

2022 Exempt Org. Return
prepared for:

**HUMAN RESOURCE DEVELOPMENT COUNCIL OF
DISTRICT IX INC.
32 S TRACY AVE
BOZEMAN, MT 59715**

Carver Florek & James LLC
1201 Kensington Ave
Missoula, MT 59801

**CARVER FLOREK & JAMES LLC
1201 KENSINGTON AVE
MISSOULA, MT 59801
4067285539**

March 20, 2024

HUMAN RESOURCE DEVELOPMENT COUNCIL OF
DISTRICT IX INC.
32 S TRACY AVE
BOZEMAN, MT 59715

Dear Client:

Enclosed for your review:

Form 990 2022 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Angel Sharp, CPA

	2022	2021	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	28,194,327	17,808,079	10,386,248
PROGRAM SERVICE REVENUE.....	2,284,928	2,492,503	-207,575
INVESTMENT INCOME.....	238,631	446,619	-207,988
OTHER REVENUE.....	714,723	75,973	638,750
TOTAL REVENUE.....	31,432,609	20,823,174	10,609,435
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	4,031,259	6,867,147	-2,835,888
SALARIES, OTHER COMPEN., EMP. BENEFITS...	9,628,456	8,598,382	1,030,074
OTHER EXPENSES.....	7,328,282	5,891,540	1,436,742
TOTAL EXPENSES.....	20,987,997	21,357,069	-369,072
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	10,444,612	-533,895	10,978,507
TOTAL ASSETS AT END OF YEAR.....	62,727,547	39,131,676	23,595,871
TOTAL LIABILITIES AT END OF YEAR.....	11,713,957	1,979,734	9,734,223
NET ASSETS/FUND BALANCES AT END OF YEAR.	51,013,590	37,151,942	13,861,648

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	815,158.
2. PURCHASES.....	41,958.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>857,116.</u>
7. INVENTORY AT END OF YEAR.....	<u>548,200.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>308,916.</u></u>

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	18,302,390.	18,302,390.	PART IX, LINE 25, COL. B
GRANTS	4,031,259.	4,031,259.	PART IX, LINES 1-3, COL. B
REVENUE	2,284,928.	2,284,928.	PART VIII, LINE 2, COL. A

**FORM 990, PART VIII, LINE 2F
OTHER PROGRAM SERVICE REVENUE**

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNC TION REVENUE	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
FOOD AND NUTRITION	624200	\$ 30,404.	\$ 30,404.		
TOTALS		<u>\$ 30,404.</u>	<u>\$ 30,404.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER CONTRACT SERVICES	1,247,687.	1,081,089.	129,061.	37,537.
TOTAL	<u>\$ 1,247,687.</u>	<u>\$ 1,081,089.</u>	<u>\$ 129,061.</u>	<u>\$ 37,537.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT	28,903.	28,903.		
CLIENT ASSISTANCE	5,657.	1,942.	289.	3,426.
CLOSING COSTS AND HOUSING FEES	823.	823.		
FUNDRAISING	37,139.	23,954.	136.	13,049.

FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
LOANS FORGIVEN	43,258.	43,258.		
TRAINEE WAGES AND BENEFITS	10,851.	10,851.		
TRAINING	81,935.	66,810.	14,875.	250.
TOTAL	<u>\$ 208,566.</u>	<u>\$ 176,541.</u>	<u>\$ 15,300.</u>	<u>\$ 16,725.</u>

2022

FEDERAL FILING INSTRUCTIONS
HUMAN RESOURCE DEVELOPMENT COUNCIL OF
DISTRICT IX INC.

81-0350886

ELECTRONICALLY FILED:

FORM 990 - 2022 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL
REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE
SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	81-0350886
	Number, street, and room or suite number. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	32 S TRACY AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOZEMAN, MT 59715	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ MARK WOODARD 32 S TRACY AVE BOZEMAN MT 59715

Telephone No. ▶ (406) 587-4486 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2022, and ending 6/30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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 **2022** calendar year, or tax year beginning **7/01**, **2022**, and ending **6/30**, **2023**

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC. 32 S TRACY AVE BOZEMAN, MT 59715	81-0350886		
<input type="checkbox"/> Name change		E Telephone number	(406) 585-4896	
<input type="checkbox"/> Initial return		G Gross receipts \$	34,873,551.	
<input type="checkbox"/> Final return/terminated		F Name and address of principal officer:	HEATHER GRENIER	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. See instructions.
<input type="checkbox"/> Application pending				
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () (insert no.)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website:	WWW.THEHRDC.ORG			
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other	
	L Year of formation:	1975	M State of legal domicile: MT	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>				
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	287		
	6 Total number of volunteers (estimate if necessary)	6	2,116		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	17,808,079.	Current Year	28,194,327.
	9 Program service revenue (Part VIII, line 2g)		2,492,503.		2,284,928.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		446,619.		238,631.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,973.		714,723.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,823,174.		31,432,609.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,867,147.	
14 Benefits paid to or for members (Part IX, column (A), line 4)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			8,598,382.		9,628,456.
16a Professional fundraising fees (Part IX, column (A), line 11e)					
b Total fundraising expenses (Part IX, column (D), line 25)			548,026.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,891,540.		7,328,282.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			21,357,069.		20,987,997.
19 Revenue less expenses. Subtract line 18 from line 12		-533,895.		10,444,612.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	39,131,676.	End of Year	62,727,547.
	21 Total liabilities (Part X, line 26)		1,979,734.		11,713,957.
	22 Net assets or fund balances. Subtract line 21 from line 20		37,151,942.		51,013,590.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	HEATHER GRENIER		PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ANGEL SHARP, CPA	ANGEL SHARP, CPA			P00964705
	Firm's name	CARVER FLOREK & JAMES LLC		Firm's EIN	52-2408237
	Firm's address	1201 KENSINGTON AVE MISSOULA, MT 59801		Phone no.	4067285539

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 5,409,865. including grants of \$ 3,282,793.) (Revenue \$ 30,404.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,285,859. including grants of \$ 295,321.) (Revenue \$ 942,204.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,612,543. including grants of \$) (Revenue \$ 452,290.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 4,994,123. including grants of \$ 453,145.) (Revenue \$ 860,030.)

