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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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) 32 SOUTH TRACY

Room/suite

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 $ 15,924,882

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) ☐ 501(c) ( ) ◀ (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

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 individuals employed in calendar year 2010 (Part V, line 2a)	**5**	228
6	Total number of volunteers (estimate if necessary)	**6**	750
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,137,307	13,028,094
9	Program service revenue (Part VIII, line 2g)	1,490,937	1,511,929
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,364	38,389
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-72,764
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,674,608	14,505,648
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	78,253	557,494
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)	3,107,104	3,406,902
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,899		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	7,312,484	6,348,887
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,497,841	10,313,283
19	Revenue less expenses Subtract line 18 from line 12	4,176,767	4,192,365

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,021,850	18,135,759
21	Total liabilities (Part X, line 26)	1,820,608	1,658,220
22	Net assets or fund balances Subtract line 21 from line 20	13,201,242	16,477,539

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

****** — Signature of officer — 2012-03-22 — Date

JEFFREY RUPP EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LOREN W RANDALL CPA	Preparer's signature LOREN W RANDALL CPA	Date 2012-05-11	Check if self-employed ▶☐	PTIN
Firm's name ▶ CPR ACCOUNTING PLLP				Firm's EIN ▶
Firm's address ▶ PO BOX 4325 MISSOULA, MT 59806				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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 3,573,086 including grants of $ 50,854) (Revenue $ 71,313)

HEALTH, NUTRITION AND SENIOR CITIZENS - SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4b (Code) (Expenses $ 1,488,146 including grants of $) (Revenue $ 277,597)

ENERGY PROGRAMS - SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4c (Code) (Expenses $ 1,402,197 including grants of $) (Revenue $ 559,996)

HOUSING - SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 3,149,717 including grants of $) (Revenue $ 530,259)

4e **Total program service expenses** ▶ $ 9,613,146

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		
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	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			
a	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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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		No
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	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (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		No
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		

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**	Yes	
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**		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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	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 ☐ No			
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**		
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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	159		
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	228		
b	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)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	Yes	
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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section 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	1a	14		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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		No
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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JEFFREY K RUPP PRES/CEO	60 00			X				79,977	0	11,593
(2) MARY A MARTIN SECRETARY	40 00			X				63,542	0	15,418
(3) DAVID KACK CHAIR	1 00	X						0	0	0
(4) CHERYL RIDGELY VICE CHAIR	1 00	X						0	0	0
(5) MITCH BRADLEY MEMBER	1 00	X						0	0	0
(6) RON BREY MEMBER	1 00	X						0	0	0
(7) CHRIS BUDESKI MEMBER	1 00	X						0	0	0
(8) COURTNEY LEHMAN MEMBER	1 00	X						0	0	0
(9) AL MAURILLO MEMBER	1 00	X						0	0	0
(10) JOE MENICUCCI MEMBER	1 00	X						0	0	0
(11) KRIS MOOS MEMBER	1 00	X						0	0	0
(12) ROMONA STOUT MEMBER	1 00	X						0	0	0
(13) KATHRYN TANNER MEMBER	1 00	X						0	0	0
(14) WHITT HAMPTON FISCAL MANAGER	40 00			X				62,862	0	15,396
(15) CRYSTAL TURNER MEMBER	1 00	X						0	0	0
(16) GENE TOWNSEND MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) BILLIE WARFORD MEMBER	1 00	X						0	0	0
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								206,381		42,407

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 or individual 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
INTRINSIK 111 N TRACY BOZEMAN, MT 59715	ARCHITECT/BUILDING CONSTRUCT ADMIN	374,043
COLD COMFORT WEATHERIZATION 415 FLOSS FLATS UNIT D BELGRADE, MT 59714	WEATHERIZATION CONTRACT	487,012
ROTHERHAM CONSTRUCTION INC 240 FALCON LANE BOZEMAN, MT 59718	BUILDING CONSTRUCTION	1,944,475
BN BUILDERS INC 2601 4TH AVE 350 SEATTLE, WA 98121	BUILDING CONSTRUCTION	803,735
FIRST STUDENT INC 24179 NETWORK PLACE CHICAGO, IL 60673	PUBLIC TRANSPORTATION	351,506

