Form 990 (Rev January 2020)
Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

 $\blacktriangleright\,$ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2019 calendar year, or tax year beginning and ending		
	Check if	C Name of organization	D Employer identifi	cation number
	applicab	θ		
	Addre	SS RURAL DEVELOPMENT INITIATIVES, INC.		
	Name		93-10737	46
	Initial	Number and street (or P 0 box if mail is not delivered to street address) Room/s		
	Final	150 CUELTON MOMIDDURY BLVD	(541)684	-9077
	termir		G Gross receipts \$	2,635,083.
	Amen		H(a) Is this a group re	
	Applic		for subordinates	
	pendi		H(b) Are all subordinates in	
T	Tax-ex	empt status $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or		list (see instructions)
_		te: ► WWW.RDIINC.ORG	H(c) Group exemptio	
			Year of formation: 1991 N	
	art I	Summary		<u> </u>
	1	Briefly describe the organization's mission or most significant activities RDI DEVE	LOPS NETWORKS	OF RURAL
Governance	1	LEADERS, REVITALIZES RURAL ECONOMIES, AND EL		
ī.	2	Check this box if the organization discontinued its operations or disposed of i		-
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
<u>ن</u> ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
SS	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	19
Activities	6	Total number of volunteers (estimate if necessary)	6	75
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), line ECEIVED	7a	0.
_		Net unrelated business taxable income from Form 990 T, Jine 39	7b	0.
		N 1 2020 0	Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	1,195,675.	2,624,488.
딦	9	Program service revenue (Part VIII, line 2g)	131,767.	4,185.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	3,768.	4,773.
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)	3,537.	1,637.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,334,747.	2,635,083.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	54,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	992,820.	943,086.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
å	b	Total fundraising expenses (Part IX, column (D), line 25) 10,692.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	463,826.	543,435.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,456,646.	1,540,521.
	19	Revenue less expenses Subtract line 18 from line 12	-121,899.	1,094,562.
Net Assets or			Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	852,305 <u>.</u>	1,939,793.
AS AB	21	Total liabilities (Part X, line 26)	75,571.	62,299.
2,	22	Net assets or fund balances Subtract line 21 from line 20	776,734.	1,877,494.
Ŗ	<u>art II</u>	Signature Block		
Ung	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
		t, and complete/Declaration of pregarer (other than officer) is based on all information of which prej	parer has any knowledge	<u></u>
ED		Vightan general	5/27/	2020
Sig	in	Signature of officer	Date	
Sign Miles	re	J. Heidi Khokhar, Executive Directo	· / · · · · · · · · · · · · · · · · · ·	
\preceq		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pář		YEE LEE MCGEE	5/5/scenploy	P01294356
	parer	Firm's name ► GARY MCGEE & CO. LLP	Firm's EIN	
USB	Only	Firm's address 1000 S.W. BROADWAY, SUITE 1200		
_		PORTLAND, OR 97205	Phone no (5	03) 222-2515
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		Yes No
0226	001 01 0	0.20 HA For Paperwork Reduction Act Notice see the separate instructions		Form 990 (2019)

Form	1990 (2019) RURAL DEVELOPMENT INITIATIVES, INC. 93-1073746 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission RDI STRENGTHENS RURAL PEOPLE, PLACES, AND ECONOMIES IN THE PACIFIC NORTHWEATH
	NORTHWEST.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 622,279 • including grants of \$ 54,000 •) (Revenue \$)
	REVITALIZE RURAL ECONOMIES - MODELED AFTER SUCCESSFUL PROGRAMS IN THE
	EASTERN U.S., RDI'S WEALTHWORKS NORTHWEST PROGRAM PROVIDES COACHING AND
	TECHNICAL ASSISTANCE TO RURAL REGIONS IN THE PACIFIC NORTHWEST TO HELP
	STRENGTHEN RURAL ECONOMIES. IN 2019, RDI CONTINUED TO SUPPORT VALUE
	CHAIN INITIATIVES IN EXISTING REGIONS INCLUDING OREGON'S NORTH AND
	SOUTH COAST, AND LAUNCHED CAPACITY-BUILDING EFFORTS IN THE JOHN DAY
	RIVER TERRITORY AND WARM SPRINGS. RDI IS PROVIDING TECHNICAL ASSISTANCE
	FOR ECONOMIC DEVELOPMENT PLANNING THROUGH RURAL DEVELOPMENT INNOVATION
	CENTER'S RURAL ECONOMIC DEVELOPMENT INNOVATION (REDI) INITIATIVE. THE
	INITIATIVE IS LED BY RURAL COMMUNITY ASSISTANCE PARTNERSHIP (RCAP)
	UNDER A USDA COOPERATIVE AGREEMENT, AND RDI IS SUPPORTING TEAMS IN
	CONTINUED ON SCHEDULE O
4b	(Code) (Expenses \$614,710. including grants of \$) (Revenue \$\$
	DEVELOP NETWORKS OF RURAL LEADERS - RDI CONTINUED TO DELIVER OUR RURAL
	COMMUNITY LEADERSHIP PROGRAM, WHICH INCLUDES A DIVERSITY, EQUITY, AND
	INCLUSION LENS, SERVING FIVE RURAL REGIONS OF WASHINGTON STATE. 164
	INDIVIDUALS FROM MASON COUNTY, SKAMANIA COUNTY, NORTHERN PALOUSE, WALLA
	WALLA COUNTY, AND PIERCE COUNTY PARTICIPATED IN 2019.
	RDI PARTNERED WITH THE MIGRANT EDUCATION PROGRAM TO DELIVER THE RURAL
	LATINO YOUTH LEADERSHIP CAMP IN THE DALLES, OREGON. THE WEEKLONG CAMP
	SERVED 18 LATINX YOUTH WHO BUILT THEIR LEADERSHIP SKILLS THROUGH
	FACILITATED SESSIONS AND CURRICULUM NOT TYPICALLY ACCESSIBLE FOR THESE
	ASPIRING RURAL LEADERS.
	CONTINUED ON SCHEDULE O
4c	· · · · · · · · · · · · · · · · · ·
	ELEVATE RURAL VOICES AND PRIORITIES - IN 2019, RDI BEGAN PLANNING FOR
	THE 2020 REGARDS TO RURAL CONFERENCE TO BE HELD IN SUNRIVER, OREGON, IN
	OCTOBER 2020. A GOAL OF THE CONFERENCE IS TO STRENGTHEN AND CELEBRATE
	RURAL PEOPLE, PLACES, AND ECONOMIES, AND WILL OFFER COLLABORATIVE
	LEARNING OPPORTUNITIES, BEST PRACTICE DISCUSSIONS, AND NETWORKING.
	IN 2019, RDI CRAFTED A NEW ITERATION OF OUR DIVERSITY, EQUITY, AND
	INCLUSION PLAN, WITH AN EMPHASIS ON BEING RESPONSIVE TO DIFFERENCES IN
	COMMUNITIES. RDI CONTINUES TO ADAPT OUR PROGRAMS TO BE RESPONSIVE.
	EVALUATION PLANS FOR ALL RDI PROGRAMS AND SERVICES INCLUDE CUSTOMIZED
	QUESTIONS RELATED TO DIVERSITY, EQUITY, AND INCLUSION THAT IS USED TO
	CONTINUED ON SCHEDULE O
4d	Other program services (Describe on Schedule O)
	(Expenses \$ 56,621. including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 1,400,549.