4e Total program service expenses 18,302,390.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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 similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
15 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
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 any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 287		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "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 account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include 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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
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.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 14 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 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
b	Other officers or key employees of the organization.		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
MARK WOODARD 32 S TRACY AVE BOZEMAN MT 59715 (406) 587-4486

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARA SAVAGE ASSOCIATE DIRECTOR	41 0					X	106,802.	0.	33,704.	
(2) HEATHER GRENIER PRESIDENT/CEO	47 0			X			127,058.	0.	9,927.	
(3) TRACY MENEZ ASSOCIATE DIRECTOR	43 0					X	115,048.	0.	8,386.	
(4) WHITT HAMPTON FISCAL MANAGER	41 0			X			91,536.	0.	25,319.	
(5) MARK WOODARD CFO	40 0			X			31,471.	0.	212.	
(6) JESSICA WILLMARTH BOARD MEMBER	1 0	X					0.	0.	0.	
(7) SCOTT MALLOY CHAIRMAN	1 0	X		X			0.	0.	0.	
(8) LINDA YOUNG VICE CHAIR	1 0	X		X			0.	0.	0.	
(9) BILL BERG BOARD MEMBER	1 0	X					0.	0.	0.	
(10) MITCH BRADLEY BOARD MEMBER	1 0	X					0.	0.	0.	
(11) BRUCE GRUBBS BOARD MEMBER	1 0	X					0.	0.	0.	
(12) PETE MACFADYEN BOARD MEMBER	1 0	X					0.	0.	0.	
(13) SCOTT MACFARLANE BOARD MEMBER	0 0	X					0.	0.	0.	
(14) KRIS MOOS BOARD MEMBER	1 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week for related organizations below dotted line	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PENELOPE PIERCE BOARD MEMBER	1 0	X						0.	0.	0.
(16) PETER SCHMIDT BOARD MEMBER	1 0	X						0.	0.	0.
(17) AMY STIX BOARD MEMBER	1 0	X						0.	0.	0.
(18) GENE TOWNSEND BOARD MEMBER	1 0	X						0.	0.	0.
(19) BILLIE WARFORD BOARD MEMBER	1 0	X						0.	0.	0.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	471,915.	0.	77,548.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	471,915.	0.	77,548.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KARST STAGE 511 N. WALLACE BOZEMAN, MT 59715	TRANSPORTATION	771,678.
TENACIOUS CAMPAIGNS, LLC PO BOX 8261 MISSOULA, MT 59807	YES TO STREAMLINE CAMPAI	647,420.
HABITATE FOR HUMANITY OF GALLATIN VALLEY INC 230 ARDEN DRIVE BELGRAD	HFV CONTRACTOR	188,083.
STAHLY ENGINEERING 3530 CENTENIAL DRIVE HELENA, MT 59601	ENGINEERING CONTRACTOR	104,222.
RANGER PLUMBING INC PO BOX 1101 LIVINGSTON, MT 59047	PLUMBING CONTRACTOR	102,299.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a 150,000.				
	b Membership dues	1b				
	c Fundraising events	1c 42,776.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 10,986,426.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 17,015,125.				
	g Noncash contributions included in lines 1a-1f	1g 3,252,056.				
	h Total. Add lines 1a-1f	28,194,327.				
	Program Service Revenue	Business Code				
2a HOUSING		531110	942,204.	942,204.		
b COMMUNITY DEVELOPMENT		624110	478,021.	478,021.		
c TRANSPORTATION		485000	452,290.	452,290.		
d ECONOMIC DEVELOPMENT		561499	318,930.	318,930.		
e ENERGY		624200	63,079.	63,079.		
f All other program service revenue			30,404.	30,404.		
g Total. Add lines 2a-2f		2,284,928.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		259,858.		259,858.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses	6b			
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a 3,013,571.				
	b Less: cost or other basis and sales expenses	7b 3,034,798.				
	c Gain or (loss)	7c -21,227.				
	d Net gain or (loss)		-21,227.	-21,227.		
8a Gross income from fundraising events (not including \$ 42,776. of contributions reported on line 1c). See Part IV, line 18	8a 91,904.					
	b Less: direct expenses	8b 86,181.				
	c Net income or (loss) from fundraising events		5,723.			
9a Gross income from gaming activities. See Part IV, line 19	9a 13,295.					
	b Less: direct expenses	9b 11,047.				
	c Net income or (loss) from gaming activities		2,248.			
10a Gross sales of inventory, less returns and allowances	10a 487,098.					
	b Less: cost of goods sold	10b 308,916.				
	c Net income or (loss) from sales of inventory		178,182.	178,182.		
Miscellaneous Revenue	Business Code					
	11a GAIN FROM SUBSIDIARIES	900099	528,570.	528,570.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		528,570.				
12 Total revenue. See instructions		31,432,609.	2,970,453.	0.	262,106.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,297.	10,297.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,020,962.	4,020,962.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,202.	0.	347,202.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	7,289,101.	6,204,239.	831,295.	253,567.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	266,158.	229,478.	28,521.	8,159.
9 Other employee benefits	1,087,316.	892,505.	164,672.	30,139.
10 Payroll taxes	638,679.	520,405.	100,689.	17,585.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,437.	1,437.		
c Accounting	61,610.		61,610.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,247,687.	1,081,089.	129,061.	37,537.
12 Advertising and promotion	191,423.	54,003.	21,979.	115,441.
13 Office expenses	532,456.	145,674.	354,973.	31,809.
14 Information technology				
15 Royalties				
16 Occupancy	924,160.	942,598.	-32,800.	14,362.
17 Travel	339,752.	323,830.	4,978.	10,944.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	260,482.	236,871.	23,611.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,249,566.	1,227,620.	18,382.	3,564.
23 Insurance	424,450.	410,024.	12,869.	1,557.
24 Other expenses. Itemize expenses not covered 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 O.)				
a <u>OTHER</u>	753,183.	739,911.	11,576.	1,696.
b <u>FOOD</u>	538,780.	538,780.		
c <u>REPAIRS & MAINTENANCE</u>	376,746.	360,161.	16,585.	
d <u>SUPPLIES</u>	217,984.	185,965.	27,078.	4,941.
e All other expenses	208,566.	176,541.	15,300.	16,725.
25 Total functional expenses. Add lines 1 through 24e	20,987,997.	18,302,390.	2,137,581.	548,026.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash – non-interest-bearing.....	107,911.	1	1,063,048.
	2 Savings and temporary cash investments.....	5,777,341.	2	6,423,182.
	3 Pledges and grants receivable, net.....	3,908,267.	3	5,505,323.
	4 Accounts receivable, net.....	1,868,485.	4	1,850,571.
	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	
	7 Notes and loans receivable, net.....	5,432,044.	7	15,950,176.
	8 Inventories for sale or use.....	815,158.	8	548,200.
	9 Prepaid expenses and deferred charges.....	231,330.	9	244,397.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 29,713,697.		
	b Less: accumulated depreciation.....	10b 10,692,575.		
	11 Investments – publicly traded securities.....	1,345,209.	11	6,486,579.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	5,634,949.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	39,131,676.	16	62,727,547.	
Liabilities	17 Accounts payable and accrued expenses.....	1,790,691.	17	1,966,245.
	18 Grants payable.....		18	
	19 Deferred revenue.....	53,142.	19	15,669.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to 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.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....	135,901.	23	9,145,071.
	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	586,972.
	26 Total liabilities. Add lines 17 through 25.....	1,979,734.	26	11,713,957.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	28,222,515.	27	35,395,330.
	28 Net assets with donor restrictions.....	8,929,427.	28	15,618,260.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.....	37,151,942.	32	51,013,590.
33 Total liabilities and net assets/fund balances.....	39,131,676.	33	62,727,547.	

