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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

2010

OMB No 1545-0047

Open to Public Inspection

A F	or the	2010 ca	lendar year, or tax year begin	ning 01-01-2010 and ending 12-31-20	010	_			
в сі	neck if a	pplicable	C Name of organization RURAL DEVELOPMENT INITIATIVE	S INC		D Employ	er ide	ntification number	
— Ad	ldress ch	nange	Doing Business As			93-10	7374	6	
Na	ame cha	inge	Doing business As			E Telepho	ne nu	mber	
_ In	ıtıal retu	ırn	Number and street (or P O box i	f mail is not delivered to street address)	Room/suite	— (541)	684-9	077	
Te	eminate	ed	2620 RIVER RD			(/			
— Ar	nended	return	City or town, state or country, ar	nd ZIP + 4		G Gross re	ceipts	\$ 2,567,305	
— _{Ap}	plication	n pending	EUGENE, OR 974045000						
			F Name and address of p	rıncıpal officer	H(a) Is this	a group return for	affiliates	s? Yes No	
			CRAIG SMITH	·		s a group recurrior	aiiiiates	5. 1 Tes 1 NO	
			2620 RIVER RD EUGENE, OR 97404500	0	H(b) Are a	ıll affılıates ınclu	ded?	☐ Yes ☐ No	
			,,					see instructions)	
I Ta	ax-exem	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Gro	up exemptio	n num	ber ►	
1 W	/ebsite	e: ► WW	W RDIINC ORG						
					<u> </u>		1		
			Corporation Trust Associa	ition Other -	L Year of f	ormation 1991	M S	State of legal domicile OR	
Pā	art I		mary						
Governance		RURAL D SERVIC	DEVELOPMENT INITIATIVE ES, STRATEGIC PLANNING,	sion or most significant activities S (RDI) BUILDS LEADERSHIP NETWO TECHNICAL ASSISTANCE, AND LEA RESSED RURAL COMMUNITIES					
<u>ş</u>									
	2	Check th	nis box দ if the organization	discontinued its operations or dispose	d of more than	25% of its n	et ass	ets	
න් ග	3	Number	of voting members of the gove	rning body (Part VI, line 1a)			3	15	
Activities &	4	Number	of independent voting member	s of the governing body (Part VI, line 1	.b)		4	15	
<u> </u>	5	Total nui	mber of individuals employed i	n calendar year 2010 (Part V, line 2a)			5	32	
ď			mber of volunteers (estimate i			⊢	6	400	
				Part VIII, column (C), line 12		<u> </u>	7a	0	
	ь	Net unre	lated business taxable income	e from Form 990-T, line 34			7b		
		_			Pri	or Year		Current Year	
g.	8			line 1 h)	•	677,06	\rightarrow	558,097	
Revenue	9	_		, line 2g)		2,173,85		1,999,307	
Æ	10		·	mn (A), lines 3, 4, and 7d)	•	10,90		8,94	
	11 12			.), lines 5, 6d, 8c, 9c, 10c, and 11e) l 1 (must equal Part VIII, column (A), l	ıne	47,21	. 3	959	
	12		_	· · · · · · · · · · · · · · · · · · ·	iii e	2,909,03	37	2,567,305	
	13	Grants	and similar amounts paid (Pa	rt IX, column (A), lines 1-3)	-			0	
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)				0	
ø	15		es, other compensation, emplo	yee benefits (Part IX, column (A), line:	s 5 –	1,474,61	7	1,538,327	
)Se	16a	10)	cional fundraising foos (Part I	Y column (A) line 11e)		1,474,01		1,538,327	
Expenses				X, column (A), line 11e)					
Δ	b		ndraising expenses (Part IX, column	• • • • • • • • • • • • • • • • • • • •	-	1 072 00		071 495	
	17), lines 11a-11d, 11f-24f)		1,072,00	-	971,485	
	18 19			nust equal Part IX, column (A), line 25		2,546,62 362,41		2,509,812	
<u>π</u> φ	19	veneu	ac less expelises subtract III	C 10 HOIR MIE 12		ng of Current	-	·	
8 €					_	Year		End of Year	
Net Assets or Fund Bafances	20	Totala	assets (Part X, line 16)			1,094,21	. 0	1,263,958	
줉	21	Total I	iabilities (Part X, line 26) .			281,73	34	387,535	
zZ	22	Net as	sets or fund balances Subtra	ct line 21 from line 20		812,47	6	876,423	
Pa	rt II	Sign	ature Block						
knov		and belie		nined this return, including accompanying te. Declaration of preparer (other than offi					
		****				2011-08-02			
Sig		Sig na	iture of officer]	Date			
Her	e		G SMITH EXECUTIVE DIRECTOR						
		<u> </u>	or print name and title			Charlest15	<u> </u>		
		Print/Type preparer's		Preparer's signature JEREMY PRICKEL	Date 2011-09-08	Check if self- employed •	<u> </u>	TIN	
Paid			me F JONES & ROTH PC				Fı	ırm's EIN 🕨	
	arer	Fırm's add	dress PO BOX 10086					hone no 🕨 (541) 687-	
Use	Only		EUGENE, OR 97440					none no 🕨 (541) 687- 320	

