for assistance since 2008

Identifier	Return Reference	Explanation
		During 2009, 1 51 million pounds of food w ere distributed

Identifier	Return Reference	Explanation
		to area families in need, honoring 15,981 emergency food

Identifier	Return Reference	Explanation
		requests Emergency foods are also distributed via satellite

Identifier	Return Reference	Explanation
		sites, currently operating in Belgrade and Dry Creek Funding

Identifier	Return Reference	Explanation
		for the Food Bank is provided primarily by contributions from

Identifier	Return Reference	Explanation
		within the community

Identifier	Return Reference	Explanation
		Senior Groceries (Expenses $4,764 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $10,253)

Identifier	Return Reference	Explanation
		The Gallatin Valley Food Bank's Senior Grocery Program

Identifier	Return Reference	Explanation
		provides supplemental groceries for senior households in

Identifier	Return Reference	Explanation
		Gallatin, Park, and Madison counties More than 325 seniors

Identifier	Return Reference	Explanation
		each month receive supplemental staple food items delivered

Identifier	Return Reference	Explanation
		directly to their homes Funding for this program is

Identifier	Return Reference	Explanation
		provided by the United States Department of Agriculture

Identifier	Return Reference	Explanation
		Commodity Supplemental Food Program Seniors currently

Identifier	Return Reference	Explanation
		receiving assistance are an average age of 73 years with a

Identifier	Return Reference	Explanation
		monthly income of less than $1,000 An estimated additional

Identifier	Return Reference	Explanation
		400 seniors are eligible for the program within our service

Identifier	Return Reference	Explanation
		area The Food Bank is pursuing alternative funding sources

Identifier	Return Reference	Explanation
		in order to expand the program to reach this most vulnerable

Identifier	Return Reference	Explanation
		population

Identifier	Return Reference	Explanation
		Summer Lunch Program (Expenses $8,504 including Grants of

Identifier	Return Reference	Explanation
		$0)(Revenues $9,921)

Identifier	Return Reference	Explanation
		The Gallatin Valley Food Bank's Summer Lunch Program

Identifier	Return Reference	Explanation
		provides free, nutritionally balanced lunch time meals to

Identifier	Return Reference	Explanation
		area children throughout the summer months at five locations

Identifier	Return Reference	Explanation
		During the summer of 2010 an average of 100 children per day

Identifier	Return Reference	Explanation
		received free meals

Identifier	Return Reference	Explanation
		The Program helps families with limited incomes adjust to

Identifier	Return Reference	Explanation
		the loss of the Free and Reduced Meal Programs in school

Identifier	Return Reference	Explanation
		during the summer months, while maintaining a nutritional

Identifier	Return Reference	Explanation
		balance for the child Funding for this program is provided

Identifier	Return Reference	Explanation
		by the State Office of Public Instruction Summer Food

Identifier	Return Reference	Explanation
		Service Program

Identifier	Return Reference	Explanation
		Healthy KidsPack Program (Expenses $27,352 including Grants

Identifier	Return Reference	Explanation
		of $0)(Revenues $27,352)

Identifier	Return Reference	Explanation
		The Gallatin Valley Food Bank's Healthy KidsPack Program

Identifier	Return Reference	Explanation
		provides free, nutritionally balanced weekend meals and

Identifier	Return Reference	Explanation
		snacks to area children for w eekends and breaks throughout

Identifier	Return Reference	Explanation
		the school year In 2010, seven elementary schools in

Identifier	Return Reference	Explanation
		Bozeman, Belgrade, Three Forks, Manhattan, West Yellow stone,

Identifier	Return Reference	Explanation
		and Willow Creek w ere served through this program

Identifier	Return Reference	Explanation
		At present, approximately 435 kids are being provided with

Identifier	Return Reference	Explanation
		access to sufficient nutritious foods each week in the form

Identifier	Return Reference	Explanation
		of snack packs they can take home and prepare themselves

Identifier	Return Reference	Explanation
		over the w eekend The Program is designed to assist in

Identifier	Return Reference	Explanation
		addressing the occurrence and affects of hunger and

Identifier	Return Reference	Explanation
		malnutrition in our area school systems

Identifier	Return Reference	Explanation
		Transportation

Identifier	Return Reference	Explanation
		Galavan (Expenses $395,776 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $338,772)

Identifier	Return Reference	Explanation
		Galavan, HRDC's senior transportation program performed its

Identifier	Return Reference	Explanation
		first ride in 1973 with the goal of providing safe,