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			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٠
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any 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 funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		, v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		\ .
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	44-	х	
L		11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		^
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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 and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	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		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	l

93-1073746 RURAL DEVELOPMENT INITIATIVES, INC. Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 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 23 X Schedule J 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 X Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax exempt bonds? 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), 501(c)(4), and 501(c)(29) 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 X 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 Х Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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? 36 Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	oneck is deficable of contains a response of note to any line in this i are v					
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	1a	24			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	X	

Form 990 (2019) RURAL DEVELOPMENT INITIATIVES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

b 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 to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? N/A 10 Bod the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 B Gross recepts, included on Form 990. Part VIII, line 12 for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(12) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule				Yes	No
b If all least one is reported on line 2a, did the organization file all required feeting elimployment tax refurms? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to ±46 (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did Tives, Thas a filed a form 900°T for the year? If the for for line 3b, provide an explanation on Schedule O 32 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a thorogen country (such as a bank account, securities account, or other financial accounts? 32	2a				
Note: if the sum of lines 14 and 24 is greater than 250, you may be required to e-file (see instructions) 3		, ,			
3a Dut the organization have unrielated business gross income of \$1,000 or more during the year? 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)? 5b If "Yes," indirer the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization for filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) by the organization for the organization filting frequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) by the organization for the organization from the organization from the system of the organization for spring the say year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solvent any contributions that when or that addictable or scharlable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solvent any contributions that may receive deductable contributions under section 170(c). 5d Did the organization that was receive deductable contributions under section 170(c). 5d Did the organization receive a payment in excess of \$55 made partly as a contribution of any and the organization receive a payment in excess of \$55 made partly as a contribution of any and the organization receive a payment in excess of \$55 made partly as a contribution of any and the organization receive a contribution of a contribution of a goods or servoes provided? 5c If Yes, "indicate the number of Forms 8822 filed during the year 5d If "Yes," indicate the number of Forms 8282 filed during the year 5d Did the organization received a contribution of accounts of the subject of the organization received a contribution of accounts of the subject of the subject of the subject of th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b if "Yes," has it fleet a Form 990 T for this year" of "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) b if "Yes," anter the name of the foreign country See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line Sai or 5b, did the organization file Form 8886*T? 5b Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soloid any contributions that were not tax deductible is a chariable contributions? 5c Dose the organization shell may receive deductible contributions under section 170(c). 5c Dose the organization shell may receive deductible contributions under section 170(c). 5c Dose the organization shell may receive deductible contributions under section 170(c). 5c Dose the organization shell may receive deductible contributions on aparty for goods and services provided? 5c Dose the organization receive a payment in excess of \$75 made party as a contribution of quanty for goods and services provided? 5c Dose the organization received a contribution of quanty and party for goods and services provided? 5c Dose the separation received a contribution of quanty and party for goods and services provided? 5c Dose the separation received a contribution of quanty and party for goods and services provided? 5c Dose the separation received a contribution of quanty and party for goods and services provided? 5c Dose the separation received a contribution of quanty for goods and services provided? 5c Dose the form 89		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A ray 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)? 5a Was the organization aparty to a prohibet dat shelter transaction of the financial accounts (FBAR) 5a Was the organization aparty to a prohibet dat shelter transaction of the diagnostic property of the organization feel from 8868-72 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' in the sa or 5b, did the organization the form 8868-72 5a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable? 5c Dess the organization and the very solicitation an express statement that such contributions or gifts were not tax deductable? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization innolity the clinic of the value of the goods or services provided? 8d If 'Yes,' indicate the number of Forms 8882 filed during the year 9d Did the organization entity filed form of the value of the goods or services provided? 1b Did the organization entity the clinic of the value of the goods or services provided? 1c Did the organization network any funds, directly or indirectly, on a personal benefit contract? 1b Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1c X Yes,' indicate the number of Forms 8882 filed during the year 1b Did the organization received a contribution of organization free forms 8893 as required? 1c X Yes,' indicate the number of Forms 8882 filed during the year 1b Did the organization received a contribution of organization free forms 8890 as required? 1c X Yes,' indicate the number of Forms 8887 filed forms 8890 as required? 1c X Yes,' indic				-	<u> X</u>
trancal account in a foreign country See instructions for filing requirements for finGEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes", "did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions? 6 If "Yes," did the organization nickde with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If yes, if the organization received a contribution of graph provided to the property for which it was required to the Form 8282? 10 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization fle a Form 1086 C? 11 Section 50(C)(Ty) organizations. Enter a provided to the organization has a provided to the sponsoring organization make any taxable distributions under section 4988? 11 Section 50(C)(Ty) organizations. Enter a provided the organization flexible trusts. Is the organization fling Form 990 in lieu of Form 1041? 11 Se		·	3b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			15		<u>X</u>
If "Yes," complete Form 4720, Schedule O					
	16		16_		<u> X</u>
		If "Yes," complete Form 4720, Schedule O		000	10010

Form 990 (2019) RURAL DEVELOPMENT INITIATIVES, INC. 93-1073746 Page
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 on Schedule O. See instructions							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion 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 9							
	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 on Schedule O							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9							
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1				
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		j					
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8L	Х					
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 on Schedule O	9		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
	•		Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		<u> X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х					
42		13	X					
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11	X					
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	1.1						
15								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	X					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.55						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
100	taxable entity during the year?	16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply	•						
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DHENUKA HOFFMAN - 541-684-9077							
	150 SHELTON-MCMURPHEY BLVD., SUITE 201, EUGENE, OR 97401							

Form	990	1201	۹۱

RURAL DEVELOPMENT INITIATIVES, INC.