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par	t III	Statement of Program S Check if Schedule O contains			I	·
1	Brief	ly describe the organization's m	ssion			
SERV	/ICES	VELOPMENT INITIATIVES (RE , STRATEGIC PLANNING, TEC LY ECONOMICALLY DISTRESS	HNICAL ASSISTAI	NCE, AND LEADERSH		
2	the p	ne organization undertake any si rior Form 990 or 990-EZ? .				ΓYes Γ No
3	Did th	s," describe these new services ne organization cease conductin	g, or make significa			ΓYes √ No
		ces?				Tes No
4	Desc Secti	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) organisms to others, the total expens	ements for each of t anizations and secti	on 4947(a)(1) trusts	are required to report the a	
	(Cod	e) (Expenses \$	1,506,280	ıncludıng grants of \$) (Revenue \$)
	IN 20 CALIF VOLU CONF	010, RDI PROVIDED COMMUNITY-BASEI FORNIA THESE SERVICES INCLUDED 4 INTEER COMMUNITY LEADERS KEY FIN FIDENT AS LEADERS AND ARE USING TH E MORE LIKELY TO ENGAGE IN COMMU	D LEADERSHIP TRAINING OFFERINGS IN SPANISH DINGS CONTINUE TO IN HE SKILLS THEY LEARN V	G REACHING 77 RURAL TOW , 5 CATERED ESPECIALLY F IDICATE THAT PARTICIPAN VITHIN THEIR COMMUNITI	VNS THROUGHOUT OREGON, WAS OR YOUTH, AND 6 ADVANCED TR TS IN RDI TRAININGS AND EVENT ES, ON THE JOB AND AT HOME PA	AININGS AND CONFERENCES FOR S REPORT FEELING MORE ARTICIPANTS ALSO REPORTED THEY
4b	ORG/ COMI ORECE RECE MEET PROJ INCLI DEDI COMI MEN' ROBL TO H OREC WOM	PROVIDED SERVICE AND ASSISTANCE TANIZATIONS WITHIN THE FOLLOWING PMUNITY BUILDING AND NETWORKING FOON TO WORK FOR IN 2010 RDI'S RIPEVED TRAVEL LANE COUNTY'S EUGENE, TING THE DEMANDS OF STRUGGLING RECT, AIMED TO INCREASE VISIBILITY OUDED PARTICIPATION IN 6 THINK OUT CATED TO RURAL ECONOMY PROJECT MISSION TO PROVIDE A LEADERSHIP ENTORING AND FUNDING OPPORTUNITIES JUST TRAINING PROGRAM DESIGNED TO ELP THOSE GRAPPLING TO FIND NEEDE SON TRIBAL FISHERMAN ON THE COLUMEN THROUGH THE JUILL COMPASSION AL COMMUNITIES	O 134 COMMUNITIES IN ROGRAM SERVICES ARE RDI WAS RECOGNIZED IPLE WEBSITE WON THE CASCADES AND COAST FRURAL ISSUES AND PLOUD RADIO BROADCAS RESOURCES HOSTED ON CHANGE PROGRAM TO FOR THOSE ORGANIZAL ASSIST RURAL COMMUNITERING RESOURCES, RDI HEL BIJA RIVER, FUNDED BY	OREGON, WASHINGTON A AS LEADERSHIP DEVELOPP BY OREGON BUSINESS MAG WEBVISIONARY AWARD UN PARTNERSHIP AWARD SE PARTNERED WITH OREGON ROVIDE VALUABLE RESOUR STS, 5 AUDIO STORIES, 3 E N RDI'S RIPPLE WEBSITE IN REPRESENTATIVES FROM 4 TIONS TO HELP THEM THRI NITIES INTERESTED IN SUS PED KEEP FISHERMAN SAF THE SILETZ CHARITABLE F	MENT, ECONOMIC VITALITY, ORGA GAZINE, SELECTED AS ONE OF THI DER THE INFORMATIONAL/ EDUC E SCHEDULE O AS A PART OF RO I PUBLIC BROADCASTING AND OT CES FOR EMPLOYMENT AND SMAI NTREPRENEUR VIDEOS, 30 BLOG N ADDITION, A PARTNERSHIP FOR HO ARTS ORGANIZATIONS IN 4 OR VE RDI ALSO DELIVERED OREGO STAINABLE TOURISM DEVELOPMEN E BY HELPING PROVIDE 28 EMER FUND, AND DELIVERED 8 COMPUT	ANIZATIONAL DEVELOPMENT, E 100 BEST NONPROFITS IN ATIONAL CATEGORY AND RDI I'S COMMITMENT TO CONTINUE HERS ON THE RURAL ECONOMY L BUSINESS DEVELOPMENT THIS POSTS, AND A WEB PAGE MED WITH THE OREGON ARTS EGON COMMUNITIES TO HELP BUILD N RURAL TOURISM STUDIO, A IT, IN TWO RURAL COMMUNITIES GENCY LOCATOR BEACONS TO ERS FOR NATIVE AMERICAN
4c	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
**		C) (Expenses ‡		more grants of p) (Revenue \$,
4d		er program services (Describe i penses \$	n Schedule O) including grants o	of\$) (Revenue \$)
<u>4e</u>	Tota	al program service expenses -\$	2.080.30			

