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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 private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning and endit	ng		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	RURAL DEVELOPMENT INITIATIVES, INC.			
	Name change	Doing Business As		93-1	073746
	Initial return Terminated	, , , , , , , , , , , , , , , , , , , ,	n/suite -	E Telephone numbe (541	r)684-9077
	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,878,833.
	Application	EUGENE, OR 9/401		H(a) Is this a group re	
	pendin	F Name and address of principal officer: CRATG SMITH		for subordinates	
		SAME AS C ABOVE	T ===	H(b) Are all subordinates I	
<u></u>	Tax-exe	mpt status: X 501(c)(3)	527		list. (see instructions)
		e: WWW.RDIINC.ORG	Vanz	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► I	_ Year (or formation: 1991	M State of legal domicile: OR
_F	artr	Briefly describe the organization's mission or most significant activities RDI CUL	·πτυ	ATES LEADER	S
ဥ	1 1	THROUGHOUT THE NORTHWEST AND CONVENES NETWO	RKS	OF ENGAGED	CITIZENS.
Governance	1 -	Check this box If the organization discontinued its operations or disposed of		· · · · · · · · · · · · · · · · · · · 	
Ver	1	Number of voting members of the governing body (Part VI, line 1a)		3	15
Š	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
8	1	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	28
itie		Fotal number of volunteers (estimate if necessary)		6	400
Activities &	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	211,525.	554,672.
	9 1	Program service revenue (Part VIII, line 2g)		2,322,741.	2,321,107.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	4,539.	2,196.
щ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,630.	858.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,543,435.	2,878,833.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	15,000.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,629,054.	1,593,431.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25) 39,193.	- ├─	1,055,168.	899,764.
> _	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\vdash	2,699,222.	2,493,195.
Ľ	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	-155,787.	385,638.
	19	Revenue less expenses. Subtract line 18 from line 12	Ro	ginning of Current Year	End of Year
ance	20	Total assets (Dart V. line 15)	100	1,197,012.	1,843,514.
Asse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	-	323,244.	553,527.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		873,768.	1,289,987.
Pi	art II	Signature Block			<u> </u>
		lties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			
_		Carifmal		4-1-14	
Sig	ın	Signature of officer		Date	•
He		CRAIG SMITH, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	/ ¦	Date Check	PTIN
Pai		YEE LEE LO	~ [:	Self-employ	P01294356
	parer	Firm's name GARY MCGEE & CO. LLP		Firm's EIN	
Use	Only	Firm's address 808 S.W. THIRD AVENUE, SUITE 700			001 000 0545
		PORTLAND, OR 97204		Phone no. (5	
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No