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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
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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

 See instructions for the order in which to list the persons above

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	-					Ė	from the	from related organizations	other compensation
	hours for	direc				, E		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	al tru:	onal tr		loyee	lg a				and related
	below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) SCOTT ANDERSON	1.00	트	듄	0	×	王克	<u>π</u>			
DIRECTOR		X						0.	0.	0.
(2) AMY CALLAHAN-TRACEWELL	1.00							 		
DIRECTOR		Х						o.,	0.	0.
(3) CHRIS CUMMINGS	1.00									
DIRECTOR		X						0.	0.	0.
(4) KAISA LIGHTFOOT	1.00									
DIRECTOR		X						0.	0.	0 .
(5) MAUI MEYER	1.00			i						
DIRECTOR		X						0.	0.	0.
(6) SCOTT REED	1.00									
DIRECTOR		X						0.	0.	0.
(7) JANET SOTO RODRIGUEZ	1.00							_	_	_
DIRECTOR	1 2	X			ļ			0.	0.	0.
(8) MICHAEL ROGERS	1.00	١]					•	•	
DIRECTOR	1 00	Х	-			ļ		· 0.	0.	0.
(9) MELISSENT ZUMWALT	1.00	v						•	•	0
DIRECTOR	2.00	Х			_	-		0.	0.	0.
(10) ERIK ANDERSSON	2.00	x		х				0.	0.	0.
CHAIR	1.00	Λ		^		-		0.	<u> </u>	0.
(11) MIKE MCLAUGHLIN	1.00	x		x				0.	0.	0.
VICE CHAIR (12) CHERYL MORGAN	1.00	A		Λ		\vdash		0.	U•	
TREASURER	1.00	x		х				0.	0.	0
(13) TAYLOR SARMAN	1.00	1		-/1				0.	•	0%
SECRETARY	1.00	$ \mathbf{x} $		Х				0.	0.	0.
(14) HEIDI KHOKHAR	45.00								- · · · · · · · · · · · · · · · · · · ·	
EXECUTIVE DIRECTOR				x				115,500.	0.	11,865.
(15) DHENUKA HOFFMAN	35.00								-	
FINANCE DIRECTOR				Х				77,961.	0.	10,771.
		ليبيا								

Part VII Section A. Officers, Directors, Tri	<u>ustees, Key Em</u>	ploy	/ees	, an	d Hı	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)	١.		((C)			(D)	(E)			(F)	
Name and title	Average	١		Pos				Reportable	Reportable	е	Es	stimate	ed
	hours per			heck ss pe				compensation	compensati	on	ar	nount	of
	week	\vdash	cer ar	nd a d	irecto	or/trus	tee)	from	from relate	d	ļ	other	
	(list any	director						the	organizatioi	ns	com	pensa	ation
	hours for	Ę			İ	2		organization	(W-2/1099-MI	ISC)	fı	om th	e
	related	tee o	nstee			eusa		(W-2/1099-MISC)			org	anızat	ion
	organizations	Individual trustee or	Institutional trustee		Key employee	Highest compensated employee					an	d relat	ed
	below	en pu	ete	5	В	loyer	Former				orga	anızatı	ons
	line)	필	ısı	Officer	Key	돌등	호	ļ					
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		<u>.</u>	<u></u>	L	<u> </u>		Ļ	102 461					2.6
1b Subtotal								193,461.		0.	2	2,6	
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							▶	193,461.		0.	2	<u>2,6</u>	<u>36.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportat	ole			
compensation from the organization													1
												Yes	No
3 Did the organization list any former office	er director trust	ee k	CEV 6	amp	love	e o	r hio	hest compensated emr	olovee on				
line 1a? If "Yes," complete Schedule J for			, .	ب	.0,0	Ο, Ο.	9	, noor oomponoaroa omp	,		3		Х
		ام مہ					4 ~ 41	har aamaanaatian fram	the ereculantion			-	- 22
4 For any individual listed on line 1a, is the									trie organization				v
and related organizations greater than \$1			•								4		X
5 Did any person listed on line 1a receive o	•				-		elat	ed organization or indivi	idual for services	3			
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	uch_	pers	son					5	j	X
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
the organization Report compensation for	r the calendar y	ear e	endi	ng w	vith	or w	ithir	n the organization's tax	year				
(A)	_							(B)			((;)	
Name and busines	s address	NO	ONE	3				Description of s	services	c		nsatio	n
							+				_		
										1			
							\dashv						
										ļ			
										L			
							T						
										L			
2 Total number of independent contractors	(including but n	ot lir	mite	d to	tho	se lis	sted	l above) who received m	nore than				
\$100,000 of compensation from the orga)							

RURAL DEVELOPMENT INITIATIVES, INC. 93-1073746 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c Related organizations 1d 90,825. Government grants (contributions) 1e All other contributions, gifts, grants, and 2,533,663. similar amounts not included above g Noncash contributions included in lines 1a-1f **▶** 2,624,488 h Total. Add lines 1a-1f **Business Code** 2 a WORKSHOP FEES 611430 4,185. 4,185. Program Service Revenue f All other program service revenue 4,185. g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and 4,773 4,773. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents 6a b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) ▶ (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a 8b b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 1,637. 11 a OTHER 900099 1,637 b

6,410.

0.

d All other revenue

e Total. Add lines 11a 11d Total revenue See instructions 1,637.

4,185.

635,083.

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) X Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (B) (A) Total expenses Do not include amounts reported on lines 6b. Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 54,000 54,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 216,098. 110,161. 105,300. 637. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 530,208, 7,167. 589,044, 51,669. 7 Other salaries and wages Pension plan accruals and contributions (include <u>11,8</u>29. section 401(k) and 403(b) employer contributions) 12,579 585 165. 53,552 48,961 937 654. Other employee benefits 57,792 13,310 71,813 711. Payroll taxes 10 Fees for services (nonemployees) a Management 85 85 **b** Legal 20.315. 20.315. c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 217,972 217,544 428 column (A) amount, list line 11g expenses on Sch O) 2,092. 2,098. Advertising and promotion 6. 12 8,267. 2,282. 5,546. 439. 13 Office expenses 57,645. 12,805. 44,840. Information technology 14 Royalties 15 44,793 5,308 39,485 16 Occupancy 7. 92,391 20,613 113,011 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 41,907 40,591 1,316 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 6,412. 6,412. 22 Depreciation, depletion, and amortization 5,949 5,949 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) 14,749. 14,843. 61 33. CURRICULUM MATERIALS 4,678. 5,460. STAFF DEVELOPMENT 10,138 197,244. 879. c ALLOC. OF SHARED COSTS 0. -198,123. d All other expenses 1,400,549. 129,280 10,692. 1,540,521. Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	_	(B) End of year
	1	Cash · non-interest-bearing	101,660.	1	65,908
	2	Savings and temporary cash investments	<u>550,096.</u>	2	718,306
	3	Pledges and grants receivable, net	102,495.	3	957,801
	4	Accounts receivable, net	10,044.	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		}	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	18,964.	9	185,147
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 130, 435.			
	b	Less accumulated depreciation 10b 117,804.	9,598.	10c	12,631
	11	Investments - publicly traded securities	<u> </u>	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	59,448.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	852,305.	16	1,939,793
	17	Accounts payable and accrued expenses	75,571.	17	59,299
	18	Grants payable		18	
	19	Deferred revenue		19	3,000
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	· ·· ·	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ᅙ		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	75,571.	26	62,299
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
튵	27	Net assets without donor restrictions	398,512.	27	239,958
8	28	Net assets with donor restrictions	378,222.	28	1,637,536
ב		Organizations that do not follow FASB ASC 958, check here			
ī		and complete lines 29 through 33.			
Ö N	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	776,734.	32	1,877,494
_	33	Total liabilities and net assets/fund balances	852,305.	33	1,939,793