Part 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)	1	31,432,609.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,987,997.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,444,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,151,942.
5	Net unrealized gains (losses) on investments	5	66,665.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	4,519,409.
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-1,169,038.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	51,013,590.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII. X

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. SEE SCHEDULE O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17740976.	19288468.	21340000.	17808079.	28194327.	104371850.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	17740976.	19288468.	21340000.	17808079.	28194327.	104371850.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						104371850.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	17740976.	19288468.	21340000.	17808079.	28194327.	104371850.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,797.	59,791.	56,763.	63,836.	259,858.	555,045.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						104926895.
12 Gross receipts from related activities, etc. (see instructions)					12	37,400,086.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.47 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.56 %

16a **33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (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 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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 emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.) and Employer identification number (81-0350886)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF	Employer identification number 81-0350886
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPT OF HOUSING AND URBAN DEVELOP. 451 7TH ST, SW WASHINGTON, DC 20410	\$ 2,475,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF TRANSPORTATION 1200 NEW JERSEY AVENUE, SE WASHINGTON, DC 20590	\$ 1,447,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DEPARTMENT OF HEALTH AND HUMAN SERV 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 3,805,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 891,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 980,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF	Employer identification number 81-0350886
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: HUMAN RESOURCE DEVELOPMENT COUNCIL OF
 Employer identification number: 81-0350886

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection**

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

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

Name of organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	Employer identification number 81-0350886
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions. \$ _____
- 3 Volunteer hours for political campaign activities. See instructions. _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		167,098.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)		167,098.	0.
d Other exempt purpose expenditures		18,135,292.	
e Total exempt purpose expenditures (add lines 1c and 1d)		18,302,390.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	0.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
c Total lobbying expenditures		2,365.		167,098.	169,463.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures				167,098.	167,098.

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
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)?			
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization

HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.

Employer identification number

81-0350886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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? Yes No

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.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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
1 a Beginning of year balance	219,128.	209,128.	169,354.	160,145.	59,773.
b Contributions	5,000.	10,000.	39,774.	9,209.	100,372.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	224,128.	219,128.	209,128.	169,354.	160,145.

- 2 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 100.00 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		3,508,261.		3,508,261.
b Buildings		12,729,156.	4,525,077.	8,204,079.
c Leasehold improvements		3,346,071.	765,651.	2,580,420.
d Equipment		600,552.	506,952.	93,600.
e Other		9,529,657.	4,894,895.	4,634,762.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 19,021,122.

Part VII Investments – Other Securities. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN PARTNERSHIP	5,047,979.
(2) RIGHT-OF-USE ASSET	586,970.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	5,634,949.