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)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page -
Par	t 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 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		Νο
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 lines 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		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
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		Νο
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		Νο
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	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

aı	Check if Schedule O contains a response to any question in this Part V			
	<u> </u>		Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
_	1a 71			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
=	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Νo
•	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited toy chalter transaction of any time divine the tay was 2	5a		Νο
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N o
		5b		INC
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νc
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
		43=		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
•	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	13d		
	1 1			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	13c			
l	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	446		

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.

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
ь	Enter the number of voting members included in line 1a, above, who are					
-	Independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct			NO		
_	supervision of officers, directors or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
ь	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	7.5		110		
	year by the following					
а	The governing body?	8a	Yes			
Ь	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		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)					
			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a		No		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
4.2		42	V			
	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?					
2	The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	Yes			
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	162			
	Ti les to line 150 of 150, 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		
ь	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				
Se	ection C. Disclosure					
17						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					

- 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 ► SUSANNAH MALOOL FINANCE DIRECTOR

2620 RIVER ROAD EUGENE, OR 97404

(541) 684-9077

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

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

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

Check this box if neither the organ	nization nor any re	lated o	rganı	zatio	on co	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ANTONE MINTHORN DIRECTOR	1 00	Х						0	0	0
(2) CINDY FINLAYSON TREASURER	1 00	х		х				0	0	0
(3) DORIS PENWELL SECRETARY	1 00	х		х				0	0	0
(4) GORDON ZIMMERMAN DIRECTOR	1 00	х						0	0	0
(5) GREG ELLIS CO-CHAIR	1 00	х		х				0	0	0
(6) JOHN BURT DIRECTOR	1 00	х						0	0	0
(7) KATHY LONG-HOLLAND DIRECTOR	1 00	х						0	0	0
(8) MAUI MEYER DIRECTOR	1 00	х						0	0	0
(9) NIKKI WHITTY CHAIR	1 00	х		х				0	0	0
(10) SCOTT REED DIRECTOR	1 00	х						0	0	0
(11) R WADE MOSBY DIRECTOR	1 00	х						0	0	0
(12) AMANDA HOEY DIRECTOR	1 00	х						0	0	0
(13) FERNANDO RODRIGUEZ CASILLAS DIRECTOR	1 00	х						0	0	0
(14) JAMES K WALLS DIRECTOR	1 00	х						0	0	0
(15) CRAIG SMITH EXEC DIRECTO	40 00			х				88,363	0	12,349
(16) SUSANNAH MALOOL FINANCE DIR	32 00			х				70,683	0	7,328