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 ▶8

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	9,288,756				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,739,338				
	g Noncash contributions included in lines 1a-1f $	2,821,283				
	h **Total.** Add lines 1a-1f . . . . . ▶		13,028,094			
Program Service Revenue		Business Code				
	2a FAMILY DEVELOPMENT	624100	173,483			
	b HOUSING	624200	632,760			
	c HEALTH, NUTRITION, SENIOR SVS	624100	71,313			
	d ENERGY	624200	277,597			
	e TRANSPORTATION	485110	356,776			
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,511,929			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		38,389			38,389
	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	1,346,470				
	b Less cost of goods sold . . b	1,419,234				
	c Net income or (loss) from sales of inventory . . ▶		-72,764	-72,764		
	Miscellaneous Revenue	Business Code				
	11a _____					
	b _____					
	c _____					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		14,505,648	1,439,165		38,389

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	50,854	50,854		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	506,640	506,640		
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	257,952	172,914	85,038	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	2,380,374	2,133,316	247,058	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	80,732	74,227	6,505	0
9	Other employee benefits	419,413	382,984	36,429	0
10	Payroll taxes	268,431	244,966	23,465	0
a	Fees for services (non-employees) Management				
b	Legal	8,048	6,309	1,739	0
c	Accounting	34,451	0	34,451	0
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees				
g	Other	1,435,178	1,402,757	32,421	0
12	Advertising and promotion				
13	Office expenses	91,322	48,389	42,933	0
14	Information technology				
15	Royalties				
16	Occupancy	336,377	270,577	65,800	0
17	Travel	229,574	226,602	2,972	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	40,197	20,804	19,393	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	375,641	353,604	22,037	0
23	Insurance	109,065	100,836	8,229	0
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)				
a	REPAIRS AND MAINTENANCE	386,572	375,535	11,037	0
b	OTHER MISC	102,471	91,602	10,869	0
c	FOOD	2,967,659	2,967,659	0	0
d	SUPPLIES	145,389	114,967	21,523	8,899
e	TRAINING	59,110	39,771	19,339	0
f	All other expenses	27,833	27,833	0	0
25	**Total functional expenses.** Add lines 1 through 24f	10,313,283	9,613,146	691,238	8,899
26	**Joint costs.** Check here ▶ ☐ if following 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		372,364	1	249,538
	2	Savings and temporary cash investments		2,048,685	2	3,103,102
	3	Pledges and grants receivable, net		1,078,113	3	793,992
	4	Accounts receivable, net		283,632	4	279,563
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		2,270,050	7	2,014,117
	8	Inventories for sale or use		3,044,449	8	5,992,967
	9	Prepaid expenses and deferred charges		11,423	9	94,374
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 8,107,551			
	b	Less accumulated depreciation	10b 2,583,716	4,679,135	10c	5,523,835
	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		1,233,999	15	84,271
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,021,850	16	18,135,759
Liabilities	17	Accounts payable and accrued expenses		951,565	17	841,319
	18	Grants payable			18	
	19	Deferred revenue		95,343	19	65,292
	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		773,700	23	751,609
	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		1,820,608	26	1,658,220
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		12,285,137	27	15,339,438
	28	Temporarily restricted net assets		916,105	28	1,138,101
	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		13,201,242	33	16,477,539
	34	Total liabilities and net assets/fund balances		15,021,850	34	18,135,759

Part XI Reconcilliation of Net Assets

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	14,505,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,313,283
3	Revenue less expenses Subtract line 2 from line 1	3	4,192,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	13,201,242
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-916,068
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	16,477,539

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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 separate basis, consolidated 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

2010

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 described in **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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,511,247	5,835,538	8,554,984	13,137,307	13,028,094	46,067,170
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	5,511,247	5,835,538	8,554,984	13,137,307	13,028,094	46,067,170
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						46,067,170