Page 3

1 is the organization described in section 501(x)(S) or 4947(x)(1) (other thian a private foundation)? If Yes, "complete Schedule B, Schedule C, Part II Section 501(x)(3) organizations. Did the organization engage in obbying activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II Section 501(x)(3) organization. Did the organization or lange in obbying activities or have a section 501(ii) election in effect during the tax year? If Yes, "complete Schedule C, Part III Set the organization assection 501(x)(4), 501(x)(6), 50				Yes	No
2 Is the organization required to complete Schedule B, Schedule G Contribution? 3 Id the organization engage in direct or andrers or public officers or public officer? If "Yes," complete Schedule C, Part II 5 estion 801(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 III 5 is the organization as extinon 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Procedule B-1917 If "Yes," complete Schedule C, Part III 5 is the organization and an analy donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such tinds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such tinds or accounts for which donors have the right to provide advice the part of a mount of a mount in the funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such tinds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such tinds or accounts for which donors have the right to provide advice on the distribution or investment in the any comment in part X, in escribing the environment, in the environment, histoch and erase, or historic activation essement, including essements to preserve open space, the environment, histoch and erase, or historic activation essement, including essements to preserve open space, the environment, historical treats treating the part III of the organization report an amount in Part X, ine 21, for escribor or custodial account liability in an estation of amounts or the structures? If Yes, complete Schedule D, Part VI is the organization report an amount for the full server. Complete Schedule D, Part VI is the organization report an amount for the	1		4	x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part I 4 Section 50 (b)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 (h) election in effect during the tax year /II "Yes," complete Schedule C, Part II 5 Is the organization assection 50 (b)(4), 501 (c)(6), 501	2		<u> </u>		
public office? If "Yes," complete Schedule C, Part I Section SO (16)(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 Is the organization a section 501(c)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Pse," complete Schedule C, Part III by the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts III "Yes," complete Schedule D, Part II by the organization maintain any donor advised funds or any similar funds or accounts III "Yes," complete Schedule D, Part II by the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III by Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III by Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV by Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII by Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII by Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X II by Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X II by Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X II by Did the organizat					·
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Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V If 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, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments of the rescurities 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 VIII Did the organization report an amount for investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Into 16? If "Yes," complete Schedule D, Part X Into 16? If "Yes," complete Schedule D, Part X Into 16? If "Yes," complete Schedule D, Part X Into 16 If Its X Into 16	•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	0		x
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Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2 Did the organization report an amount for other labilities 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 X 11d X 11					
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		10		¥
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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			**
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,		i	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		
٠.	If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 66 1a 0 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 28 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)? X 4a **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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f N If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/ 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. N/A 9a Did the organization make any taxable distributions under section 4966? N/A 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 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 N/A b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. N/A a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI						LX.			
<u>Sec</u>	tion A. Governing Body and Management									
			1			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other							
	officer, director, trustee, or key employee?			Ł	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	i						
	of officers, directors, or trustees, or key employees to a management company or other person?			l	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	Į	4	X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		Į	5		X			
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			Į	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	ŀ						
	persons other than the governing body?			L	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:	ļ			i			
а	The governing body?			- [8a	X				
b	Each committee with authority to act on behalf of the governing body?				8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)							
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the forr	n?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	L			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			ļ	12b	X	L			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " a	escribe							
	ın Schedule O how this was done				12c	X	ļ			
13	Did the organization have a written whistleblower policy?				13	Х				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approve		ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
а	The organization's CEO, Executive Director, or top management official				15a	X				
b	Other officers or key employees of the organization				15b	X	 			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ŀ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a							
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatı	on's							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure				····					
17	List the states with which a copy of this Form 990 is required to be filed OR									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sec	tion 501(c)(3)s c	nly) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.		L (-)							
	X Own website Another's website X Upon request Other (explain		•							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest police	y, and	tinar	icial				
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books a	ind red	cords of the org	anızat	ion: 🕨					
	DHENUKA HOFFMAN - 541-684-9077	, .	7401							
	150 SHELTON-MCMURPHEY BLVD., SUITE 201, EUGENE, OF	` :	1 4 O T							

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Form	990	12U I	J.

RURAL DEVELOPMENT INITIATIVES, INC.

93-1073746

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	ьох,	unles	Posi heck i ss per d a di	ition more rson i	is bot	han	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN BURT	1.00							0	_	
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.
(2) MELISSA CRIBBINS	1.00	,,						_	_	
DIRECTOR	1 00	Х				<u> </u>		0.	0.	0.
(3) GREG ELLIS	1.00	,,						^		_
DIRECTOR	1 00	Х				_	<u> </u>	0.	0.	0.
(4) AMANDA HOEY	1.00	,,						_		_
DIRECTOR	1 00	Х				<u> </u>	_	. 0.	0.	0.
(5) TIM MCQUEARY	1.00	.						0.	0.	_
DIRECTOR	1 00	Х				-		<u> </u>	U •	0.
(6) ANTONE MINTHORN	1.00	.						0.	0.	_
DIRECTOR	1 00	Х			├			0.	0.	0.
(7) R. WADE MOSBY	1.00	$ \mathbf{x} $						0.	0.	0.
DIRECTOR	1.00							<u> </u>	U •	<u> </u>
(8) A. SCOTT REED DIRECTOR	1.00	$ \mathbf{x} $				İ		0.	0.	0.
(9) ERUBIEL VALLADARES CARRANZA II	1.00	12	\dashv	\vdash	\vdash	\vdash	\vdash	0.	•	0.
DIRECTOR	1.00	$ \mathbf{x} $				1		0.	0.	0.
(10) JAMES WALLS	1.00	 ^ 			\vdash	┢	┢			
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0.
(11) JANET ZALEWSKI	1.00	Ë			-	┢	-			
DIRECTOR	1.00	x						0.	0.	0.
(12) MAUI MEYER	2.00	 		\vdash	-	-		•		
CHAIR		$ \mathbf{x} $		x		1		0.	0.	0.
(13) WES PRICE	1.00	╁═┤	\vdash			t				
VICE CHAIR		$ \mathbf{x} $		x		ł		0.	0.	0.
(14) DORIS PENWELL	1.00	Ħ								
SECRETARY		X		X				0.	0.	0.
(15) CINDY FINLAYSON	1.00									
TREASURER		x		X				0.	0.	0.
(16) CRAIG SMITH	45.00			Г		T				
EXECUTIVE DIRECTOR		1		х	-			100,882.	0.	13,246.
(17) DHENUKA HOFFMAN	45.00									· · · · · · · · · · · · · · · · · · ·
FINANCE DIRECTOR		1		X		}		76,926.	0.	12,566.