orm	1990 (2019) RURAL DEVELOPMENT INITIATIVES, INC.	93-1073	<u>746</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>,63</u> !		
2	Total expenses (must equal Part IX, column (A), line 25)		,540	_	
3	Revenue less expenses Subtract line 2 from line 1	3 1	<u>,094</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 77(</u>	<u>5,7</u>	<u>34.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>5,1</u>	<u>98.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 1	<u>,87'</u>	7,4	<u>94.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لل
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				Į
С	If "Yes" to line 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			l
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form '	990 (2019)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Name of the organization

Employer identification number

_				ENT INITIATI				93-10/3/46					
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part) S	ee instructions						
Γhe	organ	zation is not a private found	lation because it is ((For lines 1 through 12, o	check only	one box)		K1,					
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 (Form 990 or 990-EZ))											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	一	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		· · · · · · · · · · · · · · · · · · ·											
Э	ш	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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	믉		•				• •						
7	LX.	An organization that norma		intial part of its support t	rom a gov	ernmental	unit or from the genera	il public described in					
		section 170(b)(1)(A)(vi). (C											
8	\square	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)								
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gran	t college					
		or university or a non-land-g	grant college of agric	culture (see instructions)	Enter the	name, city	y, and state of the colle	ge or					
		university											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees,	and gross receipts from					
		activities related to its exen	npt functions subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppo	rt from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	n after June 30, 1975					
		See section 509(a)(2). (Cor		,			, ,						
11		An organization organized a	•	ively to test for public sa	fetv See	section 50	09(a)(4).						
12	一	An organization organized a		•	-		, , , ,	e nurnoses of one or					
-	_	more publicly supported or		•	•		•						
		lines 12a through 12d that						CHOCK THE BOX III					
_		1						v anuna					
а	<u> </u>	Type I. A supporting orga	•	•				· • -					
		the supported organization		• • • • • • • • • • • • • • • • • • • •	a majority	of the dire	ctors or trustees of the	supporting					
	_	organization You must o											
b	L	Type II. A supporting org	· ·				•						
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the su	pported					
		organization(s) You mus	t complete Part IV,	Sections A and C.									
С	L	Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functionally integra	ted with,					
		its supported organization	n(s) (see instructions	s) You must complete i	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	<mark>/ integrated.</mark> A supp	orting organization oper	ated in co	nnection v	vith its supported organ	nization(s)					
		that is not functionally int	egrated The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an atten	tiveness					
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type II	I					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation							
f Enter the number of supported organizations													
а		ide the following information	=	ed organization(s)									
) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				above (see instructions))									
								-					
								 					
								 					

Schedule A (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INITIATIVES,

Part II Support Schedule for Organizations Described in Sections 170(b)(93-1073746 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			}			
	include any "unusual grants ")	591,020.	489,461.	1,177,124.	1,195,675,	2,624,488.	6,077,768.
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	591,020.	489,461.	1,177,124.	1,195,675,	2,624,488.	6,077,768,
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		İ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,596,665.
6	Public support. Subtract line 5 from line 4						2 481 103
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	591,020.	489,461.	1 177 124.	1,195,675,	2,624,488.	6,077,768,
8	Gross income from interest,	*				<u> </u>	
	dividends, payments received on						
	securities loans, rents, royalties,		1				
	and income from similar sources	5,107.	5,328.	4,384.	3,768.	4,773.	23,360.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on				2,082.		2,082.
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	11,287.	6,094.	3,104.	1,455.	1,637.	23,577.
11	Total support. Add lines 7 through 10			•		•	6,126,787,
	Gross receipts from related activities,	etc (see instruction	ons)	•		12 4	,161,296.
	First five years. If the Form 990 is for	•		l. fourth, or fifth tax	vear as a section		
	organization, check this box and stop			,	,	, ,, ,	▶□
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	40.50 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	46.99 %
16a	33 1/3% support test - 2019. If the c	rganization did no	t check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\blacktriangleright X$
b	33 1/3% support test - 2018. If the c	rganization did no	t check a box on lii	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	fies as a publicly s	supported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and circumstances"						ightharpoons
b	10% -facts-and-circumstances test	t - 2018. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization qi	ualifies as a publicl	ly supported orga	inization	▶
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ou	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
^	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.5		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4-		30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4.5		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		-
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	-	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	<u>5b</u>		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		.	
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		.	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			_
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	- 30		
iva				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
L	supporting organizations)? If "Yes," answer 10b below	10a	$\vdash \vdash \vdash$	

determine whether the organization had excess business holdings)

Pa	dule A (Form 990 or 990 EZ) 2019 RUKAL DEVELOPMENT INITI			93-10/3/46 Page 6
	· po mitter ; and and an analysis and an analy			Dort VIV. Con continue Alicent. Al
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI) See Instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must co	omplete S	(A) Prior Year	(B) Current Year (optional)
			- · · · · · · · · · · · · · · · · · · ·	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	- 4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		† · · · · · · · · · · · · · · · · · · ·
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	+ -		
J	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		and Tune III supporting ore	ranization (see

instructions)

Par	Type III Non-Functionally Integrated 509			3-10/3/46 Page/
	Type in their tailetienany integrated eve	(a)(a) Supporting Orga	aniizations (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	on of augmented examples		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4_	Amounts paid to acquire exempt use assets		·	
_ <u>5</u> _	Qualified set-aside amounts (prior IRS approval required)	 		
<u>6</u>	Other distributions (describe in Part VI) See instructions	·	· · · · · · · · · · · · · · · · · · ·	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	2	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		()	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ı	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			· ————————————————————————————————————
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule	A (Form 990 or										93-1073746 Page 8
Part VI	Part IV, Sec	tion A, li V, Section Ines 5, 6	nes 1, 2, on D, line	, 3b, 3c, 4l es 2 and 3	b, 4c, 5a , Part IV	ı, 6, 9a, 9b, , Section E,	9c, 11a, 11 lines 1c, 2a	b, and 11 a, 2b, 3a,	c, Part IV, S and 3b, Parl	ection B, lines : V, line 1, Part	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V, onal information.
SCHED	OULE A,	'	тт.	LINE	10.	EXPLA	ΝΑͲΤΟΝ	I FOR	ОТНЕВ	INCOME	
<u> </u>	<u>, оши 11, 1</u>						11111101	1 010	0111111		
OTHER	INCOME			-							
2015	AMOUNT:	\$	11,2	287.							
2016	AMOUNT:	\$	6,09	94.	· · · · · · ·						
2017	AMOUNT:	\$	3,10)4.							
2018	AMOUNT:	\$	1,45	55.							
2019	AMOUNT:	\$	1,63	37.							
						-					
											