Part X Other Liabilities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	586,970.
(3) ROUNDING	2.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	586,972.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	31,512,471.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	66,665.	
	b Donated services and use of facilities	2b	-37,020.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	-47,011.	
	e Add lines 2a through 2d	2e		-17,366.
3	Subtract line 2e from line 1		3	31,529,837.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	-97,228.	
	c Add lines 4a and 4b	4c		-97,228.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	31,432,609.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	21,169,256.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	37,020.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	144,239.	
	e Add lines 2a through 2d	2e		181,259.
3	Subtract line 2e from line 1		3	20,987,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,987,997.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ENDOWMENT FUNDS ARE INTENDED TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT.

PART X - FASB ASC 740 FOOTNOTE

HRDC IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC. ACCORDINGLY, THE INCREASE IN NET ASSETS IS GENERALLY NOT SUBJECT TO TAXATION. NO PROVISION FOR INCOME TAX HAS BEEN RECORDED IN THESE FINANCIAL STATEMENTS BECAUSE THE HRDC BELIEVES

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

IT HAD NO INCOME UNRELATED TO ITS TAX-EXEMPT
PURPOSE IN 2023 OR 2022.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ELIMINATIONS.....	\$	-47,011.
TOTAL	\$	<u>-47,011.</u>

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

FUNDRAISING EXPENSES.....	\$	-97,228.
TOTAL	\$	<u>-97,228.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

ELIMINATIONS.....	\$	47,011.
FUNDRAISING EXPENSES.....		97,228.
TOTAL	\$	<u>144,239.</u>

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number
81-0350886

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MT _____

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HUFFING FOR ST (event type)	BOAR (event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	113,240.	21,440.	134,680.	
	2	Less: Contributions	40,661.	2,115.	42,776.	
	3	Gross income (line 1 minus line 2)	72,579.	19,325.	91,904.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	8,434.	945.	9,379.	
	7	Food and beverages	64.		64.	
	8	Entertainment	870.	850.	1,720.	
	9	Other direct expenses	57,550.	17,468.	75,018.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				86,181.
	11	Net income summary. Subtract line 10 from line 3, column (d)				5,723.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
81-0350886

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEAGHER COUNTY HEALTH DEPT. PO BOX 309 WHITE SULPHUR S, MT 59645	81-6001393		10,297.	0.			PUBLIC HEALTH SERVICE
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							
(5) ----- ----- -----							
(6) ----- ----- -----							
(7) ----- ----- -----							
(8) ----- ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

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

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 HOUSING ASSISTANCE	270	295,321.			RENTAL ASSISTANCE
2 ENERGY ASSISTANCE	928	262,111.		FMV	WEATHERIZATION
3 EMERGENCY FOOD	48,595		3,282,793.	FMV	FOOD SUPPLIES
4 FAMILY SERVICES	262	8,616.		FMV	SUPPORTIVE SERVICES
5 EMPLOYMENT SERVICES	12	172,121.		FMV	SUPPORTIVE SERVICES
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION RECEIVING THE SUB GRANT MUST GIVE DETAILED REPORTS ON

THE USE OF FUNDING ON A QUARTERLY OR ANNUAL BASIS.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2022

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY K RUPP	BOARD MEMBER CFF		LOAN TO HRDC - YOUTH		X
(2) HEATHER GRENIER	BOARD MEMBER CFF		LOAN TO HRDC - YOUTH		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JEFFREY K RUPP

(D) DESCRIPTION OF TRANSACTION: LOAN TO HRDC - YOUTH

(A) NAME OF PERSON: HEATHER GRENIER

(D) DESCRIPTION OF TRANSACTION: LOAN TO HRDC - YOUTH

SCHEDULE L, PART V - ADDITIONAL INFORMATION

MR. RUPP AND MS. GRENIER ARE BOARD MEMBERS OF COMMUNITY FIRST FUND OF MONTANA WHICH IS A RELATED PARTY TO HRDC. MR. RUPP WAS PREVIOUSLY AN OFFICER IN HRDC AND MS. GRENIER IS CURRENTLY AN OFFICER IN HRDC.

COMMUNITY FIRST FUND OF MONTANA LOANED HRDC \$92,500 IN AUGUST 2015, TO BE USED BY HRDC FOR THE YOUTH TRANSITIONAL HOME. HRDC IS REPAYING THE 3.5% LOAN IN MONTHLY PAYMENTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
81-0350886

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	373	3,252,056.	PRICE PER LBS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2022