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)			•	C)			(D)	(E)			(F)		
	Name and title	Average	(do		Pos heck		ነ than	ODA	Reportable	Reportable		Es	stimate	ed
		hours per	рох	, unle	ss pe	rson	is bo	h an	compensation	compensation		ar	nount	of
		week		Çer aı	T a	Teci	or/trus	Tee,	from	from related			other	
		(list any hours for	ecto	1					the	organization			pensa	
		related	ᅙ	8			ated		organization	(W-2/1099-MIS	SC)		om th	
		organizations	nstee	trust		 gg	Dens		(W-2/1099-MISC)			. ~	anizat d rolat	
		below	뺼	tonal	١. ا	ğ	S st	_				and related organizations		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			0,9,		0,10		
			┝	▐▔	۴	×	1 4	۳						
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		<u> </u>			<u> </u>				4 7 7 0 0 0			<u> </u>		10
1b	Sub-total .								177,808.		0.	2	5,8	12.
С	Total from continuation sheets to Part V	II, Section A							0.		0.	<u></u>		0.
d	Total (add lines 1b and 1c)							<u> </u>	177,808.		0.	2	<u>5,8</u>	12.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportab	le			_
	compensation from the organization													1
												,	Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				İ
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J i	for such indıvıdual			4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	any	y un	relat	ted organization or ındıv	idual for services	;			
	rendered to the organization? If "Yes," con	plete Schedul	e J i	or s	uch	per	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of con	npens	sation	from	
	the organization. Report compensation for													
	(A)								(B)			(0	C)	
	Name and business	address	N	NC	E				Description of s	services		compe	nsatio	ก
_														
	_													
	···	•												
		-	-			-								
2	Total number of independent contractors (including but r	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than				
_	\$100,000 of compensation from the organi	_					0		,					
	T Signal C. Compensation morn the organi											_	200	

Form	990) (2	2013) RURAI	DEVE	LOF	MENT IN	ITIATIVES,	INC.	93-107	37 4 6 Page 9
Pa				nue			· · · · · · · · · · · · · · · · · · ·			
			Check if Schedule O con	tains a resp	onse	or note to any	ine in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	_	_	Foderated compaigns	. T	а		 	1070/100		312-314
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns	-	b	<u>.</u>	┨			
ع ق			Membership dues Fundraising events	· –	c					
ifts r A			Related organizations	· -	d		┥			
E			Government grants (contributions		e	53,405				
Sig			All other contributions, gifts, gran	· -	+	33,103	7			
돌		•	similar amounts not included abo		f	501,267				
풀히		_	Noncash contributions included in lines	<u> </u>		00-,-0.	Ť			
Se		_	Total. Add lines 1a-1f				554,672.			
<u> </u>	_	<u>''</u>	Total: Add lines 1a-17			Business Cod				
o l	2	2	CONTRACT PROGRA	M FEE	s			.2,220,606.		
Program Service Revenue	~	ь	CONFERENCE FEES			611430	59,851.			
Ser		c	OTHER CONTRACTS			611430	40,650.		· · · · · · · · · · · · · · · · · · ·	
E Š		d					1 20,000	30,000		<u> </u>
ğά		_				-	<u> </u>			
<u>F</u>		f	All other program service reve	enue						
		a	Total. Add lines 2a-2f		•		2,321,107.			
	3	3	Investment income (including	dividends	. ıntere	est. and	<u> </u>			†
			other similar amounts)	,	,	>	2,196.			2,196.
	4		Income from investment of ta	x-exempt b	ond r	proceeds			····	
	5		Royalties	•	•	•				
	_		,	(ı) Re	al	(ii) Personal				
	6	а	Gross rents				7			
		b	Less: rental expenses				7			
			Rental income or (loss)				1			
			Net rental income or (loss)			•	7			
	7		Gross amount from sales of	(ı) Secu	rities	(II) Other				
			assets other than inventory				=			
		b	Less. cost or other basis				7			
			and sales expenses	L						
		С	Gain or (loss)]			
		d	Net gain or (loss)							
<u>o</u>	8	а	Gross income from fundraising	ng events (r	not					
eun			including \$	of						1
Sev.			contributions reported on line	e 1c). See						
Other Revenue			Part IV, line 18		а					
Ę		b	Less: direct expenses		b		_			
			Net income or (loss) from fun	-		<u> </u>	<u> </u>			
	9	а	Gross income from gaming a	ctivities. Se	ee	1	1			1
			Part IV, line 19		а		4			
			Less: direct expenses		b	L	4			
		С	Net income or (loss) from gar	nıng actıvıt	ies				_	
	10	а	Gross sales of inventory, less	returns						
			and allowances		а		4			
			Less: cost of goods sold		b	L	4			
		С	Net income or (loss) from sale		ory		 	<u> </u>		
			Miscellaneous Revenu	ne		Business Cod				
	11	а	OTHER			900099	858.	·	<u> </u>	858.
		b		<u> </u>			1			
		С				ļ				<u> </u>
		d	All other revenue			<u> </u>	1-050			
		е	Total. Add lines 11a-11d				858.			
33200	12 9		Total revenue See instructions.				<u> 14,010,833.</u>	2,321,107.	0	
33200 10-29	-13									Form 990 (2013)