											····
				-							
								· · · · · · · · · · · · · · · · · · ·			
		.,									
									<u>-</u>		
	<u> </u>		<u> </u>								
											
				<u>.</u>							

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Sect	on 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Name of	organization			Empl	oyer identification number
	RURAL D	EVELOPMENT INITI	ATIVES, INC	2.	93-1073746
Part I	A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527 o	rganization.
2 Poli	vide a description of the organi tical campaign activity expendi inteer hours for political campa		cal campaign activities	_	
Part I	B Complete if the org	ganization is exempt und	der section 501(c)(3).	
1 Ent	er the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2 Ente	er the amount of any excise tax	incurred by organization manag	ers under section 495		
3 If th	e organization incurred a sectio	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a Wa	a correction made?				Yes No
	es," describe in Part IV				
Part I	C Complete if the org	ganization is exempt und	der section 501(c), except section 501(c)(3).
1 Ente	er the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2 Ente	er the amount of the filing organ	nization's funds contributed to o	ther organizations for s	_	
	mpt function activities			▶ \$	
	·	Add lines 1 and 2 Enter here	and on Form 1120-POI		
	17b			▶\$	Yes No
	the filing organization file Form				
		nployer identification number (E	•	_	
		ition listed, enter the amount pa comptly and directly delivered to			
	·	additional space is needed, pro		-	te segregated fund of a
		Ι	· · · · · · · · · · · · · · · · · · ·		/-> Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization. If none, enter -0-
	· -				
			1	1	1
					_

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 R	URAL DEV	ELOPMENT INI	TIATIVES, IN	C. 93-1	073746 Page 2
Part II-A Complete if the orga	nization is	exempt under section	on 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).	_				
A Check ► if the filing organization	n belongs to a	n affiliated group (and list	ın Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of excess lobby	ying expenditures)			
B Check Lifthe filing organization	n checked box	A and "limited control" pi	rovisions apply		F
	on Lobbying E ures" means a	xpenditures imounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
A Tabellable and a second and a second		/		- · · · · · · · · · · · · · · · · · · ·	
1a Total lobbying expenditures to influe	•			1,054.	
 b Total lobbying expenditures to influe c Total lobbying expenditures (add line 	_	e body (direct lobbying)		1,054.	<u> </u>
, , , , ,	es ra and rb)		}	1,528,775.	
d Other exempt purpose expenditures	add lines 1e er	nd 1d)		1,529,829.	
 e Total exempt purpose expenditures (f Lobbying nontaxable amount Enter 	-	•	th columns	226,491.	
				420,491.	
If the amount on line 1e, column (a) or (Not over \$500,000		e lobbying nontaxable an			
Over \$500,000 but not over \$1,000,0		6 of the amount on line 16			
	i	00,000 plus 15% of the ex	11		
Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,00		5,000 plus 10% of the ex			
		25,000 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000] 301,	000,000			
g Grassroots nontaxable amount (ente	r 25% of line 1			56,623.	
h Subtract line 1g from line 1a If zero o				0.	
Subtract line 1f from line 1c If zero o	•			0.	
If there is an amount other than zero		h or line 1) did the organi	tation file Form 4720	<u> </u>	
reporting section 4911 tax for this ye		in or line in, and the organi.	zation file i offit 4720	Γ	Yes No
roporting section for that for this ye		Averaging Period Unde	r Section 501(h)	<u>-</u>	
(Some organizations tha		• •	, ,	of the five columns b	elow.
. •		eparate instructions for I			
	Lobbying E	xpenditures During 4-Ye	ear Averaging Period		
`\ Calendar year `(or fiscal year beginning in)	(a) 2016 /	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount			219,410.	226,491.	445,901.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					668,852.
c Total lobbying expenditures			276.	1,054.	1,330.
d Grassroots nontaxable amount			54,853.	56,623.	111,476.
e Grassroots ceiling amount			31,000	23,023	
(150% of line 2d, column (e))					167,214.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INITIATIVES, INC. 93-1073746 Page 3

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)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(1	o)
	e lobbying activity	Yes	No	Ame	ount
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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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?				
	Other activities?				
J	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ection	
	501(c)(6).			Yes	No
	Ware substantially all (2004, or more) dues received condeductible by members?			103	110
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?	46	2		
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect			ection	L
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
	answered "Yes."		. (5)	,	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	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 ex	cess			
	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		
Par	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II A (affiliated ground	in list). Part I	II-A. lines 1	and 2 (see	
	uctions), and Part II B, line 1. Also, complete this part for any additional information	- J J,			
	rections, and that it of into the part of any additional information				
			· · ·		<u>-</u>
•			·		
				-	
					

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RURAL DEVELOPMENT INITIATIVES TNC Employer identification number 93-1073746

Pa		d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor of	• •	·
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990, Par	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶	-	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on 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 tre-	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB A	•	
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		> \$

Part IV Corporation and apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII							
collection items (check all that apply) a							
a Public exhibition d Loan or exchange program e Chickery research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research to be sold to raise funds rather than to be manitained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table Comparison of the organization and part XIII Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10							
b Scholarly research c							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of airt, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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? If "Yes," explain the arrangement in Part XIII and complete the following table 6 Beginning balance 6 Additions during the year 7 Ending balance 8 Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 9 Yes No 1 If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1 Beginning of year balance 1 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Grants or scholarships 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 2 End of year balance 3 Douglet the estimated percentage of the current year end balance (line 1g, column (a)) held as 3 Board designated or quasi endowment 9 Yes No The percentages on lines 2a, 2b, and 2c should equal 100% 3 Are there endowment Ivinds not in the possession of the organization that are held and administered for the organization by							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a) Current year [b) Prior year [c) Two years back [c) Two years back [c) Four years back [c) Fo							
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on 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 59,448, 49,150, 346,928, 328,422, 333,318, b Contributions c Net investment earnings, gains, and losses 6,198, 10,298, 52,222, 18,506, -4,896, d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,448, 49,150, 346,928, 328,422, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi endowment Permanent endowment Me Permanent Me P							
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi endowment Permanent endowment W The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No							
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by							
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The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No							
by Yes No							
(i) Unrelated organizations (3a(i) A							
''							
\(\(\frac{1}{2}\)							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							
4 Describe in Part XIII the intended uses of the organization's endowment funds							
Part VI Land, Buildings, and Equipment.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10							
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation							
1a Land							
b Buildings c Leasehold improvements 31,994. 31,994. 0.							
,							
d Equipment 98,441. 85,810. 12,631.							