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,511,247	5,835,538	8,554,984	13,137,307	13,028,094	46,067,170
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,012	48,394	46,532	46,364	38,389	209,691
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						46,276,861

12	Gross receipts from related activities, etc (See instructions)	12	6,455,397

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 2010 (line 6 column (f) divided by line 11 column (f))	14	99 550 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 460 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, 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 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 in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(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	0 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 %
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 ▶☐

b **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 ▶☐

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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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)	1	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)	1	
d Other exempt purpose expenditures	10,313,282	
e Total exempt purpose expenditures (add lines 1c and 1d)	10,313,283	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	665,664	
g Grassroots nontaxable amount (enter 25% of line 1f)	166,416	
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	514,368	574,265	674,892	665,664	2,429,189
b Lobbying ceiling amount (150% of line 2a, column(e))					3,643,784
c Total lobbying expenditures	5	5		1	11
d Grassroots non-taxable amount	128,592	143,566	168,723	166,416	607,297
e Grassroots ceiling amount (150% of line 2d, column (e))					910,946
f Grassroots lobbying expenditures	5	5			10

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

2010

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		1,620,052		1,620,052
b Buildings		4,439,866	1,314,413	3,125,453
c Leasehold improvements				
d Equipment		2,047,633	1,269,303	778,330
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,523,835

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
(1) Financial derivatives		
(2) 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
(1) CONSTRUCTION IN PROGRESS	84,271
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	84,271

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

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

2. Fin 48 (ASC 740) 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 (ASC740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, 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	

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

1	Total expenses and losses per audited financial statements			1	
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			
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	

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

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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

2010

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
(1) FAMILY PROMISE OF GALLATIN COUNTYPO BOX 475 BOZEMAN,MT 59715	11-3739588	501(c)3	34,272				HOUSING ASSIST
(2) HAVENPO BOX 752 BOZEMAN,MT 59771	81-0389914	501(c)3	11,980				EMERGENCY SHELTER

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

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
(1) HOUSING ASSISTANCE	10300	150,937		FMV	RENTAL ASSISTANCE
(2) ENERGY ASSISTANCE	3300	344,147		FMV	WEATHERIZATION/ENERGY ASSIST
(3) EMERGENCY SERVICES	300	3,442		FMV	PERS NEEDS AND FOOD
(4) FAMILY SERVICES	1000	8,114		FMV	HEALTH CARE/EDUCATION

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
Pt I Line 2		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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	1,763,302	2,821,283	
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 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.

OMB No 1545-0047

2010

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 AUDIT/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
Pt XI		THE MT DEPARTMENT OF COMMERCE CHANGED ITS REGULATIONS REGARDING

Identifier	Return Reference	Explanation
		HOME GRANT FUNDS THE CHANGE REQUIRES PROGRAM INCOME AND

Identifier	Return Reference	Explanation
		RECAPTURED LOAN FUNDS FROM HOME GRANT FUNDS PREVIOUSLY

Identifier	Return Reference	Explanation
		USED FOR A REVOLVING LOAN FUND TO BE RETURNED TO THE DEPARTMENT

Identifier	Return Reference	Explanation
		OF COMMERCE OR BE USED TO REDUCE CURRENT YEAR GRANT FUNDING

Identifier	Return Reference	Explanation
PART III LINE 4		The Human Resource Development Council, District IX (HRDC) was established in 1975

Identifier	Return Reference	Explanation
		and serves Gallatin, Park, and Meagher Counties in central Montana

Identifier	Return Reference	Explanation
		We are a non-profit community action agency, dedicated to strengthening community

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		TRAVEL AND TRAINING CONTRACT SERVICES INSURANCE OUTREACH OTHER

Identifier	Return Reference	Explanation
Form 990EZ, Part II, Line 24		ACCOUNTS RECEIVABLE - NET GRANTS RECEIVABLE - NET OTHER RECEIVABLES INVENTORIES PREPAIDS