\$100,000 in compensation from the organization 🕨

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

	(A) Name and Title	lame and Title A verage Position (check all Reportable hours that apply) compensation									(F) Estimat amount of compense		ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		from i rganizati relat organiza	the ion and ed
				_									
_											-		
<u> </u>	Sub-Total						· ·	<u> </u>			-		
: :	Total (add lines 1b and 1c)						-	 	159,046				19,677
	Total number of individuals (ind \$100,000 in reportable compe	cluding but not lin	nited to	thos	e lıs) who	I o received more tha	n			
		66								[Yes	No
	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So	•						ee, o	r nignest compens	eted employee	3		No
	For any individual listed on line organization and related organiandividual										4		No
	Did any person listed on line 1 services rendered to the organ									r individual for	5		No
<u> </u>	etion B. Indonesiant Co.	ntra ete											
<i>3</i> e	ction B. Independent Co	e highest comper		ındep	ende	ent c	ontrac	tors	that received more	than			
	\$100,000 of compensation fro	(A)							Dagas	(B)	Т	(C	
	Na Na	ame and business add	uress						Descr	iption of services	\Rightarrow	Comper	isation
_									·				
_											-		

Form 99	00 (2010)			Pa	age 9
Pant	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	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	558,097			92.
Program Service Revenue	## Description ## Description	1,445,910 553,397 1,999,307	553,397		
	3 Investment income (including dividends, interest and other similar amounts)	8,942			8,942
Other Revenue	(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	b Less direct expenses b c Net income or (loss) from fundraising events	959			959
	e Total. Add lines 11a-11d	959 2,567,305	1,999,307	orm 990 (2	9,901

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to α			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		'		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	178,722	72,479	100,996	5,247
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	1,065,869	769,246	215,923	80,700
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,584	13,713	3,411	1,460
9	Other employee benefits	148,292		32,718	10,912
10	Payroll taxes	126,860	<u> </u>	,	8,837
а	Fees for services (non-employees) Management				
ь	Legal	540		540	
С	Accounting	25,443	796	24,647	
d	Lobbying	,		,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	252,636	251,795	841	
12	Advertising and promotion	12,814	<u>'</u>		2,030
13	Office expenses	161,252		65,442	3,987
14	Information technology	101,232	31,023	03,112	3,307
15	Royalties				
16	Occupancy	50,595	15,024	35,571	
17	Travel	173,218	<u> </u>	· · · · · ·	4,736
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	173,216	131,431	37,031	4,730
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,680		9,680	
23	Insurance	4,434		4,434	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	,		1, 131	
а	CATERING	190,843	190,843	†	
	CURRICULUM MATERIALS	67,098	'	132	145
	STAFF DEVELOPMENT	22,932	<u> </u>	7,961	2,100
	SHARED EXPENSE	22,532	272,049	· · · · · ·	25,217
e		1	2.2,013	237,200	
f	All other expenses	1		†	
25	Total functional expenses. Add lines 1 through 24f	2,509,812	2,080,304	284,137	145,371
26	Joint costs. Check here ► [If following	2,303,012	2,000,304	204,137	
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Fargo and carried a second control of the control o				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 728,441 707.535 2 Savings and temporary cash investments 119,665 281,531 3 3 5,128 4 22,248 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9,806 9 8,550 10a Land, buildings, and equipment cost or other basis Complete Part 99.940 10a VI of Schedule D 10b 76.238 23,924 **10c** ь Less accumulated depreciation 23,702 161.257 11 152.552 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 54,694 59,135 15 15 16 1,094,210 16 1,263,958 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 105.467 17 42.812 17 Accounts payable and accrued expenses . 18 18 127.355 19 19 251.274 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 48.912 25 93.449 Other liabilities Complete Part X of Schedule D 26 281,734 26 387,535 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 620,804 561.044 Temporarily restricted net assets 191,672 314,379 28 28 Fund 1,000 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 812,476 876,423 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.094.210 1,263,958 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,5	567,30
2	Total expenses (must equal Part IX, column (A), line 25)	2			509,81
3	Revenue less expenses Subtract line 2 from line 1	3			57,49
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	312,47
5	Other changes in net assets or fund balances (explain in Schedule O)	5			6,45
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8	376,42
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 is on a separate basis, consolidated basis, or both	ssued			
	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

DLN: 93493278011041

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization RURAL DEVELOPMENT INITIATIVES INC

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. **Employer identification number**