Identifier	Return Reference	Explanation
		affordable door-to-door shuttle service Their mission was,

Identifier	Return Reference	Explanation
		and remains today, that the lack of affordable

Identifier	Return Reference	Explanation
		transportation not become a barrier to individual

Identifier	Return Reference	Explanation
		ındependence Galavan helps people get everyw here from the

Identifier	Return Reference	Explanation
		doctor's office to the Supermarket, and safely back home

Identifier	Return Reference	Explanation
		Services are available 6 days per week for area seniors and

Identifier	Return Reference	Explanation
		disabled persons and the route has expanded to include

Identifier	Return Reference	Explanation
		Belgrade, Manhattan, and Three Forks on a w eekly basıs

Identifier	Return Reference	Explanation
		Galavan provided 25,238 rides in 2010, with 540 individuals

Identifier	Return Reference	Explanation
		receiving regular transportation Galavan is currently

Identifier	Return Reference	Explanation
		funded by the City of Bozeman, Gallatin County, United Way,

Identifier	Return Reference	Explanation
		Area IV Agency on Aging, the City of Belgrade, rider and

Identifier	Return Reference	Explanation
		private donations

Identifier	Return Reference	Explanation
		Streamline (Expenses $859,014 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $884,203)

Identifier	Return Reference	Explanation
		On August 21, 2006 Bozeman's new transit system, Streamline,

Identifier	Return Reference	Explanation
		hit the road w ith 4 routes Streamline is a year round

Identifier	Return Reference	Explanation
		public transportation system providing fare free service

Identifier	Return Reference	Explanation
		throughout the Gallatin Valley This service is a result of

Identifier	Return Reference	Explanation
		a collaboration of Montana State University's student

Identifier	Return Reference	Explanation
		association (ASMSU), United Way, The City of Bozeman, The

Identifier	Return Reference	Explanation
		City of Belgrade and Gallatin County Now customers of the

Identifier	Return Reference	Explanation
		HRDC, both elderly and low income, have transportation

Identifier	Return Reference	Explanation
		options in our community Streamline currently operates a

Identifier	Return Reference	Explanation
		Livingston Service, Late Night Service, Bridger Bowl Service

Identifier	Return Reference	Explanation
		Reach Service, and Public Transportation Service

Identifier	Return Reference	Explanation
		Streamline is funded by the Federal Transit Administration,

Identifier	Return Reference	Explanation
		HRDC, ASMSU, MSU, MDT, City & County funds, United Way,

Identifier	Return Reference	Explanation
		Reach, Inc , Area IV Agency on Aging, and DUI Task Force

Identifier	Return Reference	Explanation
		Streamline provided 240,709 rides across it 6 routes in 2010

Identifier	Return Reference	Explanation
		Streamline is proud to announce an estimated carbon savings

Identifier	Return Reference	Explanation
		of 200 tons, or 400,000 pounds per year (stemming from high

Identifier	Return Reference	Explanation
		ridership and long distance routes) "Every ride Streamline

Identifier	Return Reference	Explanation
		provides benefits the community by reducing congestion,

Identifier	Return Reference	Explanation
		improving air quality, and providing safe and affordable

Identifier	Return Reference	Explanation
		transportation " - Jim Lynch, MDT Director

Identifier	Return Reference	Explanation
		Early Childhood Development

Identifier	Return Reference	Explanation
		Head Start (Expenses $1,324,475 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $1,324,472 and In Kind of $314,771)

Identifier	Return Reference	Explanation
		The HRDC Head Start Program provides for the healthy

Identifier	Return Reference	Explanation
		development of children and the strengthening of families

Identifier	Return Reference	Explanation
		through education, health, nutrition, mental health, and

Identifier	Return Reference	Explanation
		disability services 168 families with children between the

Identifier	Return Reference	Explanation
		ages of 3 and 5 participate in Head Start each year This

Identifier	Return Reference	Explanation
		early childhood program is of no charge to qualified

Identifier	Return Reference	Explanation
		families and offers the children a multitude of screening

Identifier	Return Reference	Explanation
		and educational opportunities including family services,

Identifier	Return Reference	Explanation
		parenting information, family wellness, and other

Identifier	Return Reference	Explanation
		preventative-based educational services The Program offers

Identifier	Return Reference	Explanation
		classroom style experiences for kids with a wide range of

Identifier	Return Reference	Explanation
		developmental needs and strives to empower both children and