Identifier	Return Reference	Explanation
Form 990EZ, Part II, Line 26		ACCOUNTS PAYABLE & ACCRUED EXPENSES DEFERRED REVENUE BONDS, MORTGAGES & OTHER NOTES

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d		EARLY CHILDHOOD DEVELOPMENT - SEE SCHEDULE 0 FOR COMPLETE DESCRIPTION 1421443 0 173483 TRANSPORTATION - SEE SCHEDULE O FOR COMPLETE DESCRIPTION 1456405 0 356776 YOUTH DEVELOPMENT - SEE SCHEDULE O FOR COMPLETE DESCRIPTION 271869 0 0

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 24f		DONATIONS BAD DEBTS OTHER

Identifier	Return Reference	Explanation
		and advancing the quality of people's lives We work to achieve this

Identifier	Return Reference	Explanation
		by developing the resources (talent and capital) to help people of all ages and

Identifier	Return Reference	Explanation
		situations confront and overcome obstacles so that they can improve

Identifier	Return Reference	Explanation
		their lives We focus on seven strategic challenges and operate multiple programs

Identifier	Return Reference	Explanation
		to address these pressing human needs We serve our community in these

Identifier	Return Reference	Explanation
		seven areas Food and Nutrition, Housing and Homelessness, Child and Youth

Identifier	Return Reference	Explanation
		Development, Senior Empowerment, Community Transportation, Home Heating, Efficiency,

Identifier	Return Reference	Explanation
		and Safety, and Community and Economic Development Through our programs, we foster

Identifier	Return Reference	Explanation
		sustainable results through practical, comprehensive approaches

Identifier	Return Reference	Explanation
		to social and economic challenges

Identifier	Return Reference	Explanation
PART III LINE 4A		Housing (Expenses $1,237,729 including grants of $46,253)(Revenues $870,802)

Identifier	Return Reference	Explanation
		HRDC's Housing initiative works across all levels of housing security, from

Identifier	Return Reference	Explanation
		homelessness to homeownership. HRDC's Housing programs work to ensure that every

Identifier	Return Reference	Explanation
		member of our community can afford to have and preserve a place to call home, whether it

Identifier	Return Reference	Explanation
		is in the form of emergency shelter, transitional housing, affordable rentals, rental

Identifier	Return Reference	Explanation
		subsidies, down payment assistance, or home repairs HRDC incorporates its community

Identifier	Return Reference	Explanation
		development and strategic planning initiatives into a housing strategy to meet both the

Identifier	Return Reference	Explanation
		needs of the community and our customers HRDC's housing initiative encompasses the

Identifier	Return Reference	Explanation
		Warming Center, Amos House, the Home to Stay Program, Resource Property

Identifier	Return Reference	Explanation
		Management, the Road to Home Program, and the Home Rehabilitation Program offering

Identifier	Return Reference	Explanation
		services from housing stabilization to homebuyer education to home safety repairs

Identifier	Return Reference	Explanation
		HRDC's housing initiative comprises 5% of all agency expenditures and operations

Identifier	Return Reference	Explanation
		HRDC's housing programs provide 24 beds of emergency shelter, 24 units of

Identifier	Return Reference	Explanation
		transitional housing, 400 rental assistance vouchers, 271 units of affordable housing,

Identifier	Return Reference	Explanation
		homeless prevention and placement assistance for more than 500 households annually,

Identifier	Return Reference	Explanation
		homebuyer education to 300 households annually, down payment assistance to 26

Identifier	Return Reference	Explanation
		households annually, and home safety and repair services to 20 households annually

Identifier	Return Reference	Explanation
		This is made possible by funding from Department of Housing and Urban Development

Identifier	Return Reference	Explanation
		(HUD) 19 0%, HOME 21 1%, Neighborw orks of Montana 2 5%, State of Montana 2 5%,

Identifier	Return Reference	Explanation
		Private Grants 1 7%, United Way 1 2%, FEMA 1 5%, City of Bozeman 11 9%, and

Identifier	Return Reference	Explanation
		Donations 3 8%, Montana Department of Commerce 13 9%, Management Fees 11 7%,