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

Employer identification number
81-0350886

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE ORGANIZATION WAS ESTABLISHED IN 1975 SERVING SOUTHWESTERN MONTANA. WE ARE A PRIVATE, NOT-FOR-PROFIT COMMUNITY ACTION ORGANIZATION. WE EXIST TO INSTILL HOPE, DEVELOP RESOURCES, DESIGN SOLUTIONS AND CHANGE LIVES. WE ENVISION A PLACE WHERE OPPORTUNITY AND QUALITY OF LIFE ARE EQUALLY AFFORDED TO EVERYONE. WE WORK TO ACHIEVE THIS BY HELPING PEOPLE OF ALL AGES AND SITUATIONS CONFRONT AND OVERCOME OBSTACLES SO THAT THEY CAN IMPROVE THEIR LIVES. WE WORK TO ADDRESS THE CAUSES AND CONDITIONS OF POVERTY, OPERATING A FAMILY OF SERVICES ADDRESSING PRESSING HUMAN NEEDS: HUNGER, HOUSING AND HOMELESSNESS, CHILD AND YOUTH DEVELOPMENT, SENIOR EMPOWERMENT, COMMUNITY TRANSPORTATION, HOME HEATING, EFFICIENCY, AND SAFETY, AND COMMUNITY AND ECONOMIC DEVELOPMENT. THROUGH INNOVATIVE SOLUTIONS, STRATEGIC PARTNERSHIPS, GRASSROOTS ENGAGEMENT AND EFFECTIVE PROGRAMMING, WE FOSTER SUSTAINABLE RESULTS THROUGH PRACTICAL, COMPREHENSIVE APPROACHES TO SOCIAL AND ECONOMIC CHALLENGES.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ORGANIZATION WAS ESTABLISHED IN 1975 SERVING SOUTHWESTERN MONTANA. WE ARE A PRIVATE, NOT-FOR-PROFIT COMMUNITY ACTION ORGANIZATION. WE EXIST TO INSTALL HOPE, DEVELOP RESOURCES, DESIGN SOLUTIONS AND CHANGE LIVES. WE ENVISION A PLACE WHERE OPPORTUNITY AND QUALITY OF LIFE ARE EQUALLY AFFORDED TO EVERYONE. WE WORK TO ACHIEVE THIS BY HELPING PEOPLE OF ALL AGES AND SITUATIONS CONFRONT AND OVERCOME OBSTACLES SO THAT THEY CAN IMPROVE THEIR LIVES. WE WORK TO ADDRESS THE CAUSES AND CONDITIONS OF POVERTY, OPERATING A FAMILY OF SERVICES ADDRESSING PRESSING HUMAN NEEDS: HUNGER, HOUSING AND HOMELESSNESS, CHILD AND YOUTH DEVELOPMENT, SENIOR EMPOWERMENT, COMMUNITY TRANSPORTATION, HOME HEATING, EFFICIENCY, AND SAFETY, AND COMMUNITY AND ECONOMIC DEVELOPMENT. THROUGH AND EFFECTIVE PROGRAMMING, WE FOSTER SUSTAINABLE RESULTS THROUGH PRACTICAL, COMPREHENSIVE APPROACHES TO SOCIAL AND ECONOMIC CHALLENGES.

Name of the organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	Employer identification number 81-0350886
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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

FOOD & NUTRITION:

HRDC'S FOOD AND NUTRITION INITIATIVES WORK TO ALLEVIATE FOOD INSECURITY ACROSS THE GALLATIN VALLEY AND THE SURROUNDING AREAS. THROUGH OUR GALLATIN VALLEY, HEADWATERS AREA, AND BIG SKY COMMUNITY FOOD BANKS, FOOD ASSISTANCE IS PROVIDED IN THE FORM OF EMERGENCY FOOD BOXES, PROVIDING A FIVE TO SEVEN DAY SUPPLY OF FOOD. OUR KIDSPACK PROGRAM PROVIDES HEALTHY SNACK PACKS FOR THE WEEKEND DURING THE SCHOOL YEAR FOR CHILDREN ELIGIBLE FOR THE FREE/REDUCED LUNCH PROGRAM. OUR SUMMER LUNCH PROGRAM PROVIDES FREE NUTRITIONALLY BALANCED LUNCHEs DURING THE SUMMER MONTHS. OUR SENIOR GROCERY PROGRAM PROVIDES MONTHLY SUPPLEMENTAL FOODS TO AREA SENIORS. HRDC ADDED OUR FORK & SPOON RESTAURANT TO ITS NUTRITION INITIATIVE IN 2012, OFFERING DINNER ON A PAY WHAT YOU CAN MODEL 5 DAYS PER WEEK. NUTRITION IS VITAL FOR OUR AREA'S VULNERABLE SENIOR AND CHILD POPULATIONS, AND OUR SERVICES TOUCH 1 IN 10 PERSONS THROUGHOUT THE GALLATIN VALLEY.

NUTRITION SERVICES COMPRISED 25.14% OF ORGANIZATIONAL ACTIVITIES AND EXPENDITURES AND ARE MADE POSSIBLE BY FUNDING FROM: FOOD DONATIONS, PRIVATE DONATIONS, FUNDRAISING ACTIVITIES, CONTRACT INCOME, PRIVATE GRANTS, AND OTHER SOURCES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

HOUSING:

HRDC'S HOUSING INITIATIVES WORK ACROSS ALL LEVELS OF HOUSING SECURITY, FROM HOMELESSNESS TO HOMEOWNERSHIP. HRDC'S HOUSING PROGRAMS WORK TO ENSURE THAT EVERY MEMBER OF OUR COMMUNITY CAN AFFORD TO HAVE AND PRESERVE PLACE TO CALL HOME, WHETHER IT IS IN THE FORM OF EMERGENCY SHELTER, TRANSITIONAL HOUSING, AFFORDABLE RENTALS, RENTAL SUBSIDIES, DOWN PAYMENT ASSISTANCE, OR HOME REPAIRS. HRDC INCORPORATES ITS COMMUNITY DEVELOPMENT AND STRATEGIC PLANNING INITIATIVES INTO A HOUSING STRATEGY TO MEET BOTH THE NEEDS OF THE COMMUNITY AND OUR CUSTOMERS. HRDC'S HOUSING INITIATIVE ENCOMPASSES THE WARMING CENTER (SEASONAL SHELTER), TRANSITIONAL HOUSING PROGRAMMING,

Name of the organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	Employer identification number 81-0350886
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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

AFFORDABLE HOUSING UNITS, AND A HOMEOWNERSHIP CENTER OFFERING SERVICES FROM HOMEBUYER EDUCATION TO FORECLOSURE PREVENTION.