Form 990 (2013) RURAL DEVELOP
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	011 740	07.400	110 107	4 224
	trustees, and key employees	211,743.	97,402.	110,107.	4,234.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,106,523.	910,386.	170,924.	25,213.
7	Other salaries and wages	1,100,543.	210,300.	1/0,744.	43,413.
8	Pension plan accruals and contributions (include	20,172.	11,572.	8,259.	341.
	section 401(k) and 403(b) employer contributions)	133,773.	75,355.	56,120.	2,298.
9	Other employee benefits	121,220.	66,627.	52,464.	2,129.
10	Payroll taxes	121,220.	00,027.	32,404.	2,12,
11	Fees for services (non-employees):				
	Management	220.		220.	
	Legal	24,384.	6,274.	18,110.	
	Accounting	24,504.	0,2,4,	10,110.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				-
g	column (A) amount, list line 11g expenses on Sch O.)	171,028.	169,329.	1,699.	
12	Advertising and promotion	8,613.	1,147.	7,466.	
13	Office expenses	61,671.	20,973.	40,068.	630.
14	Information technology	79,333.	12,348.	66,985.	
15	Royalties				
16	Occupancy	66,577.	35,280.	31,297.	
17	Travel	207,023.	154,403.	52,139.	481.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	203,929.	198,748.	5,181.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,025.		16,025.	
23	Insurance	5,225.		5,225.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CURRECULTING MAMPRETATIC	42,727.	42,727.		
b	CONTRACTOR OF THE PROPERTY OF	13,009.	6,260.	6,724.	25.
c	ALLOC. OF SHARED COSTS	0.	182,779.	-186,621.	3,842.
d					
e					
25	Total functional expenses. Add lines 1 through 24e	2,493,195.	1,991,610.	462,392.	39,193.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				
					Farm 990 (2012)

RURAL DEVELOPMENT INITIATIVES, INC. 93-1073746 Page 11 Form 990 (2013) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 769,652. 1,268,939. 2 2 Savings and temporary cash investments 106,785. 99,594. 3 3 Pledges and grants receivable, net 17,144. 102,972. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L Assets 7 7 Notes and loans receivable, net Inventories for sale or use 8 8,867. 9,955. Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 117,360. 10a basis. Complete Part VI of Schedule D 85,461. 37,696. 31,899. 10b b Less: accumulated depreciation 230,465. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 33,594. 322,964. 15 15 Other assets. See Part IV, line 11 1,197,012. 1,843,514. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 31,888. 150,407. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 217,400. 403,120. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 73,956. Schedule D 25 323,244. 553,527. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \(\bigset X \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 778,968. 1,067,654. 27 Unrestricted net assets 91,300. 218,333. 28 28 Temporarily restricted net assets 3,500. 4,000. Permanently restricted net assets 29

> 1,843,514. Form 990 (2013)

1,289,987.