Identifier	Return Reference	Explanation
		Rents 5 4%, RC&D 1 6%, Other 2 1%

Identifier	Return Reference	Explanation
		Energy (Expenses $1,519,339 including Grants of $0)(Revenues $1,093,760)

Identifier	Return Reference	Explanation
		HRDC's Energy Initiative combines emergency assistance, heat bill supplements, and

Identifier	Return Reference	Explanation
		home energy savings measures to offset heating costs for limited income households

Identifier	Return Reference	Explanation
		Heating costs for older homes, mobile homes, and energy-inefficient apartment rentals

Identifier	Return Reference	Explanation
		can cause a household to face significant energy cost increases during the winter months

Identifier	Return Reference	Explanation
		ın Montana Emergency assıstance can be ın the form of servıce shut-off prevention and

Identifier	Return Reference	Explanation
		hot water heater or furnace replacement and is provided to more than 1,000 households

Identifier	Return Reference	Explanation
		annually, heat bill supplements are provided to more than 2,000 households annually to

Identifier	Return Reference	Explanation
		assist households through the winter months, financial assistance is paid directly to the

Identifier	Return Reference	Explanation
		heat vendor Energy saving measures are conducted for homes of eligible households

Identifier	Return Reference	Explanation
		and create more efficient homes by installing effective insulation and weather-stripping,

Identifier	Return Reference	Explanation
		and testing and tuning combustion appliances for safety and efficiency We strive to

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

Identifier	Return Reference	Explanation
		Benefits are provided based on the projected Savings to Investment Ratio for the energy

Identifier	Return Reference	Explanation
		retrofit, which must pay for itself within the lifetime of the energy saving measure, this

Identifier	Return Reference	Explanation
		helps more than 300 households annually to reduce their overall heating costs in

Identifier	Return Reference	Explanation
		perpetuity

Identifier	Return Reference	Explanation
		Energy services comprised 7% of agency expenditures and operations, and are funded

Identifier	Return Reference	Explanation
		37% from the Department of Energy (30% ARRA), 40% from the State Department of

Identifier	Return Reference	Explanation
		Health and Human Services (Low Income Energy Assistance Program), 13% from

Identifier	Return Reference	Explanation
		Northwestern Energy, and 10% from Energy Share of Montana

Identifier	Return Reference	Explanation
		Food & Nutrition (Expenses $3,452,673 with Grants of $0)(Revenues $3,454,391)*

Identifier	Return Reference	Explanation
		HRDC's Nutrition initiative works to improve food security across Gallatin County

Identifier	Return Reference	Explanation
		Through the Gallatin Valley and Headwaters Area Food Banks, food assistance is

Identifier	Return Reference	Explanation
		provided in the form of emergency food boxes, healthy snack packs for the weekend,

Identifier	Return Reference	Explanation
		nutritionally balanced lunches during the summer months, and supplemental foods to

Identifier	Return Reference	Explanation
		seniors Nutrition is vital for our area's vulnerable senior and child populations, and our

Identifier	Return Reference	Explanation
		services touch 1 in 6 persons throughout Gallatin County

Identifier	Return Reference	Explanation
		Nutrition services comprised 22% of agency activities and expenditures and are funded at

Identifier	Return Reference	Explanation
		81% food donations, 1% United Way, 14% financial donations, 1% Fundraising, 1%

Identifier	Return Reference	Explanation
		Contract Income, and 1% Private Grants

Identifier	Return Reference	Explanation
		*Expenses and Revenues include donated food values of $2,823,107 and $2,790,549

Identifier	Return Reference	Explanation
		respectively

Identifier	Return Reference	Explanation
		Transportation (Expenses $1,445,631 with Grants of $0)(Revenues $1,414,020)

Identifier	Return Reference	Explanation
		HRDC's Public Transportation Initiative, Streamline, provides fare free public transit

Identifier	Return Reference	Explanation
		serving the communities of Belgrade, Bozeman, and Livingston Systems run 6 days per