HRDC'S HOUSING INITIATIVE COMPRISES 21.71% OF ALL ORGANIZATIONAL EXPENDITURES AND OPERATIONS. HRDC'S HOUSING PROGRAMS PROVIDE: 120 BEDS OF EMERGENCY SHELTER, 60 UNITS OF YOUTH AND TRANSITIONAL HOUSING, 425 RENTAL ASSISTANCE VOUCHERS, 400 UNITS OF AFFORDABLE HOUSING, HOMELESS PREVENTION AND HOUSING PLACEMENT ASSISTANCE, HOMEBUYER EDUCATION, AND DOWN PAYMENT ASSISTANCE. THIS IS MADE POSSIBLE BY FUNDING FROM: PRIVATE DONATIONS, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, HOME, NEIGHBORWORKS OF MONTANA, MONTANA DEPARTMENT OF COMMERCE, PRIVATE GRANTS, CITY OF BOZEMAN, MANAGEMENT FEES, RENTS, PROGRAM REVENUE AND OTHER SOURCES.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

TRANSPORTATION:

HRDC'S PUBLIC TRANSPORTATION INITIATIVE, STREAMLINE, PROVIDES FARE FREE PUBLIC TRANSIT SERVING THE COMMUNITIES OF BELGRADE, BOZEMAN, AND LIVINGSTON. SYSTEMS RUN 7 DAYS PER WEEK WITH 4 ROUTES AND OFFER LINKAGES WITH SKYLINE (TO BIG SKY), COMMUTER ROUTES TO BELGRADE AND LIVINGSTON, AND LATENIGHT SERVICE TO THE GREATER BOZEMAN AREA. STREAMLINE IS PROVIDING CLOSE TO 300,000 RIDES ANNUALLY. HRDC'S PARATRANSIT INITIATIVE, GALAVAN, SERVES OUR SENIOR AND DISABLED RESIDENTS WITH A DEMAND-RESPONSE TRANSPORTATION SYSTEM TO MEDICAL AND OTHER APPOINTMENTS, PROVIDING VITAL CONNECTIONS FOR MORE THAN 350 AREA RESIDENTS.

TRANSPORTATION COMPRISES 16.79% OF THE ORGANIZATION'S ACTIVITIES AND EXPENDITURES AND IS MADE POSSIBLE BY FUNDING FROM: MONTANA DEPARTMENT OF TRANSPORTATION, ASSOCIATED STUDENTS OF MONTANA STATE UNIVERSITY, CONTRACT INCOME, CITY OF BOZEMAN, MONTANA STATE UNIVERSITY, TITLE III FUNDS, GALLATIN COUNTY, AND OTHER FUNDING SOURCES INCLUDING THE CITY OF BELGRADE AND PRIVATE DONATIONS.

Name of the organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	Employer identification number 81-0350886
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EARLY CHILDHOOD CARE AND EDUCATION:

HRDC'S EARLY CHILDHOOD CARE AND EDUCATION INITIATIVE FOCUSES ON AND PROVIDES FOR THE HEALTHY DEVELOPMENT OF CHILDREN AND THE STRENGTHENING OF FAMILIES THROUGH EDUCATION, HEALTH, NUTRITION, MENTAL HEALTH, AND DISABILITY SERVICES, OFFERING FREE PRESCHOOL FOR CHILDREN AGES 3-5. THIS IS PROVIDED IN PRESCHOOL CLASSROOMS ACROSS LIVINGSTON, BOZEMAN, AND BELGRADE, AS WELL AS THROUGH PARTNERSHIP PROGRAMMING IN AREA SCHOOL DISTRICTS WITH SERVICES REACHING MORE THAN 160 FAMILIES ANNUALLY.

THE EARLY CHILDHOOD CARE AND EDUCATION INITIATIVE COMPRISED 9.77% OF AGENCY ACTIVITIES AND IS MADE POSSIBLE BY FUNDING FROM HEALTH AND HUMAN SERVICES (HEAD START), DEPARTMENT OF AGRICULTURE (CHILD AND ADULT CARE FOOD PROGRAM), IN-KIND DONATIONS AND OTHER FUNDING SOURCES.

ENERGY:

HRDC'S ENERGY INITIATIVE COMBINES EMERGENCY ASSISTANCE, HEAT BILL SUPPLEMENTS, AND HOME ENERGY SAVINGS MEASURES TO OFFSET HEATING COSTS FOR LIMITED INCOME HOUSEHOLDS. HRDC ADDED FIREWOOD ASSISTANCE TO ITS AVAILABLE SERVICES IN 2021. HEATING COSTS FOR OLDER HOMES, MOBILE HOMES, AND ENERGY-INEFFICIENT APARTMENT RENTALS CAN CAUSE A HOUSEHOLD TO FACE SIGNIFICANT ENERGY COST INCREASES DURING THE WINTER MONTHS IN MONTANA. EMERGENCY ASSISTANCE CAN BE IN THE FORM OF SERVICE SHUT-OFF PREVENTION AND HOT WATER HEATER OR FURNACE REPLACEMENT, HEAT BILL SUPPLEMENTS ARE PROVIDED TO ASSIST HOUSEHOLDS THROUGH THE WINTER MONTHS, FINANCIAL ASSISTANCE IS PAID DIRECTLY TO THE HEAT VENDOR. ENERGY SAVING MEASURES ARE CONDUCTED FOR HOMES OF ELIGIBLE HOUSEHOLDS AND CREATE MORE EFFICIENT HOMES BY INSTALLING EFFECTIVE INSULATION AND WEATHER-STRIPPING, AND TESTING AND TUNING COMBUSTION APPLIANCES FOR SAFETY AND EFFICIENCY. WE STRIVE TO EDUCATE HOMEOWNERS OR RENTERS ON ENERGY CONSERVATION, HOME HEALTH, AND SAFETY. BENEFITS ARE PROVIDED BASED ON THE PROJECTED SAVINGS TO

Name of the organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	Employer identification number 81-0350886
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

INVESTMENT RATIO FOR THE ENERGY RETROFIT, WHICH MUST PAY FOR ITSELF WITHIN THE LIFETIME OF THE ENERGY SAVING MEASURE, THIS HELPS FAMILIES TO REDUCE THEIR OVERALL HEATING COSTS IN PERPETUITY.