30 31

32

33

873,768.

1,197,012.

31

32

33

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

orm	990 (2013) RURAL DEVELOPMENT INITIATIVES, INC.	<u>9</u> 3-10	73746	Pag	_{je} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7		3,1 5,6	
8	Prior period adjustments	8	3.0	1 5	81.
9 10	Other changes in net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,289		
Par	t XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	х	
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Scho		2c	x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audıt	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

ELOPMENT INTTIATIVES

Employer identification number

	-	RURAL D	EVELOPMENT I	NITIA	TIVES	, INC	•		9	3-1073	746	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				,
he orga	inization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)	-				
1 🗀	A church, co	nvention of churches	s, or association of churc	ches desc	rıbed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)								
з 🗀	٠,		tal service organization of		n section	170(b)(1)(A)(iii).					
4			operated in conjunction					(b)(1)(A)(iii	i). Enter	the hospital	's name	∍,
	city, and stat											
5			benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unit	describ	ed in		
	•	(b)(1)(A)(iv). (Comple	-	•	·	·	J					
6	7		ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	-	_	eives a substantial part					r from the	general	public desc	ribed in	1
	•	b)(1)(A)(vi). (Comple		• •					•	•		
8 🗆	7		ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 🗆	- ·		eives: (1) more than 33 1			rom contri	outions, m	nembershir	o fees, a	nd gross re	ceipts fi	rom
-	-	-	nctions - subject to certa									
		•	axable income (less sect									
		509(a)(2). (Complete			,		•	, 5			•	
10 🗀	-		perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	l) .				
11 🗀	_		perated exclusively for th						out the	purposes o	of one o	r
	-		ations described in section									
			organization and comple				•	•				
	a Type			pe III - Fui			d	I 🔲 Турс	e III - No	n-functional	ly integi	rated
e 🗀			t the organization is not	-	-	_		r more disc	qualified	persons oth	ner than	1
		·	han one or more publicly									
f			ten determination from t									
	-	rganization, check th			·							
g			organization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	ons?			
J			irectly controls, either al							' ,	Yes	No
			upported organization?	_						11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).							
		_										
(i) Nan	ne of supported	(ii) EIN	1 (111) 1 4 0 0 0 1 0 1 9 4 1 1 2 4 4 0 1 1	(iv) Is the o	•	, , ,		(vi) ls organizatio	the	(vii) Amoun	t of mon	etary
	ganization	(-,	(described on lines 1-9	in col. (i) lis		organizat		(i) organizi	ed in the		port	•
			above or IRC section (see instructions))	governing		``,		U.S.	,7			
			(occ moduciono))	Yes	No	Yes	No	Yes	No			
											_	
		İ										
-												
										-		
		I	1	l l		ı		I	1	i		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants.")	677,063.	558,097.	605,982.	211,525.	554,672.	2,607,339.	
2	Tax revenues levied for the organ-							
	ization'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	677,063.	558,097.	605,982.	211,525.	554,672.	2,607,339.	
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)						1,077,690.	
6	Public support. Subtract line 5 from line 4		, ,,,, , , , , , , , , , , , , , , , ,	<u>. </u>			1,529,649.	
	ction B. Total Support						<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Amounts from line 4	677,063.	558,097.	605,982.	211,525.	554,672.	2,607,339.	
8	Gross income from interest,							
_	dividends, payments received on							
	securities loans, rents, royalties		1					
	and income from similar sources	12,926.	8,942.	5,318.	4,539.	2,196.	33,921.	
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)		959.	-588.	4,630.	858.	5,859.	
11	Total support. Add lines 7 through 10						2,647,119.	
12		etc. (see instruction	ons)			12 11	,238,533.	
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ax vear as a sectio		<u> </u>	
	organization, check this box and stor	here		,	,		ightharpoons	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2013 (olumn (f))	-	14	57.79 %	
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	51.81 %	
16a	33 1/3% support test - 2013. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X	
b	33 1/3% support test - 2012. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation	-		ightharpoons	
17a	7a 10% -facts-and-circumstances test - 2013. 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 "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t IV how the organ	ızatıon	
	meets the "facts-and-circumstances"			•	•	J	ightharpoons	
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part IV how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	jualifies as a public	cly supported orga	anızation	▶□	
18	Private foundation. If the organization		=		· · · · · · · · · · · · · · · · · · ·		 ▶□	
						dule A (Form 990		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1 Gifts, grants, contributions, and	\\\\		1		1	1 (7,7,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5	
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions,					1		
merchandise sold or services per-							
formed, 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 bus-							
iness under section 513							
		 		 			