Identifier	Return Reference	Explanation
		parents w ıth the abılıty to enrıch theır ow n lıves as

Identifier	Return Reference	Explanation
		individuals and families, and in turn to enrich our

Identifier	Return Reference	Explanation
		community now and in the future Head Start classrooms are

Identifier	Return Reference	Explanation
		in Bozeman, Belgrade, Livingston, and Gallatin Gateway

Identifier	Return Reference	Explanation
		Funding for the Head Start Program is provided primarily by

Identifier	Return Reference	Explanation
		federal dollars

Identifier	Return Reference	Explanation
		Youth Development

Identifier	Return Reference	Explanation
		Youth Development (Expenses $324,726 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $319,397)

Identifier	Return Reference	Explanation
		HRDC's Youth Development Program provides opportunities,

Identifier	Return Reference	Explanation
		focused direction, and inspiration for achievement to

Identifier	Return Reference	Explanation
		prepare youth to live up to their full potential and drive

Identifier	Return Reference	Explanation
		their own path to success The following services are

Identifier	Return Reference	Explanation
		available throughout Gallatin, Park, and Meagher counties

Identifier	Return Reference	Explanation
		career exploration, academic or GED completion, Basic

Identifier	Return Reference	Explanation
		Employment Skills Training, employment placement

Identifier	Return Reference	Explanation
		opportunities, interview techniques, computer skills, work

Identifier	Return Reference	Explanation
		experience programs, goal setting, personal finances and

Identifier	Return Reference	Explanation
		budgeting, guidance and advocacy, and a support base to

Identifier	Return Reference	Explanation
		empow er youth to meet the challenges of the transition from

Identifier	Return Reference	Explanation
		adolescence into young adulthood for a lifetime of

Identifier	Return Reference	Explanation
		opportunities Of the 77 youth provided with services, 30% were

Identifier	Return Reference	Explanation
		placed into employment, 50% attained a degree or certificate,

Identifier	Return Reference	Explanation
		84% improved their literacy and numeracy, 65% of enrolled

Identifier	Return Reference	Explanation
		youth completed the Basic Employment Skills Training

Identifier	Return Reference	Explanation
		Volunteer Opportunities

Identifier	Return Reference	Explanation
		RSVP (Expenses $144,416 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $140,619)

Identifier	Return Reference	Explanation
		RSVP, the Retired and Senior Volunteer Program provides

Identifier	Return Reference	Explanation
		meaningful volunteer opportunities for individuals age 55

Identifier	Return Reference	Explanation
		and older to meet community needs Libraries, hospitals,

Identifier	Return Reference	Explanation
		schools, and numerous other vital institutions benefit from

Identifier	Return Reference	Explanation
		the experience, expertise, and passion that each volunteer

Identifier	Return Reference	Explanation
		provides to tutor youth, deliver prepared meals to homebound

Identifier	Return Reference	Explanation
		individuals, build homes for those in need, and so very much

Identifier	Return Reference	Explanation
		more, and volunteers find great satisfaction in knowing that

Identifier	Return Reference	Explanation
		they are making a positive impact on their community Last

Identifier	Return Reference	Explanation
		year, 712 RSVP volunteers contributed 84,773 hours to more than

Identifier	Return Reference	Explanation
		100 non-profit, government and healthcare organizations in

Identifier	Return Reference	Explanation
		Gallatin and Park Counties RSVP is funded by the

Identifier	Return Reference	Explanation
		Corporation for National Service, United Way, Gallatin

Identifier	Return Reference	Explanation
		County, Park County, Area IV Agency on Aging, and private

Identifier	Return Reference	Explanation
		contributions

Identifier	Return Reference	Explanation
		In Home Services/Home Health

Identifier	Return Reference	Explanation
		Homemaker Services (Expenses $78,041 including Grants of $0)

Identifier	Return Reference	Explanation
		(Revenues $68,807)

Identifier	Return Reference	Explanation
		HRDC's Homemaker Program coordinates in-home care for our

Identifier	Return Reference	Explanation
		community's elderly and disabled Not only does the program

Identifier	Return Reference	Explanation
		ensure that the services patients receive are appropriate

Identifier	Return Reference	Explanation
		and high-quality, it also encourages them to have an active

Identifier	Return Reference	Explanation
		voice in their own care The Program assists limited-income

Identifier	Return Reference	Explanation
		seniors with household chores, errands, shopping, bathing,

Identifier	Return Reference	Explanation
		and other personal care needs in order to improve and