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 RURAL DEVEL	OPMENT INITIA	TIVES, INC.	93-1073746 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 valuation	Cost or end-of-year market value
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(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"	on Form 990 Part IV line	11c See Form 990 Part X I	ine 13
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, I	ine 15
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)	. <u>. </u>	<u>. </u>	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, P	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		<u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B) lin			D
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	r FASB ASC 740 Check he	ere if the text of the footnote	has been provided in Part XIII

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 RURAL DEVELOPMENT INITIATI		INC.		10/3/40 Page 4
Pai	TXI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per R	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2,641,281.
1	Total revenue, gains, and other support per audited financial statements			1	2,041,201.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a			
a	Net unrealized gains (losses) on investments Donated services and use of facilities	2b		1	
b	Recoveries of prior year grants	2c		1	
ر د	Other (Describe in Part XIII)	2d	6,198.		
d e	Add lines 2a through 2d	24 1	0,1300	2e	6,198.
3	Subtract line 2e from line 1			3	2,635,083.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				2,000,000
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	2,635,083.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		_		
1	Total expenses and losses per audited financial statements			1	1,540,521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b]	
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	·] [
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,540,521.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	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	1,540,521.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part			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 add	itional inf	ormation		
PAF	RT V, LINE 4:				
- n	THE DOME DOMES DECEMBED DESCRIPTION FIRM	D.C. 3.3	in Eining Dec	TON	מווח צם משחג
<u>RD</u>	HELD BOTH DONOR-RESTRICTED ENDOWMENT FUN	DS AI	ID FUNDS DES	1 GM	ATED BY THE
D 0.7	ADD OF DIDECTORS TO PUNCTION AS ENDOUMENT	DIT	אמות הווה אדי	क स्व	ALDED.
BU	ARD OF DIRECTORS TO FUNCTION AS ENDOWMENT.	DOF	CING THE TEA	V EI	עפטא
חפר	CEMBER 2019, RDI ELECTED TO ABOLISH ITS EX	тептъ	ייי באורטשיבאייי	יווים	מה פטו.דכע
שמע	EMBER 2019, RDI EDECIED TO ABOUTSH ITS EX	<u> 19111</u>	G ENDOMMENT	F UI	ND FOLICI
א אזד	ELIMINATE ITS REMAINING ENDOWMENT FUNDS.	וחם	OBWATNED B	отн	DONOR AND
WIAT	DEDIMINATE ITS REMAINING ENDOWMENT FONDS:	I(D)	ODIAINED D	0111	DONOR AND
BOZ	ARD AUTHORIZATION TO RELEASE THE PERMANENT	PECT	תואב וא∩דייםי	BO	מאט
<u> </u>	THE PERMANENT	1(110)	RICIION AND		HLD.
פת	SIGNATION, RESPECTIVELY, ON THESE ENDOWMEN	תודם יח	IDS		
<u> </u>	HONATION, RESTRECTIVEST, ON THESE ENDOWNER	1 1 01	1001		
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
NET	INCREASE IN THE BENEFICIAL INTEREST IN A	SSETS	HELD BY		
OCE	7				6,198.

Schedule D (Form 990) 2019	RURAL	DEVELOPMENT	INITIATIVES,	INC.	<u>93-1073746</u>	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Info	ormation (c	ontinued)				
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SCHEDULEI (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

Partl

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

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

► Attach to Form 990.

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OMB No 1545-0047

8 Employer identification number 93-1073746 X Yes 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 INC. INITIATIVES, RURAL DEVELOPMENT General Information on Grants and Assistance criteria used to award the grants or assistance?

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (f) Method of (h) Description (h) Direction (h) Direction of the Directi
Describe in Part IV the organization	Part II Grants and Other Assistan	recipient that received more	1 (a) Name and address of organization
2	Part		٢

recipient that received more than \$5,000 Part II can be duplicated	55,000 Part II car	i be duplicated if additi	if additional space is needed	pa			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
CITY OF VENETA							
88184 8TH STREET VENETA OR 97487	93-0519049	GOVERNMENT	10 000	C			PROJECT GRANT
EUVALCREE							
67 S.W. 2ND AVENUE	46-2224467	501(C)(3)	10 000	C			PROJECT GRANT
HIGH DESERT PARTNERSHIP							
P.O. BOX 252							
BURNS, OR 97720	74-3261833	501(C)(3)	10,000,	0.			PROJECT GRANT
STREET STATES STREET							
MAKM SFRINGS COMMUNITY ACTION TEAM D O DOW 1419							
WARM SPRINGS OR 97761	16-1633303	501(C)(3)	10 000	0			PROJECT GRANT
LAUNCH PAD BAKER							
2019 MAIN STREET, SUITE A							
BAKER CITY, OR 97814	83-2027131	501(C)(3)	7,000.	0			PROJECT GRANT
NEOEDD							
101 N.E. FIRST STREET SUITE 100							
ENTERPRISE, OR 97828	93-1004599	GOVERNMENT	7,000.	0			PROJECT GRANT
2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations listed in th	e line 1 table				• 9

33

Schedule I (Form 990) (2019)

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019) (f) Description of noncash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information GRANT RECIPIENTS SUBMIT QUARTERLY FINANCIAL REPORTS AS WELL AS PROGRESS (d) Amount of non-cash assistance 34 (c) Amount of cash grant (b) Number of recipients REPORTS AGAINST AGREED UPON DELIVERABLES. (a) Type of grant or assistance LINE 2: 932 102 10-26-19 PART I,

Page 2

93-1073746

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

RURAL DEVELOPMENT INITIATIVES,

Schedule I (Form 990) (2019)