93-1073746

				matractions,,		ļ .	 	 	+	 			
	(i) Name Suppoi ganiza	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organizati col (i) list your gove docume Yes	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizat col (i) organizat	e ion in anized		A mo	ii) unt of port
h				led entity of a persor ig information about		., .,				11	g(iii)		
				r of a person describ							.g(ii)		
		and (III)	below, the	governing body of th	e the suppor	ted organıza	tion?			1:	1g(i)		
			J .	rectly or indirectly co	ontrols, eithe	er alone or to	gether with p	ersons des	cribed in (ii)			Yes	No
g			ugust 17, 2 a persons?	006, has the organi	zation accep	ted any gift	or contribution	on from any o	of the				
		check t	his box									· 3 ····	ŕ
f			509(a)(2) rganization i	received a written de	termination	from the IRS	S that it is a 1	Tvpe I. Tvpe	II or Type I	II suppor	tına c	raanız	ation.
e	ı	otherth	nan foundatio	ox, I certify that the on managers and oth	_		-					-	
10 11		An orga one or r the box a	anızatıon org more publici that descril Type I	anized and operated lanized and operated y supported organiza bes the type of supp b Type II	exclusively ations descri orting organi C c	for the bene bed in section zation and c Type III	fit of, to perfo on 509(a)(1) omplete lines - Functionall	orm the func or section 5 s 11e throug y integrated	tions of, or to 509(a)(2) Se gh 11h	e section	509(pe II	a)(3). I - Oth	Check ner
			_	oss investment incor anization after June				•		ax) from	busin	esses	
				ities related to its ex	·	-			, ,				
9	Γ	-		t normally receives					•	•	-	-	s s
8		A comm	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)					
	·	describ	ed ın	, A)(vi) (Complete Pa		•		J		J		•	
7	<u> </u>			it normally receives	-					om the ae	neral	public	
6	_			A)(iv). (Complete Pa local government or		al unit docci	uhad in secti e	on 170/h\/1	\(A \(\(\(\) \)				
5	ı			erated for the benefit		or universit	y owned or op	perated by a	government	al unit de:	scribe	ed in	
	_	hospita ———	l's name, cit	ty, and state									
4	<u>'</u>	•		perative nospital sei i organization operat	-					L)(A)(iii)	. Fnte	rthe	
2 3	<u> </u>			n section 170(b)(1 perative hospital ser			•	- 170/b\/1\/	/ A \ / :::\				
1				on of churches, or as				ection 170(b)(1)(A)(i).				
	rganız			e foundation becaus			-						
	rt I			blic Charity Stat						struction	าร		

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the	e organization ra	alls to qualify u	nder the tests	iistea below, pie	ease co	mpiete i	art III.)
	ection A. Public Support endar year (or fiscal year beginning	(-) 2006	(1-) 2007	(-) 2000	(4) 2000	/-\ 2	010	(6) T - + - l
	in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,343,298	1,111,654	279,916	677,063		558,097	3,970,028
2	Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities							
	furnished by a governmental unit to							
4	the organization without charge Total. Add lines 1 through 3	1,343,298	1,111,654	279,916	677,063		558,097	3,970,028
5	The portion of total contributions	=,= :=,==	_,,		200,7222			
	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							2,406,614
6	(f) Public Support. Subtract line 5 from	1						1,563,414
S	line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	110	(f) Total
	beginning in) 🟲			` '		(6) 2		
7	A mounts from line 4 Gross income from interest,	1,343,298	1,111,654	279,916	677,063		558,097	3,970,028
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	78,797	53,259	11,102	12,926		8,942	165,026
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	483	1,814	26			959	3,282
11	Total support (Add lines 7 through 10)							4,138,336
12	Gross receipts from related activiti	es, etc (See ınstr	uctions)			12		8,500,125
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(:	3) organız	ation, ▶
	ection C. Computation of Pul							
14	Public Support Percentage for 201			L1 column (f))		14		37 780 %
15	Public Support Percentage for 200	,	,			15	<u> </u>	34 910 %
b	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization meaorganization	alifies as a publicle organization did in n qualifies as a pu — 2010. If the orga tion meets the "fa	y supported orgar not check the box blicly supported o nization did not c icts and circumst	nization on line 13 or 16 organization heck a box on lin ances" test, chec	a, and line 15 is in the 13, 16a, or 16b ck this box and st	33 1/3% o and line op here.	or more, o e 14 Explain	check this
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization Private Foundation If the organization	nization meets the tion meets the "fa	"facts and circui cts and circumst	nstances" test, o ances" test The	check this box an organization qual	d stop h e lifies as	ere. a publicly	► □
	ınstructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493278011041

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** RURAL DEVELOPMENT INITIATIVES INC