Identifier	Return Reference	Explanation
		maintain their quality of life Program participants must

Identifier	Return Reference	Explanation
		be age 60 or older, with preference given to those age 75

Identifier	Return Reference	Explanation
		and older, enabling the individual to live at home with

Identifier	Return Reference	Explanation
		dignity The program allows for early intervention and

Identifier	Return Reference	Explanation
		preventing complications that w ould otherw ise lead to either

Identifier	Return Reference	Explanation
		hospitalization or loss of independence through nursing home

Identifier	Return Reference	Explanation
		placement Current funding levels allow for in home care

Identifier	Return Reference	Explanation
		services to only 33 seniors, area demographics show that

Identifier	Return Reference	Explanation
		more than 700 seniors are eligible for the service in

Identifier	Return Reference	Explanation
		Gallatin County The Homemaker Program is funded in part by

Identifier	Return Reference	Explanation
		Area IV Agency on Aging, United Way, and the Gilhousen

Identifier	Return Reference	Explanation
		Family Foundation

Identifier	Return Reference	Explanation
		Community Development

Identifier	Return Reference	Explanation
		Community First Fund (Expenses $480 including Grants of

Identifier	Return Reference	Explanation
		$0)(Revenues $12,099)

Identifier	Return Reference	Explanation
		HRDC's Community First Fund w orks to create jobs, promote

Identifier	Return Reference	Explanation
		business, and build affordable housing designed to support

Identifier	Return Reference	Explanation
		individuals and families as they w ork to see their ow n

Identifier	Return Reference	Explanation
		personal goals come to fruition The fund provides

Identifier	Return Reference	Explanation
		financial assistance to both individuals and families in

Identifier	Return Reference	Explanation
		providing opportunities for personal and professional

Identifier	Return Reference	Explanation
		development The current Community First Fund loan balances

Identifier	Return Reference	Explanation
		total $82,598, provided in the form of financial assistance

Identifier	Return Reference	Explanation
		to local establishments

Identifier	Return Reference	Explanation
		Community Development (Expenses $598,839 including Grants of

Identifier	Return Reference	Explanation
		$8,621)(Revenues $598,839)

Identifier	Return Reference	Explanation
		HRDC's Community Development Program in collaboration with

Identifier	Return Reference	Explanation
		area residents and community stakeholders aims to develop

Identifier	Return Reference	Explanation
		physical and social assets The goal is to build and

Identifier	Return Reference	Explanation
		sustain healthy communities through the production of

Identifier	Return Reference	Explanation
		affordable housing, the construction of community facilities

Identifier	Return Reference	Explanation
		and the development of social programs which educate and

Identifier	Return Reference	Explanation
		support families and individuals Community Development

Identifier	Return Reference	Explanation
		projects during 2010 included administering the City of

Identifier	Return Reference	Explanation
		Bozeman's affordable housing advisory committee, adminsitration

Identifier	Return Reference	Explanation
		of our Bozeman and Livingston Land Trusts, acquisition of

Identifier	Return Reference	Explanation
		23 condominium units and beginning constructon on 36 additional

Identifier	Return Reference	Explanation
		units to provide homeownership opportunities to families

Identifier	Return Reference	Explanation
		previously priced out of Bozeman's market (West Edge Condominiums),

Identifier	Return Reference	Explanation
		leadership of the Greater Gallatin Homeless Action Coalition

Identifier	Return Reference	Explanation
		w orkıng tow ard Bozeman's fırst homeless shelter,

Identifier	Return Reference	Explanation
		participation in the Early Childhood Development Leaders Group,

Identifier	Return Reference	Explanation
		membership on the Montana board of Housing, membership on the

Identifier	Return Reference	Explanation
		State Workforce Investment Act board, and commencement of construction

Identifier	Return Reference	Explanation
		of a transit facility to house the HRDC's transportation programs

Identifier	Return Reference	Explanation
		Note The above expenses and revenues include the activity

Identifier	Return Reference	Explanation
		of the HRDC wholly owned subsidiaries which are

Identifier	Return Reference	Explanation
		eliminated for totals for the Form 990 tax returns

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Employer identification number
81-0350886