Part III

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
REGIONAL PLANNING TEAM IN WESTERN IDAHO, LED BY WESTERN ALLIANCE FOR
ECONOMIC DEVELOPMENT; A TEAM FOCUSED ON THE FOOD SECTOR IN COTTAGE
GROVE, OREGON, LED BY THE BOHEMIA FOOD HUB; A TEAM FOCUSED ON BIOMASS
IN HARNEY COUNTY, OREGON, LED BY THE HIGH DESERT BIOMASS COOPERATIVE;
AND A REGIONAL PLANNING TEAM IN THE NORTH OLYMPIC PENINSULA OF
WASHINGTON, LED BY THE NORTH OLYMPIC PENINSULA RESOURCE CONSERVATION &
DEVELOPMENT COUNCIL.
RDI'S PASOS AL EXITO (STEPS TO SUCCESS) TRAININGS TEACH FINANCIAL
LITERACY AND SMALL BUSINESS DEVELOPMENT TO RURAL LATINOS. IN 2019,
LATINO COMMUNITY MEMBERS ATTENDED PASOS AL EXITO TRAININGS IN
PRINEVILLE, OREGON. PARTICIPANTS RECEIVED FACILITATED CURRICULUM AS
WELL AS ACCESS TO TECHNICAL ASSISTANCE AND FOLLOW-UP COACHING, ALONG
WITH FOLLOW-UP WORKSHOPS FEATURING LOCAL EXPERTS AND RESOURCES AND A
DEEPER DIVE INTO BUSINESS TOPICS. THE PROGRAM INCREASES KNOWLEDGE,
CONFIDENCE, AND SKILLS IN THE FINANCIAL ARENA AND IN STARTING AND
MANAGING SMALL BUSINESSES.
RDI ORGANIZED RURAL COMMUNITIES IN RESPONSE TO PROPOSED LEGISLATION
THAT IMPACTED BUSINESS OREGON'S RURAL OPPORTUNITY INITIATIVE, A
STRATEGY TO UNIFY AND STRENGTHEN EXISTING BUSINESS DEVELOPMENT
RESOURCES TO BUILD RURAL PROSPERITY THROUGH CAPACITY-BUILDING GRANTS.
OUR COORDINATED EFFORTS RESULTED IN RESTORED FUNDING FOR THE RURAL
OPPORTUNITY INITIATIVE IN THE STATE BUDGET AND ADDITIONAL FUNDS
LEVERAGED FOR SIX COMMUNITIES THROUGH THE KAUFFMAN INCLUSION OPEN AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Employer identification number Name of the organization RURAL DEVELOPMENT INITIATIVES, INC. ___ 93-1073746 THE RESER FAMILY FOUNDATION. THE OVERARCHING GOAL OF THE INITIATIVE IS TO POSITION RURAL COMMUNITIES FOR SUCCESS AS THEY STRENGTHEN ENTREPRENEURSHIP-BASED ECONOMIC DEVELOPMENT IN THEIR COMMUNITIES. RDI'S ECONOMIC VITALITY ROADMAPS PROGRAM WORKS WITH A LOCAL STEERING TEAM TO BUILD CAPACITY FROM WITHIN THE COMMUNITY. IT INVOLVES A THREE-PART PROCESS THAT INCLUDES A FACT-BASED ASSESSMENT, PRIORITY-SETTING WORKSHOP, AND THE DEVELOPMENT OF A FOCUSED ACTION PLAN TO HELP SHAPE THE FUTURE OF ECONOMIC VITALITY IN A COMMUNITY, IN 2019, TWO NEW ECONOMIC VITALITY ROADMAP PROCESSES WERE IMPLEMENTED IN POWERS AND FALLS CITY. COMMUNITY MEMBERS ATTEND PUBLIC MEETINGS AND FORM ACTION TEAMS TO FOCUS ON THEIR LOCAL CHALLENGES. RDI ALSO PROVIDED ACTION-ORIENTED RESPONSIVE TECHNICAL ASSISTANCE, ORGANIZATIONAL DEVELOPMENT, AND GENERAL PROJECT CAPACITY-BUILDING SERVICES TO FIVE EXISTING ROADMAP COMMUNITIES, INCLUDING WARRENTON, MYRTLE CREEK, APPLEGATE, YAMHILL, AND DALLAS. RDI'S BUSINESS RETENTION AND EXPANSION PROGRAM HELPS EXISTING, LOCAL BUSINESSES SUCCEED. RDI'S CERTIFIED AND TRAINED PROFESSIONALS WORK HAND-IN-HAND WITH LOCAL LEADERS TO HELP EXISTING BUSINESSES GROW AND CREATE NEW JOBS. IN 2019, RDI LAUNCHED BR&E EFFORTS IN OREGON'S WESTERN TREASURE VALLEY, WITH PARTICIPATION FROM NEARLY 100 BUSINESSES. THE IMPLEMENTATION OF THIS PROGRAM DURING 2019 WAS RDI'S FIRST EFFORT TO PROVIDE BILINGUAL TECHNICAL ASSISTANCE RELATED TO OUR BR&E PROGRAM, TO

AS A DOWNTOWN DEVELOPMENT SERVICE, RDI CARRIED OUT AN ASSESSMENT OF OREGON MAIN STREET ORGANIZATIONS. WHICH RESULTED IN WORKING WITH OREGON Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

INCLUDE SPANISH VERSIONS OF SURVEY INSTRUMENTS AND ASSESSMENTS.

Name of the organization RURAL DEVELOPMENT INITIATIVES, INC.	Employer identification numbe 93-1073746
MAIN STREET TO DESIGN A ROBUST PROGRAM TO DELIVER TECHNIC	CAL ASSISTANCE
TO MAIN STREET ORGANIZATIONS. RDI CO-DELIVERED A SESSION	AT THE OCTOBER
2019 OREGON MAIN STREET CONFERENCE, IN PARTNERSHIP WITH S	SEVERAL
REGIONAL AND STATEWIDE ORGANIZATIONS.	
RDI'S FIRST IMPRESSIONS PROGRAM ASSESSES THE TRUE FIRST I	MPRESSION OF
RURAL DOWNTOWNS TO CATALYZE ACTION FOR IMMEDIATE IMPROVEM	MENT. IN 2019,
THE FIRST IMPRESSIONS PROGRAM WAS CONDUCTED IN CAVE JUNCT	CION, FOSSIL,
AND MITCHELL. TO KICK OFF THE PROGRAM, TEAMS OF VOLUNTEER	RS FROM
NEIGHBORING COMMUNITIES VISIT A COMMUNITY'S DOWNTOWN TO G	SET A FIRST
IMPRESSION. THROUGH PUBLIC MEETINGS, COMMUNITY MEMBERS MA	KE PLANS FOR
ACTION BASED ON THE AREAS OF STRENGTH AND OPPORTUNITY IDE	ENTIFIED IN THE
ASSESSMENT PROCESS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ENTS:
ATTENDEES GAINED KNOWLEDGE AND TOOLS INCLUDING CONFLICT M	
SKILLS, ACTIVE LISTENING, AND WORKING TOGETHER IN GROUPS.	
IN 2019, RDI KICKED OFF THE RURAL LEADERSHIP PATHWAYS LEA	ARNING
INITIATIVE FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION.	A NATIONAL
EFFORT IN CONCERT WITH PARTNERS FROM THROUGHOUT THE U.S.,	THE
INITIATIVE SEEKS TO ADVANCE RURAL LEADERSHIP AS A PATHWAY	TO IMPROVING
THE HEALTH, EQUITY, AND WELL-BEING OF RURAL COMMUNITIES.	WHILE THE
MAJORITY OF ACTIVITIES WILL OCCUR IN 2020, THE PROJECT LA	AUNCHED IN 2019
WITH A NATIONWIDE INVENTORY TO COLLECT DIVERSE AND INNOVA	TIVE
APPROACHES TO RURAL LEADERSHIP.	