4 Tax revenues levied for the organ-							
ization'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		· -	<u> </u>				
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					İ		
amount on line 13 for the year		<u></u>		<u> </u>			
c Add lines 7a and 7b					<u> </u>		
8 Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u>l</u> .	<u> </u>		
Section B. Total Support		,		T	,		
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9 Amounts from line 6		ļ <u> </u>			 	ļ	
10a Gross income from interest,							
dividends, payments received on securities loans, rents, royalties							
and income from similar sources				<u></u>	<u> </u>		
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						1	
regularly carried on		İ					
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		s first, second, the	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organ	zation.	
check this box and stop here			,	•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· •	
Section C. Computation of Pub	lic Support Pe	rcentage	· · ·		•		
15 Public support percentage for 2013			column (f))		15	%	
16 Public support percentage from 2013					16	%	
Section D. Computation of Inve)		-		
17 Investment income percentage for 20					17	%	
18 Investment income percentage from					18	%	
19a 33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than :			
	_					▶□	
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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedul	e A (Form 990 or	990-EZ	2013 RURAL	DEV	ELOPMENT	INIT	ATIVES	5, INC. 10; Part II, line 17	93-1073746 Page 4 7a or 17b; and Part III, line 12.
·			part for any addition						
SCHE	DULE A, 1	PART	II, LINE	10,	EXPLANA	TION 1	FOR OTH	ER INCOM	E:
OTHE	R INCOME								
2010	AMOUNT:	\$	959.						·
2011	AMOUNT:	\$	-588.	.					· · · · · · · · · · · · · · · · · · ·
2012	AMOUNT:	\$	4,630.						
2013	AMOUNT:	\$	858.						
		. 							
					<u> </u>	·			
						· -			
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RURAL DEVELOPMENT INITIATIVES, INC. **Employer identification number** 93-1073746

Par	tΙ	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	gate contributions to (during year)		
3	Aggre	gate grants from (during year)		
4	Aggre	gate value at end of year		
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
		e organization's property, subject to the organization's		Yes No
6		e organization inform all grantees, donors, and donor a		d only
		aritable purposes and not for the benefit of the donor of		
		missible private benefit?		Yes No
Par		Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part iv	V, line 7
1		ose(s) of conservation easements held by the organizat	ion (check all that apply).	
•		Preservation of land for public use (e.g., recreation or		ally important land area
		Protection of natural habitat	Preservation of a certified	historic structure
		Preservation of open space		
2		plete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
-		f the tax year.		
	uu, o	Tallo tax your		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b		acreage restricted by conservation easements		2b
-		per of conservation easements on a certified historic str	2c	
d		per of conservation easements included in (c) acquired		
-		in the National Register		2d
3		per of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year		, , , , , , , , , , , , , , , , , , ,	•
4	•	per of states where property subject to conservation ea	sement is located	
5		the organization have a written policy regarding the pe		
_		ions, and enforcement of the conservation easements		Yes No
6		and volunteer hours devoted to monitoring, inspecting,		g the year ▶
7		unt of expenses incurred in monitoring, inspecting, and		
8		each conservation easement reported on line 2(d) abo		
		section 170(h)(4)(B)(II)?	•	Yes No
9		rt XIII, describe how the organization reports conservat	ion easements in its revenue and expense stat	tement, and balance sheet, and
		de, if applicable, the text of the footnote to the organiza		
		ervation easements.		
Pa		Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r 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 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,
	histoi	rical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the te	ext of the footnote to its financial statements that descr	ribes these items	
b	If the	organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
		ng to these items.		
		Revenues included in Form 990, Part VIII, line 1		▶ \$
		Assets included in Form 990, Part X		► \$ ► \$
2		organization received or held works of art, historical tre	easures, or other similar assets for financial gai	
_		ollowing amounts required to be reported under SFAS		
а		nues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$
		ts included in Form 990. Part X		▶ \$