				1073746		
ar	Organizations Maintaining Donor A organization answered "Yes" to Form 9		r Funds	or Account	ts. Comple	te ıf th
_	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and	other accou	ınts
-	otal number at end of year					
,	Aggregate contributions to (during year)					
,	Aggregate grants from (durıng year)					
,	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			sed	☐ Yes	[v N∈
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				☐ Yes	V N∈
1	Conservation Easements. Complete	e if the organization answered "Ye	es" to Forn	n 990, Part i	IV, line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation Preservation	of a certified	d historic stru		a
	easement on the last day of the tax year					
				Held at th	e End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easement		2b			
	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
	the taxable year ! Number of states where property subject to conserv Does the organization have a written policy regardir			violations, ar	nd	
	enforcement of the conservation easements it holds		J	,	☐ Yes	N ✓
	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation ea	asements d	uring the year	· -	
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easer	ments during	g the year ► \$	s	
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements o	fsection		☐ Yes	[√ N
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's fina ments	ncıal staten	nents that de	scribes	
rt	Organizations Maintaining Collection Complete if the organization answered			ner Similaı	r Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or re	search in fu			e,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or resea			•	
	(i) Revenues included in Form 990, Part VIII, line :	1		► \$		
	(ii) Assets included in Form 990, Part X			F -\$		
	If the organization received or held works of art, his following amounts required to be reported under SFA		ets for finan	cıal gaın, prov	vide the	
	Revenues included in Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			<u></u>		
				- Ψ		

Part	Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or Ot	the	r Simila	r Asse	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing t	hat are	a sıgnıfıca	nt u	se of its o	ollectio	n	
а	Public exhibition		d	Γ	Loan	rexch	ange progra	ams				
b	Scholarly research		e	\sqcap	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	v furthe	r the or	danization'	SAY	emnt nur	nose in		
•	Part XIV	onections and expit	a 1111 1110 1	, the	y iditile	i the or	gamzation	<i>3</i> C A	empt par	pose III		
5	During the year, did the organization solicit								ılar	_	Yes	√ No
Dar	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to be sold to be								os" to E			JY NO
Fall	Part IV, line 9, or reported an ar						aliswelet	' '	es 10 1 C	יוווו אל	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						other asse	ets r	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	/ıng ta	able							
										A mo	ınt	
c	Beginning balance						<u> </u>	1c				
d	Additions during the year						<u>_ :</u>	1d				
е	Distributions during the year							1e				
f	Ending balance						:	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	ie 21?								Yes	V No
ь	If "Yes," explain the arrangement in Part XI\	1										
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	s" to Fe	orm 990,	Par	t IV, line	e 10.		
		(a)Current Year	(b)	Prior \		(c)Two	Years Back		Three Year	s Back (e	Four Y	ears Back
1a	Beginning of year balance	152,552			167,511		210,670					
b	Contributions	3,226			2,036		3,299					
c	Investment earnings or losses	6,630			-16,995		-46,458					
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	151										
g	End of year balance	162,257			152,552		167,511					
2	Provide the estimated percentage of the yea	r end balance held	as		!							
a	Board designated or quasi-endowment	99 380 %										
_	Permanent endowment • 0 620 %											
Ь	remanent endowment F											
С Э-	Term endowment				اسلما مسد			£	.			
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnata	are neid	and ad	ministerea	TOT	tne		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		Νο
ь	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?					3b		No
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowm	ent fu	nds							
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	90, Pai	rt X, line	10.	1			
	Description of investment				a) Cost o sıs (ınves		(b)Cost or o			mulated ciation	(d) B	ook value
1a	_and											
b	Buildings										ĺ	
	_easehold improvements										1	
	Equipment						99	,940		76,238		23,702
	Other							-		,		, –
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B.), line	10(c).)				▶			23,702
	•		/						Sche	dule D (Form 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of 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, III		T
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15.)	
Part X Other Liabilities. See Form 990, Part >	(, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED PAYROLL LIABILITIES	93,449	
	·	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	93,449	
		i de la companya de