Identifier	Return Reference	Explanation
		week with 4 routes and offer special routes to Bridger, linkages with Skyline (to Big

Identifier	Return Reference	Explanation
		Sky), commuter routes to Belgrade and Livingston, and Latenight Service to the greater

Identifier	Return Reference	Explanation
		Bozeman area Streamline recently celebrated providing its one millionth ride just

Identifier	Return Reference	Explanation
		following its 5 year service anniversary HRDC's Para Transit Initiative, Galavan, serves

Identifier	Return Reference	Explanation
		our senior and disabled residents with door to door transportation to medical and other

Identifier	Return Reference	Explanation
		appointments

Identifier	Return Reference	Explanation
		Transportation comprises 9% of HRDC's activities and expenditures and is funded at

Identifier	Return Reference	Explanation
		52% State Department of Transportation, 8% Associated Students of Montana State

Identifier	Return Reference	Explanation
		University, 9% Contract Income, 9% City of Bozeman, and 6% Montana State

Identifier	Return Reference	Explanation
		University, Donations 5%, Title III Funds 1%, Gallatin County 3%, City of Belgrade 1%,

Identifier	Return Reference	Explanation
		Rider Support 1%, United Way 2%, Other 4%

Identifier	Return Reference	Explanation
		Early Childhood and Youth (Expenses $1,610,260 with Grants of $0)

Identifier	Return Reference	Explanation
		$1,628,208 with In Kind of $312,377)

Identifier	Return Reference	Explanation
		HRDC's Youth Initiative focuses on early childhood development and services for at-risk

Identifier	Return Reference	Explanation
		youth between the ages of 16-21 Our Head Start Program provides for the healthy

Identifier	Return Reference	Explanation
		development of children and the strengthening of families through education, health,

Identifier	Return Reference	Explanation
		nutrition, mental health, and disability services Our Youth Development Program

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

Identifier	Return Reference	Explanation
		youth to live up to their full potential and drive their own path to success, providing

Identifier	Return Reference	Explanation
		access to career exploration, academic and/or GED completion, employment skills and

Identifier	Return Reference	Explanation
		placement

Identifier	Return Reference	Explanation
		The youth initiative comprised 10% of agency activities and expenditures and is funded

Identifier	Return Reference	Explanation
		at 82% Health and Human Services, 9% Workforce Investment Act, 4% Temporary

Identifier	Return Reference	Explanation
		Assistance for Needy Families, and 5% American Recovery and Reinvestment Act

Identifier	Return Reference	Explanation
		Funds

Identifier	Return Reference	Explanation
		Senior Empowerment (Expenses $204,968 with Grants of $0)(Revenues $203,026)

Identifier	Return Reference	Explanation
		HRDC's Senior Empowerment Initiative addresses quality of life and independence in

Identifier	Return Reference	Explanation
		the home for many of our area seniors With door to door transportation to medical and

Identifier	Return Reference	Explanation
		other appointments, meaningful volunteer opportunities, supplemental foods, and in-

Identifier	Return Reference	Explanation
		home health care, we work to provide each and every senior with wrap around services

Identifier	Return Reference	Explanation
		that enable them to remain self-sufficient and be engaged with the community

Identifier	Return Reference	Explanation
		Senior Empowerment comprised 1% of total agency activities and expenditures and is

Identifier	Return Reference	Explanation
		funded at 23% Title III, 6% Contract Income, 5% Gallatin County, 2% Donations, 3%

Identifier	Return Reference	Explanation
		Consumer Contributions, 2% Private Grant, 9% Community Service Block Grant Funds,

Identifier	Return Reference	Explanation
		45% Corporation for National and Community Service, 1% Private Grants, 4% United

Identifier	Return Reference	Explanation
		Way

Identifier	Return Reference	Explanation
		Community Development (Expenses $6,292,022 with Grants of $4,602)(Revenues $7,219,983)

Identifier	Return Reference	Explanation
		HRDC's Community Development Initiative provides innovative and creative solutions

Identifier	Return Reference	Explanation
		to identified community needs Public Transportation, Homebuyer education and down