		EVELOPMENT						b Page 2
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran				o Form 990	D. Part IV.		
	reported an amount on Form 990, Pa		•					
1a	Is the organization an agent, trustee, custod	 	lary for contribution	ns or other assets n	ot included			
	on Form 990, Part X?		,				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
	Tres, explain the arrangement in tare Air	and complete the le	nowing table.				Amount	
_	Beginning balance				1c		Arribuit	
	Additions during the year				1d		•	
	Distributions during the year				1e			
_	<u> </u>				1f			
f On	Ending balance Did the organization include an amount on Fi	orm 000 Bort V line	212			<u> </u>	Yes	TING
	3	•		provided in Bort VI	11		J 162	⊢ No
Par	t V Endowment Funds. Complete i							
<u> </u>	Endownient ands. Complete			(c) Two years back		years back	(a) Four	years back
4-		(a) Current year 230,465.	(b) Prior year 211 345.	162,257	· · · · · · · · · · · · · · · · · · ·	152,552.	(e) roui	167,511.
1a	Beginning of year balance	61,918.	1,000.		 	3,226.	 	2,036.
	Contributions		19,823.	-3,900			 	
С	Net investment earnings, gains, and losses	30,581.	19,043.	-3,300	: 	6,630.	 	-16,995.
	Grants or scholarships						-	
е	Other expenditures for facilities							
	and programs		4 702	1 400	-		 	
f	Administrative expenses		1,703.			151.		
g	End of year balance	322,964.	230,465.	1	•	162,257.	<u> </u>	152,552.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment	98.62	_%					
	Permanent endowment ► 1.25	%						
С	Temporarily restricted endowment ►	.13%						
	The percentages in lines 2a, 2b, and 2c shou	•						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ind administered for	r the organi	zation	-	
	by: Yes No							
	(i) unrelated organizations						3a(i)	Х
	(ii) related organizations X							
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?							
4								
Pai	rt VI _ Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990, Part)	K, line 10.			
	Description of property	(a) Cost or o		1 , .	Accumulat		(d) Book	k value
		basis (investr	nent) basis	(other) d	lepreciation	1		
1a	Land							
b	Buildings							
С	Leasehold improvements			6,666.		61.		9,305.
d	Equipment		10	0,694.	_ 78,1	00.	22	2,594.
e	Other							
Total	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10(c).)		▶	3.	1,899.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 RURAL DEVEL	OPMENT INIT	PIATIVES, INC.	93-1	.073746 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of	year market value
(1) Financial derivatives				
(2) Closely-held equity interests	_			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of	year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			 	
(8)				
(9)	ļ			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990, Par	t X, line 15.	(h) Deals value
	Description	W MITE ODECOM		(b) Book value
CONDERVIENT HOURING MICON	SETS HELD E	BY THE OREGON		222 064
(2) COMMUNITY FOUNDATION				322,964
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				· ·
(8)				·
(9)	45.1			222 064
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		<u>></u>	322,964
Part X Other Liabilities.		1 - 44 444 0 5	00 D-4 V 1 - 05	
Complete if the organization answered "Yes"	to Form 990, Part IV,	(b) Book value	30, Part X, line 25.	
1. (a) Description of liability		(b) book value		
(1) Federal income taxes				
(2)				

(3) (4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

Liability for uncertain tax positions. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 RURAL DEVELOPMENT INITIAT	IVES, INC.	93-1073746 Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue p	er Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a	
1 Total revenue, gains, and other support per audited financial statements		1 2,909,414.
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 XIII)	2d 30,5	81.
e Add lines 2a through 2d		2e 30,581.
3 Subtract line 2e from line 1		3 2,878,833.
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 XIII)	4b	
c Add lines 4a and 4b		4c 0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 2,878,833.
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.	
Total expenses and losses per audited financial statements		1 2,493,195.
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 XIII.)	2d	
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		3 2,493,195.
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 XIII.)	4b	
c Add lines 4a and 4b		4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 2,493,195.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b; Part V	, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information.	
PART V, LINE 4:		
		