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DARLINTON APARTMENTS INC 32 SOUTH TRACY BOZEMAN, MT 59715 81-0528343	LOW INCOME SENIOR HOUSING	MT	501C3	11 TYPE I	NA
THE HOME CORPORATION 32 SOUTH TRACY BOZEMAN, MT 59715 81-0511380	LOW INCOME HOUSING	MT	501C2		NA
SHERWOOD INN APARTMENTS INC 32 SOUTH TRACY BOZEMAN, MT 59715 27-0037218	LOW INCOME HOUSING	MT	501C3	11	NA
MILES BUILDING INC 32 SOUTH TRACY BOZEMAN, MT 59715 81-0524709	LOW INCOME HOUSING	MT	501C3	11	NA
SUMMIT APARTMENTS INC 32 SOUTH TRACY BOZEMAN, MT 59715 81-0542899	LOW INCOME HOUSING	MT	501C3	11	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MILES LIMITED PARTNERSHIP 32 SOUTH TRACY BOZEMAN, MT59715 81-0538771	LOW INCOME HOUSING TAX CREDIT PROJ	MT	MILES BLDG INC	RELATED		312,941		No		Yes	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	No
c	Gift, grant, or capital contribution from other organization(s)	**1c** Yes	
d	Loans or loan guarantees to or for other organization(s)	**1d**	No
e	Loans or loan guarantees by other organization(s)	**1e**	No
f	Sale of assets to other organization(s)	**1f**	No
g	Purchase of assets from other organization(s)	**1g**	No
h	Exchange of assets	**1h**	No
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	No
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	No
n	Sharing of paid employees	**1n**	No
o	Reimbursement paid to other organization for expenses	**1o**	No
p	Reimbursement paid by other organization for expenses	**1p**	No
q	Other transfer of cash or property to other organization(s)	**1q**	No
r	Other transfer of cash or property from other organization(s)	**1r**	No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) SHERWOOD INN APARTMENTS INC REPAYMENT OF NONPROFIT SPONSOR EQUITY	c	252,482
(2) MILES BUILDING INC REPAYMENT OF NONPROFIT SPONSOR EQUITY	c	122,000
(3) SHERWOOD INN APARTMENTS INC INTEREST	a	3,735
(4) MILES BUILDING INC LEASE PAYMENTS	a	40,100
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 81-0350886

Name: HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $	1,393,665	including grants of $	) (Revenue $	95,394)

EARLY CHILDHOOD DEVELOPMENT - SEE SCHEDULE 0 FOR COMPLETE DESCRIPTION

(Code)	(Expenses $	1,289,173	including grants of $	) (Revenue $	290,686)

TRANSPORTATION - SEE SCHEDULE O FOR COMPLETE DESCRIPTION

(Code)	(Expenses $	305,820	including grants of $	4,955) (Revenue $	12,783)

YOUTH DEVELOPMENT - SEE SCHEDULE O FOR COMPLETE DESCRIPTION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY K RUPP PRES/CEO	60 00			X				78,639	0	6,191
MARY A MARTIN SECRETARY	40 00			X				63,556	0	14,699
DONNA WEST CHAIR	1 00	X						0	0	0
DAVID KACK VICE CHAIR	1 00	X						0	0	0
CHRIS BUDESKI MEMBER	1 00	X						0	0	0
CYNTHIA CHENEY MEMBER	1 00	X						0	0	0
AL MAURILLO MEMBER	1 00	X						0	0	0
JOE MENICUCCI MEMBER	1 00	X						0	0	0
KATIE MOBERG MEMBER	1 00	X						0	0	0
KRIS MOOS MEMBER	1 00	X						0	0	0
CHERYL RIDGELY MEMBER	1 00	X						0	0	0
RAMONA STOUT MEMBER	1 00	X						0	0	0
KATHRYN TANNER MEMBER	1 00	X						0	0	0
WHITT HAMPTON FISCAL MANAGER	40 00			X				63,235	0	14,677
CRYSTAL TURNER MEMBER	1 00	X						0	0	0
GENE TOWNSEND MEMBER	1 00	X						0	0	0
BILLIE WARFORD MEMBER	1 00	X						0	0	0

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
FAMILY DEVELOPMENT	624,100	108,177	108,177		
HOUSING	624,200	772,714	772,714		
HEALTH, NUTRITION, SENIOR SVS	624,100	38,865	38,865		
ENERGY	624,200	280,495	280,495		
TRANSPORTATION	485,110	290,686	290,686		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
REPAIRS AND MAINTENANCE	160,987	143,365	17,622	0
DIRECT CLIENT SERVICES	953,793	953,765	28	0
FOOD	2,625,277	2,625,277	0	0
SUPPLIES	203,618	147,200	46,016	10,402
TRAINING	43,216	34,679	8,537	0