Identifier	Return Reference	Explanation
		payment assistance, as well as construction of affordable housing are results of the

Identifier	Return Reference	Explanation
		community strategic planning process that HRDC conducts every five years Finding

Identifier	Return Reference	Explanation
		resources to maintain existing services that are identified as vital to the community is also

Identifier	Return Reference	Explanation
		part of the Community Development initiative This year's specific outcome includes

Identifier	Return Reference	Explanation
		construction of a 36 unit condominium structure available for purchase to households

Identifier	Return Reference	Explanation
		previously priced out of Bozeman's housing market The goal is to build and sustain

Identifier	Return Reference	Explanation
		healthy communities through the construction of housing and community facilities and

Identifier	Return Reference	Explanation
		the development of community programs that educate and support families and

Identifier	Return Reference	Explanation
		individuals

Identifier	Return Reference	Explanation
		Community development comprised 46% of the agencies activities and expenditures and

Identifier	Return Reference	Explanation
		is currently funded at 9% Community Service Block Grant Funds, 1% Rural Local

Identifier	Return Reference	Explanation
		Initiative Support Coalition and Northwest Area Foundation, and 90% Neighborhood

Identifier	Return Reference	Explanation
		Stabilization Program Funds

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DARLINTON APARTMENTS INC 32 SOUTH TRACY BOZEMAN, MT 59715 81-0528343	LOW INCOME SENIOR HOUSING	MT	501C3	11 TYPE I	NA	Yes	
(2) THE HOME CORPORATION 32 SOUTH TRACY BOZEMAN, MT 59715 81-0511380	LOW INCOME HOUSING	MT	501C2		NA	Yes	
(3) SHERWOOD INN APARTMENTS INC 32 SOUTH TRACY BOZEMAN, MT 59715 27-0037218	LOW INCOME HOUSING	MT	501C3	11	NA	Yes	
(4) MILES BUILDING INC 32 SOUTH TRACY BOZEMAN, MT 59715 81-0524709	LOW INCOME HOUSING	MT	501C3	11	NA	Yes	
(5) SUMMIT APARTMENTS INC 32 SOUTH TRACY BOZEMAN, MT 59715 81-0542899	LOW INCOME HOUSING	MT	501C3	11	NA	Yes	

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MILES LIMITED PARTNERSHIP 32 SOUTH TRACY BOZEMAN, MT59715 81-0538771	LOW INCOME HOUSING TAX CREDIT PROJ	MT	MILES BLDG INC	rel								

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, 35A, 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		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
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	Yes	
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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID: 10000104
Software Version:
EIN: 81-0350886
Name: HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	MILES BUILDING INC INTEREST	a	31,100	FMV
(2)	SHERWOOD INN APARTMENTS INC INTEREST	a	3,600	FMV
(3)	MILES BUILDING INC LOAN	d	151,713	FMV
(4)	SHERWOOD INN APARTMENTS INC LOAN	d	352,138	FMV
(5)	THE HOME CORPORATION LOAN	d	6,000	FMV
(6)	THE HOME CORPORATION INTEREST	a	360	
(7)	THE HOME CORPORATION PROPERTY MANAGEMENT	p	16,556	
(8)	SHERWOOD INN APARTMENTS INC PROPERTY MANAGEMENT	p	32,426	
(9)	SUMMIT APARTMENTS INC PROPERTY MANAGEMENT	p	5,224	

Additional Data

Software ID: 10000104
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 $ 1,421,443 including grants of $) (Revenue $ 173,483)
EARLY CHILDHOOD DEVELOPMENT - SEE SCHEDULE 0 FOR COMPLETE DESCRIPTION

(Code) (Expenses $ 1,456,405 including grants of $) (Revenue $ 356,776)
TRANSPORTATION - SEE SCHEDULE O FOR COMPLETE DESCRIPTION

(Code) (Expenses $ 271,869 including grants of $) (Revenue $)
YOUTH DEVELOPMENT - SEE SCHEDULE O FOR COMPLETE DESCRIPTION