3	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,567,305
Met unrealized gams (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,509,812
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	57,493
6 Newstment expenses 6	4	Net unrealized gains (losses) on investments	4	6,454
7	5	Donated services and use of facilities	5	
S	6	Investment expenses	6	
Total adjustments (net) Add lines 4 - 8 Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Add lines 2a through 2d Add lines 2a through 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) For Other (Describe in Part XIV) Amounts included on line 1 but not on Form 990, Part IX, line 25 Add lines 4a and 4b Prior year adjustments Add lines 2a through 2d Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Add lines 2a through 2d Cother losses Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25 Donated services and use of facilities Cother losses Add lines 2a through 2d Add lines 3a and 4c. (This should equal Form 990, Part IX, line 25 Donated services and use of facilities Add lines 3a and 4c. (This should equal Form 990, Part IX, line 25 Cother losses Add lines 3a and 4c. (This should equal Form 990, Part IX, line 25 Add lines 3a and 4c. (This should equal Form 990, Part IX, line 25 Cother losses Add lines 3a and 4c. (This should equal Form 990, Part IX, line 25, but not on line 1: A mounts included on Form 990, Part IX, line 25, but not on line 1: A mounts included on Form 990, P	7	Prior period adjustments	7	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 6.3.94	8	Other (Describe in Part XIV)	8	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements. A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIV) c Add lines 2a through 2d A mounts 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 d Add lines 4a and 4b Prior year adjustments. 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Add lines 2a through 2d 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 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Add lines 2a through 2d 5 Cother losser 5 Cother losses 6 Cother losses 6 Cother losses 6 Cother losses 7 Cother losses 8 Cother losses 9 Cother losses 9 Cother losses 9 Cother losses 1 Cother losses 9 Cother losses	9		9	6,454
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	10		10	63,947
1	Par		er Ret	urn
Net unrealized gains on investments	1	•		2,596,119
b Donated services and use of facilities 2b 22,360 c Recoveries of prior year grants 2c 4 d Other (Describe in Part XIV) 2d 2e 28,83 3 Subtract line 2e from line 1 3 2,567,30 4 A mounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4b 4c b Other (Describe in Part XIV) 4b 4c 4c 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 2,567,30 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 2,532,17 1 Total expenses and losses per audited financial statements 1 2,532,17 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 2 22,360 a Donated services and use of facilities 2a 22,360 b Prior year adjustments 2a 2,360 c Other (Describe in Part XIV) 2d <th< td=""><td>2</td><td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td><td></td><td></td></th<>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 4 4 4 4 4 4 4 4 2e 28,83 3 2,567,30 3 2,567,30 3 2,567,30 3 2,567,30 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a	а	Net unrealized gains on investments		
March Clescribe in Part XIV	b	Donated services and use of facilities		
Add lines 2a through 2d 2e 28,813 3 2,567,30 3 2,567,30 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a 4b 4c 4c 4c 4c 4c 4c 4c	c	Recoveries of prior year grants		
3	d	Other (Describe in Part XIV) 2d		
A mounts 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)	e	Add lines 2a through 2d	2e	28,814
A	3	Subtract line 2e from line 1	3	2,567,305
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 5 4c Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 2,567,30 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 2,532,17 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 1 1 a Donated services and use of facilities 2a 22,360 4 b Prior year adjustments 2b 22,360 4 c Other losses 2c 2c 4 d Other (Describe in Part XIV) 2d 2c 2c d Add lines 2a through 2d 2 2c 3 2,509,83 3 Subtract line 2e from line 1 3 2,509,83 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4c a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	С	Add lines 4a and 4b	4c	
Total expenses and losses per audited financial statements	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,567,305
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1		,	2,532,172
a Donated services and use of facilities	2		- +	
b Prior year adjustments				
c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part 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				
d Other (Describe in Part XIV)				
Add lines 2a through 2d	d			
3 Subtract line 2e from line 1	e	<u> </u>	2e	22,360
A mounts 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)		•	3	2,509,812
a Investment expenses not included on Form 990, Part VIII, line 7b 4a				, ,
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 4c 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 2,509,81				
c Add lines 4a and 4b				
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			4c	
				2,509,812
Part XIV Supplemental Information			<u> </u>	, ,

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

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 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

Ident if ier	Return Reference	Explanation
	LINE 4	BOARD DESIGNATED ENDOWMENT THE BOARD OF DIRECTORS INTENDS TO HOLD THE PRINCIPAL OF THE ENDOWMENT FUND IN PERPETUITY AND USE THE EARNINGS FROM THE FUND FOR OPERATING ACTIVITIES THE FUND WILL BE USED TO ATTRACT ADDITIONAL DONOR DESIGNATED ENDOWMENT FUNDS PERMANENTLY DONOR RESTRICTED ENDOWMENT ONLY THE EARNINGS FROM THIS ENDOWMENT MAY BE USED FOR OPERATIONS THE PRINCIPAL IS PERMANENTLY RESTRICTED

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As Filed Data -

DLN: 93493278011041

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization RURAL DEVELOPMENT INITIATIVES INC Employer identification number