ENERGY SERVICES COMPRISED 4.13% OF ORGANIZATIONAL EXPENDITURES AND OPERATIONS AND IS MADE POSSIBLE BY FUNDING FROM: THE DEPARTMENT OF ENERGY, THE STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES (LOW INCOME ENERGY ASSISTANCE PROGRAM), NORTHWESTERN ENERGY, ENERGY SHARE OF MONTANA, AND PRIVATE DONATIONS.

COMMUNITY DEVELOPMENT:

HRDC'S COMMUNITY DEVELOPMENT INITIATIVE PROVIDES INNOVATIVE AND CREATIVE SOLUTIONS TO IDENTIFIED COMMUNITY NEEDS. HRDC IS A PRIVATE, NOT FOR PROFIT COMMUNITY ACTION ORGANIZATION, COMMUNITY DEVELOPMENT CORPORATION, AND A CERTIFIED HOUSING DEVELOPMENT ORGANIZATION. WITH EXPERIENCE IN PROJECT AND COMMUNITY DEVELOPMENT RANGING FROM HISTORIC PRESERVATION TO COMMUNITY HOUSING TRUSTS ALONG A HOUSING CONTINUUM SPANNING FROM HOMELESSNESS TO HOMEOWNERSHIP, HRDC HAS COMPLETED A TOTAL OF OVER \$120 MILLION DOLLARS IN HOUSING AND PUBLIC FACILITIES DEVELOPMENT SINCE THE EARLY 90'S. HRDC BROUGHT THE FIRST COMMUNITY HOUSING TRUST DEVELOPMENT TO THE STATE OF MONTANA AND HAS SINCE DEVELOPED AND/OR PRESERVED MORE THAN 900 HOMES THAT MONTANANS CAN AFFORD ACROSS SOUTHWEST MONTANA. HRDC'S DEVELOPMENT ACTIVITIES ARE SUPPORTED BY HOUSING PROGRAMMING AND PROPERTY MANAGEMENT SERVICES PROVIDED THROUGH IN-HOUSE PROPERTY MANAGEMENT. THE GOAL IS TO BUILD AND SUSTAIN HEALTHY COMMUNITIES THROUGH THE CONSTRUCTION OF HOUSING AND COMMUNITY FACILITIES AND THE DEVELOPMENT OF COMMUNITY PROGRAMS THAT EDUCATE AND SUPPORT FAMILIES AND INDIVIDUALS.

COMMUNITY DEVELOPMENT COMPRISED 4.04% OF THE ORGANIZATION'S ACTIVITIES AND IS CURRENTLY POSSIBLE BY FUNDING FROM: COMMUNITY SERVICE BLOCK GRANT FUNDS, RURAL LOCAL INITIATIVE SUPPORT COALITION, HOME SALES (RECAPTURED GRANT, 2ND MORTGAGE FUNDING,

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

Employer identification number
81-0350886

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

UNIT SALES TO PARTNERS) FROM ONGOING COMMUNITY DEVELOPMENT ACTIVITIES, HOME PROGRAM AND CONTRACT SERVICES.

ECONOMIC DEVELOPMENT PROGRAMMING:

HRDC'S ECONOMIC DEVELOPMENT PROGRAMMING PAIRS WORKFORCE DEVELOPMENT AND FINANCIAL LITERACY TO PROVIDE A STRATEGIC APPROACH TO ECONOMIC STABILITY SERVING OUR AT-RISK YOUTH POPULATIONS AND EVERYONE TRYING TO NAVIGATE THE HIGH COST OF LIVING IN OUR AREA. ADDITIONALLY, OUR FREE TAX PREPARATION PROGRAM AIMS AT MAXIMIZING REFUNDS TO HELP OUR FAMILIES INVEST IN THEIR FUTURE.

ECONOMIC DEVELOPMENT PROGRAMMING COMPRISES 3.08% OF OUR ORGANIZATION'S ACTIVITIES AND IS MADE POSSIBLE BY FUNDING FROM: WORKFORCE INVESTMENT ACT, PRIVATE DONATIONS, MONTANA FOSTER CARE FUNDS, CONTRACTS, CITY OF BOZEMAN, PRIVATE GRANTS AND OTHER FUNDING SOURCES.

SENIOR PROGRAMS:

HRDC'S SENIOR PROGRAMS ADDRESS QUALITY OF LIFE AND INDEPENDENCE IN THE HOME FOR MANY OF OUR AREA SENIORS. WITH DOOR-TO-DOOR TRANSPORTATION TO MEDICAL AND OTHER APPOINTMENTS, MEANINGFUL VOLUNTEER OPPORTUNITIES, SUPPLEMENTAL FOODS, ASSISTANCE IN NAVIGATING FEDERAL HEALTHCARE PROGRAMS, IN-HOME HEALTH, BEHAVIORAL HEALTH, PERSONAL CARE, AND CASE MANAGEMENT SERVICES, WE WORK TO PROVIDE EACH AND EVERY SENIOR WITH WRAP AROUND SERVICES THAT ENABLE THEM TO REMAIN SELF-SUFFICIENT IN THEIR OWN HOMES AND BE ENGAGED WITH THE COMMUNITY THEY CALL HOME.