Employer identification number Name of the organization 93-1073746 RURAL DEVELOPMENT INITIATIVES, INC. WORKSHOP SERIES TO FOCUS ON THE NEEDS OF REMOTE RURAL COMMUNITIES AND DELIVERED THE TRAINING TO COMMUNITY LEADERS AND MEMBERS FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS IN HARNEY COUNTY, OREGON. TWENTY-FOUR PARTICIPANTS FROM TEN COMMUNITIES SERVING SEVEN COUNTIES ATTENDED FOUR SESSIONS WITH THE GOAL OF INCREASING THEIR GRANT FUNDING THROUGH CAPACITY BUILDING. ATTENDEES WORKED ON THE ELEMENTS OF ACTUAL GRANT PROPOSALS AND RECEIVED ONE-ON-ONE COACHING, NETWORKED WITH OTHER LOCAL GRANT WRITERS, BUILT RELATIONSHIPS FOR FUTURE WORK, AND MET WITH REGIONAL FUNDERS. TO RESPOND TO REGIONAL NEEDS, RDI HELD RURAL SKILL BUILDER TRAININGS IN 2019. DRAWING NEARLY 50 COMMUNITY MEMBERS, RURAL LEADERS, AND FUNDERS, THE ONE-DAY WORKSHOPS WERE OFFERED IN TWO REGIONS, HARNEY COUNTY AND GRAND RONDE, OREGON, TO ASSIST THEIR EFFORTS TO BENEFIT THEIR RURAL COMMUNITIES. A CELEBRATION OF RURAL ENTREPRENEURSHIP FEATURING NEW LOCAL BUSINESS OWNERS WAS HELD IN HARNEY COUNTY THE EVENING BEFORE THE WORKSHOP, WHICH PROVIDED TOOLS AND LEADERSHIP SKILLS NECESSARY TO CREATE AN INCLUSIVE ENTREPRENEURIAL CULTURE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: IMPROVE SERVICES AND PROGRAM DELIVERY TO MEET THE NEEDS OF DIVERSE RURAL PARTICIPANTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RDI DEVELOPED RURAL CIVIC ENGAGEMENT PROJECT CURRICULUM FOCUSED ON LOCAL PUBLIC POLICY AND DELIVERED SESSIONS IN COOS BAY/NORTH BEND, OREGON, TO 19 PARTICIPANTS. RDI UTILIZED INPUT FROM RURAL ELECTED

OFFICIALS TO CREATE THE CURRICULUM, AND ATTENDEES OF THIS PILOT PROGRAM

Name of the organization RURAL DEVELOPMENT INITIATIVES, INC.	Employer identification numbe 93-1073746
ENGAGED IN IN-DEPTH CONVERSATIONS ABOUT LOCAL GOVERNANCE,	POWER
DYNAMICS, AND COALITION BUILDING TO DEMYSTIFY GOVERNMENT	PROCESSES.
RDI HELD TWO COMMUNITY CONVERSATIONS WEBINARS TO PROVIDE	INFORMATION ON
PENDING LEGISLATION AND THE POTENTIAL IMPACT ON RURAL ORE	GON.
FACILITATED BY RDI, THE WEBINARS FOCUSED ON BROADBAND ACC	ESS AND CARBON
EMISSIONS AND FEATURED EXPERT PANELISTS.	
TO CONNECT WITH OTHERS WHO ARE INTERESTED IN RURAL POLICY	AND LEARN
MORE ABOUT REGIONAL ISSUES, STAFF ATTENDED POLICY-SPECIFI	
	REGON HOUSING
ALLIANCE, FORMED TO RESEARCH HOUSING ISSUES AND ADVOCATE	FOR
LEGISLATION AS APPROPRIATE.	
DURING OREGON'S 2019 LEGISLATIVE SESSION, RDI PROVIDED IN	FORMATION AND
TESTIMONY ABOUT BILLS FOCUSED ON BROADBAND FUND, RETAININ	G RURAL
OPPORTUNITY INITIATIVE FUNDING IN THE BUSINESS OREGON BUD	GET, AND
PROVIDING ENTREPRENEURSHIP FUNDING FOR RURAL PLACES. RDI	ALSO PROVIDED
INFORMATION ABOUT RURAL-SPECIFIC LEGISLATION TO PARTNERS	AND NETWORKS
THROUGH DISSEMINATED SUMMARIES OF RELEVANT LEGISLATIVE DA	YS COMMITTEE
MEETINGS AND REGULAR LEGISLATIVE STATUS REPORTS.	
RDI UTILIZED AN RDI BOARD OF DIRECTORS' ADOPTED LEGISLATI	VE PRINCIPLES
TO GUIDE ISSUE ADVOCACY FOR 2019 LEGISLATIVE SESSION.	
EXPENSES \$ 56,621. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 4:	
BYLAWS UPDATED TO 1) EXPAND THE NONDISCRIMINATION CLAUSE,	2) ESTABLISH

Name of the organization	Employer identification number
RURAL DEVELOPMENT INITIATIVES, INC.	93-1073746
BOARD TERM LIMITS, 3) CLARIFY PROCESS FOR ELECTION OF OFF	ICERS, AND 4)
REMOVE THE ENDOWMENT SECTION (ENDOWMENT POLICY RESCINDED)	•
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE FORM 990 IS FOWARDED TO EACH BOARD ME	MBER FOR THEIR
REVIEW. REVISIONS SUGGESTED BY BOARD MEMBERS ARE INCORPC	RATED INTO THE
FINAL FORM 990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS SIGN A WRITTEN STATEMENT EACH YEAR DISCLOSI	
CONFLICTS OF INTEREST. MEMBERS DISCLOSE ANY POTENTIAL CO	NFLICTS THROUGHOUT
THE YEAR WHEN MAKING RECOMMENDATIONS OR VOTING.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD DELEGATES THE TASK OF SETTING KEY EMPLOYEE COMP	ENSATION TO THE
EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS COMPARABLE IND	EPENDENT DATA AND
SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.	
THE BOARD DELEGATES THE TASK OF SETTING OTHER KEY EMPLOYE	E COMPENSATION TO
THE FINANCE COMMITTEE. THE COMMITTEE REVIEWS COMPARABLE I	NDEPENDENT DATA
AND SETS THE COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES, OR LINKS TO INTERNET POSTINGS OF THE DOCUMENTS, A	RE PROVIDED UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS •	

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Name of the organization RURAL DEVELOPMENT INITIATIVES, INC.	Employer identification number 93-1073746
PROGRAM SERVICE EXPENSES	217,544.
MANAGEMENT AND GENERAL EXPENSES	428.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	217,972.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	217,972.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET INCREASE IN THE BENEFICIAL INTEREST IN ASSETS HELD BY	
OCF	6,198.
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