93-1073746

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	RURAL DEVELOPMENT INITIATIVES (RDI) BUILDS LEADERSHIP NETWORKS AND RURAL COMMUNITIES RDI PROVIDES SERVICES, STRATEGIC PLANNING, TECHNICAL ASSISTANCE, AND LEADERSHIP PROGRAMS TO RURAL COMMUNITIES, ESPECIALLY ECONOMICALLY DISTRESSED RURAL COMMUNITIES

ldentifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	RDI ENGAGED 360 ACTIVE COMMUNITY AMBASSADORS WHO RECEIVE MENTORSHIP AND TRAINING TO FACILITATE LEADERSHIP CLASSES AS A PART OF THE FORD INSTITUTE LEADERSHIP PROGRAM IN THEIR OWN AND SURROUNDING COMMUNITIES THE REMAINDER, ARE COMPOSED OF CONFERENCE VOLUNTEERS, BOARD MEMBERS, ADVISORY GROUPS, YOUTH CAMP HELPERS AND INTERNS

ldentifier	Return Reference	Explanation
SECOND A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AS A PART OF RDI'S COMMITMENT TO CONTINUE MEETING THE DEMANDS OF STRUGGLING RURAL ECONOMIES, RDI PARTNERED WITH OREGON PUBLIC BROADCASTING AND OTHERS ON THE RURAL ECONOMY PROJECT, A IMED TO INCREASE VISIBILITY OF RURAL ISSUES AND PROVIDE VALUABLE RESOURCES FOR EMPLOYMENT AND SMALL BUSINESS DEVELOPMENT THIS INCLUDED PARTICIPATION IN 6 THINK OUT LOUD RADIO BROADCASTS, 5 AUDIO STORIES, 3 ENTREPRENEUR VIDEOS, 30 BLOG POSTS, AND A WEB PAGE DEDICATED TO RURAL ECONOMY PROJECT RESOURCES HOSTED ON RDI'S RIPPLE WEBSITE IN ADDITION, A PARTNERSHIP FORMED WITH THE OREGON ARTS COMMISSION TO PROVIDE A LEADERSHIP EXCHANGE PROGRAM TO REPRESENTATIVES FROM 40 ARTS ORGANIZATIONS IN 4 OREGON COMMUNITIES TO HELP BUILD MENTORING AND FUNDING OPPORTUNITIES FOR THOSE ORGANIZATIONS TO HELP THEM THRIVE RDI ALSO DELIVERED OREGON RURAL TOURISM STUDIO, A ROBUST TRAINING PROGRAM DESIGNED TO ASSIST RURAL COMMUNITIES INTERESTED IN SUSTAINABLE TOURISM DEVELOPMENT, IN TWO RURAL COMMUNITIES TO HELP THOSE GRAPPLING TO FIND NEEDED RESOURCES, RDI HELPED KEEP FISHERMAN SAFE BY HELPING PROVIDE 28 EMERGENCY LOCATOR BEACONS TO OREGON TRIBAL FISHERMAN ON THE COLUMBIA RIVER, FUNDED BY THE SILETZ CHARITABLE FUND, AND DELIVERED 8 COMPUTERS FOR NATIVE AMERICAN WOMEN THROUGH THE J JILL COMPASSION FUND TOGETHER, EFFORTS LIKE THESE HAVE CONTINUED RDI'S MISSION TO BUILD LEADERSHIP NETWORKS AND RURAL COMMUNITIES

ldentifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	l '	THE BY-LAWS WERE AMENDED IN DECEMBER 2010 TO CHANGE THE SECRETARY-TREASURER FROM ONE POSITION TO TWO THE CHANGES ALSO LIST THE SECRETARY AND TREASURER'S SEPARATE DUTIES, LIST THEM AS SEPARATE OFFICERS, AND INCLUDE BOTH IN THE EXECUTIVE COMMITTEE COMPOSITION

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	EACH BOARD MEMBER RECEIVES A COPY OF THE 990 PRIOR TO FILING WITH AN OPPORTUNITY TO REVISE THE FINAL 990 FILE INCLUDES ALL BOARD REVISIONS

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD SIGNS A WRITTEN STATEMENT EACH YEAR DISCLOSING ANY CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD DELEGATES THE TASK OF SETTING KEY EMPLOYEE COMPENSATION TO THE FINANCE COMMITTEE THE FINANCE COMMITTEE REVIEWS COMPARABLE INDEPENDENT DATA AND SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD DELEGATES THE TASK OF SETTING KEY EMPLOYEE COMPENSATION TO THE FINANCE COMMITTEE THE FINANCE COMMITTEE REVIEWS COMPARABLE INDEPENDENT DATA AND SETS THE COMPENSATION FOR THE FINANCE DIRECTOR

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	FORM 1023 AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THROUGH THE RDI MAIN OFFICE

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	UNREALIZED GAIN FROM INVESTMENTS