SENIOR PROGRAMS COMPRISED 2.38% OF TOTAL ORGANIZATIONAL ACTIVITIES AND IS MADE POSSIBLE BY FUNDING FROM: TITLE III, GALLATIN/PARK COUNTY, PRIVATE DONATIONS, PRIVATE GRANTS, CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, AND SENIOR MEDICARE PATROL.

Name of the organization HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC.	Employer identification number 81-0350886
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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE AUDIT COMMITTEE AND EXECUTIVE STAFF REVIEW THE FORM 990 IN DEPTH PRIOR TO FINALIZING THE FORM 990 RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY KNOWN CONFLICTS IN WRITING ANNUALLY AT THE HRDC BOARD MEETING. SHOULD AN EVENT OCCUR IN WHICH A BOARD MEMBER BECOMES AWARE OF A CONFLICT, THE MEMBER IS REQUIRED TO DISCLOSE IT IMMEDIATELY AND REMOVE THEMSELF FROM THE DISCUSSION ON THE MATTER CREATING THE CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR EVALUATING THE CHIEF EXECUTIVE OFFICER. WAGE RECOMMENDATIONS ARE CONSIDERED ANNUALLY AS PART OF COST OF LIVING AND MARKET COMPARISON ANALYSIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. POLICIES AND CONFLICTS OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

INVESTMENT IN PARTNERSHIP INTEREST.....	\$ -1,000,000.
TRANSFERS IN.....	559,330.
TRANSFERS OUT.....	-728,368.
TOTAL	<u>\$ -1,169,038.</u>

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

HUMAN RESOURCE DEVELOPMENT COUNCIL OF
DISTRICT IX INC.

Employer identification number
81-0350886

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BSV RURAL PARTNERS, LLC 32 S TRACY AVE BOZEMAN, MT 59715 47-5200314	LOW INCOME HOUSING	MT	8,320.	894,625.	HRDC OF DISTRICT IX INC
(2) MILES 2017 LLC 32 S TRACY AVE BOZEMAN, MT 59715 82-2786807	LOW INCOME HOUSING	MT	90.	1.	HRDC OF DISTRICT IX INC
(3) HRDCIX - BLUEBUNCH FLATS LLC 32 S TRACY AVE BOZEMAN, MT 59715 83-0634817	LOW INCOME HOUSING	MT	20,917.	0.	HRDC OF DISTRICT IX INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) DARLINTON APARTMENTS INC 32 S TRACY AVE BOZEMAN, MT 59715 81-0528343	LOW INCOME HOUSING	MT	501 (C) (3)	LINE 12A, I	HRDC OF DISTRICT IX INC	X	
(2) THE HOME CORPORATION 32 S TRACY AVE BOZEMAN, MT 59715 81-0511380	LOW INCOME HOUSING	MT	501 (C) (2)	LINE 2	HRDC OF DISTRICT IX INC	X	
(3) SHERWOOD INN APARTMENTS INC 32 S TRACY AVE BOZEMAN, MT 59715 27-0037218	LOW INCOME HOUSING	MT	501 (C) (3)	LINE 12A, I	HRDC OF DISTRICT IX INC	X	
(4) MILES BUILDING INC 32 S TRACY AVE BOZEMAN, MT 59715 81-0524709	LOW INCOME HOUSING	MT	501 (C) (2)	LINE 12A, I	HRDC OF DISTRICT IX INC	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) MILES LIMITED PA 32 S TRACY AVE BOZEMAN, MT 5971 81-0538771	LOW INCOME HOUSING	MT	MILES BUILDING INC		0.	0.		X	N/A		X	
(2) WEST JEFFERSON P 32 S TRACY BOZEMAN, MT 5971 47-5205081	LOW INCOME HOUSING	MT	BSV RURAL PART. LLC		0.	0.		X	N/A		X	
(3) DARLINTON MANOR 32 S TRACY AVE BOZEMAN, MT 5971	LOW INCOME HOUSING	MT	DARLINTON APARTMENT S		0.	0.		X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1 a		X
1 b		X
1 c		X
1 d	X	
1 e		X
1 f		X
1 g		X
1 h		X
1 i		X
1 j		X
1 k		X
1 l		X
1 m		X
1 n		X
1 o		X
1 p		X
1 q		X
1 r	X	
1 s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE HOME CORPORATION	D	149,947.	
(2)	HRDC GRIFFIN PLACE HOLDING CORP	D	10,484,950.	
(3)	HRDC GRIFFIN PLACE HOLDING CORP	R	169,038.	
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

MILES LIMITED PARTNERSHIP	81-0538771	32 S TRACY AVE	BOZEMAN, MT 59715
WEST JEFFERSON PARTNERS LLLP	47-5205081	32 S TRACY	BOZEMAN, MT 59715
DARLINTON MANOR HP - HRDC LP		32 S TRACY AVE	BOZEMAN, MT 59715

RECONCILIATIONS (990)
PRIOR PERIOD ADJUSTMENTS

TO ACCOUNT FOR INVESTMENT IN PARTNERSHIP NOT INCLUDED IN PY.....	\$	4,519,409.
TOTAL	\$	<u>4,519,409.</u>