EXPLANATION: BOARD DESIGNATED ENDOWMENT: T	HE BOARD INTEN	DS TO HOLD THE
	•	
PRINCIPAL OF THE ENDOWMENT FUND IN PERPETUI	TY AND USE THE	EARNINGS FROM
THE FUND FOR OPERATING ACTIVITIES. THE FUN	D WILL BE USED	TO ATTRACT
ADDITIONAL DONOR RESTRICTED ENDOWMENT FUNDS		
PERMANENTLY DONOR RESTRICTED ENDOWMENT: ON	LY THE EARNING	S FROM THIS
ENDOWMENT MAY BE USED FOR OPERATIONS. THE	PRINCIPAL IS P	ERMANENTLY
RESTRICTED.		
EARNINGS FROM BOTH BOARD DESIGNATED AND DON	OR RESTRICTED	ENDOWMENTS ARE
USED TO SUPPORT GENERAL OPERATING ACTIVITIE	S	
332054		Schodule D (Form 000) 2012

Schedule D (Form 990) 2013 RURAL DEVELOPMENT INITIATIVES, INC. Part XIII Supplemental Information (continued)	93-1073746	Page 5
Part Aiii Supplemental Information (continued)		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		 _
NET INCREASE IN THE BENEFICIAL INTEREST IN ASSETS HELD BY		
OCF		
•		
	<u>-</u>	
	_ 	
		
	 	
	_	
	 	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

Internal Revenue Service Employer identification number Name of the organization 93-1073746 RURAL DEVELOPMENT INITIATIVES, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY INTRODUCING BEST PRACTICES, RDI HELPS RURAL COMMUNITIES MOVE TO ACTION WHICH RESULTS IN ECONOMIC VITALITY FOR THEIR REGION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OREGON RURAL COMMUNITY (MOLALLA) REGISTERED A NEW NON-PROFIT ORGANIZATION BASED ON THE FORD INSTITUTE LEADERSHIP PROGRAM'S PRINCIPLES OF COLLABORATION AND COLLECTIVE COMMUNITY ACTION. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: INDIVIDUALS TO COLLABORATE ON INNOVATIVE ECONOMIC OPPORTUNITIES. IN ADDITION, A NEW INNOVATIVE GRANT-WRITING COURSE BROUGHT TOGETHER 33 NON-PROFIT ORGANIZATIONAL LEADERS TO LEARN HOW TO PREPARE COMPETITIVE GRANT PROPOSALS FOR COMMUNITY PROJECTS THAT RESULTED IN MORE THAN EIGHT FUNDING PROPOSALS BEING SUBMITTED TO FUNDERS. THE PROPOSALS RESULTED IN FIVE SUCCESSFUL GRANTS VALUED AT OVER \$17,000 FOR PROJECTS RANGING FROM ARTS EDUCATION PROGRAMMING TO FACILITY UPGRADES. FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: THE BYLAWS WERE UPDATED IN 2013 WITH A CHANGE ADDRESSING COMMITTEE MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A DRAFT COPY OF THE FORM 990 IS FOWARDED TO EACH BOARD MEMBER REVISIONS SUGGESTED BY BOARD MEMBERS ARE INCORPORATED

INTO THE FINAL FORM 990 PRIOR TO FILING.

FOR THEIR REVIEW.

Name of the organization RURAL	DEVELOPMENT INITIATIVE	JES, INC.	Employer identification number 93-1073746
FORM 990, PART VI, S	SECTION B, LINE 12C:		
EXPLANATION: MEMBERS	OF THE BOARD SIGN A	WRITTEN STATEMEN	NT EACH YEAR
DISCLOSING ANY POTEN	TIAL CONFLICTS OF IN	TEREST. MEMBERS	DISCLOSE ANY
POTENTIAL CONFLICTS	WHEN VOTING THROUGHOUT	JT THE YEAR.	
FORM 990, PART VI, S	SECTION B, LINE 15:		
EXPLANATION: THE BOA	ARD DELEGATES THE TASI	OF SETTING KEY	EMPLOYEE
COMPENSATION TO THE	FINANCE COMMITTEE.	THE FINANCE COMM	ITTEE REVIEWS
COMPARABLE INDEPENDE	ENT DATA AND SETS THE	COMPENSATION FOR	R THE EXECUTIVE
DIRECTOR AND OTHER F	KEY EMPLOYEES.		
FORM 990, PART VI, S	SECTION C, LINE 19:		
EXPLANATION: COPIES	ARE PROVIDED UPON REC	QUEST.	
			
FORM 990, PART XI, I	JINE 9, CHANGES IN NE	r ASSETS:	
NET INCREASE IN THE	BENEFICIAL INTEREST	IN ASSETS HELD BY	Y
OCF			30,581.
			-