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COPY





ANDERSON ZURMUEHLEN & CO., P.C. • CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS  
MEMBER: AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • MSI GLOBAL ALLIANCE INDEPENDENT MEMBER FIRM

DISCOVERY BLOCK • 828 GREAT NORTHERN BOULEVARD • P.O. BOX 1040 • HELENA, MONTANA 59624-1040  
TEL: 406.442.1040 • FAX: 406.442.1100 • WEB: WWW.AZWORLD.COM

Mr. Eugene Leuwer  
Rocky Mountain Development Council, Inc.  
Po Box 1717  
Helena, MT 59624-1717

Dear Gene:

Enclosed are the original and one copy of the 2010 Exempt Organization returns, as follows...

2010 FORM 990

2010 FORM 990-T

Please review before filing to ensure there are no omissions or misstatements of material facts.

This return will be electronically filed. Enclosed you will find an IRS e-file Signature Authorization Form 8879-EO. This form must be signed and returned to us before this return can be electronically filed.

A copy of the return is enclosed for your files.

If taxing authorities select your returns for examination, you may be asked to provide supporting information. We recommend that you preserve all records relating to the data contained on these returns.

We sincerely appreciate the opportunity to serve you. Please keep us informed of any significant financial matters that occur during the tax year.

Best regards,

Paula R. Jacques

## Filing Instructions

**Prepared for:**

Mr. Eugene Leuwer  
Rocky Mountain Development Council,  
PO BOX 1717  
HELENA, MT 59624-1717

**Prepared by:**

Anderson ZurMuehlen & Co., P.C.  
P.O. Box 1040  
Helena, MT 59624

2010 FORM 990

**Electronic Filing:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

2010 FORM 990-T

Please sign and mail on or before May 15, 2012.

No amount is due on Form 990-T.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

|   |  |  |  |
|---|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b> |  | <b>D</b> Employer identification number<br><b>** - *****</b> |
|   | Doing Business As  |  | <b>E</b> Telephone number<br><b>406-447-1680</b>             |
|   | Number and street (or P.O. box if mail is not delivered to street address)       | Room/suite   |  |
|   | City or town, state or country, and ZIP + 4<br><b>HELENA, MT 59624-1717</b>      |  | <b>G</b> Gross receipts \$ <b>11,477,079.</b>                |
| <b>F</b> Name and address of principal officer: <b>JAN K. KALGAARD</b><br><b>SAME AS C ABOVE</b>  |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>I</b> 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  |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |
| <b>J</b> Website: <b>WWW.RMDC.NET</b>   |  | If "No," attach a list. (see instructions)   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |  | <b>H(c)</b> Group exemption number <b>▶</b>  |  |
|   |  | <b>L</b> Year of formation: <b>1966</b>  | <b>M</b> State of legal domicile: <b>MT</b>                  |

**Part I Summary**

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>COMMUNITY ACTION AGENCY PROVIDES SERVICES TO LOW-INCOME IN TRI-COUNTY AREA</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                       |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>16</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>16</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>                         | <b>303</b>          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>239</b>          |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>300,679.</b>     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>  | <b>-19,593.</b>                  |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>8,470,233.</b>                | <b>8,944,063.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>2,120,264.</b>                | <b>2,353,497.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>102,489.</b>                  | <b>151,081.</b>     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>100,200.</b>                  | <b>25,027.</b>      |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>10,793,186.</b>               | <b>11,473,668.</b>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>1,518,895.</b>                | <b>1,065,583.</b>   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>6,251,793.</b>                | <b>6,560,096.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 20,802.</b>  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | <b>3,086,629.</b>                | <b>3,305,984.</b>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>10,857,317.</b>   | <b>10,931,663.</b>               |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>-64,131.</b>  | <b>542,005.</b>                  |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>8,945,585.</b>                | <b>10,479,624.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>1,591,524.</b>                | <b>2,550,442.</b>   |
|   |  | <b>7,354,061.</b>                | <b>7,929,182.</b>   |

**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.

|                               |   |                         |                 |   |      |
|-------------------------------|---|-------------------------|-----------------|---|------|
| <b>Sign Here</b>              | Signature of officer                            |                         | Date            |   |      |
|                               | <b>JAN K. KALGAARD, FINANCE DIRECTOR</b>        |                         |                 |   |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                      | Preparer's signature    | Date            | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | <b>PAULA R. JACQUES</b>                         | <b>PAULA R. JACQUES</b> | <b>05/15/12</b> |   |      |
|                               | Firm's name                                     | Firm's EIN              |                 |   |      |
|                               | <b>ANDERSON ZURMUEHLEN &amp; CO., P.C.</b>      |                         |                 |   |      |
|                               | Firm's address                                  | Phone no.               |                 |   |      |
|                               | <b>P.O. BOX 1040</b><br><b>HELENA, MT 59624</b> | <b>406-442-1040</b>     |                 |   |      |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ROCKY MOUNTAIN DEVELOPMENT COUNCIL PROVIDES A VARIETY OF SERVICES TO LOW INCOME FAMILIES AND INDIVIDUAL IN LEWIS & CLARK, BROADWATER & JEFFERSON COUNTIES IN THE STATE OF MONTANA.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 922,266. including grants of \$ ) (Revenue \$ 1,067,166. ) HOUSING PROJECTS PROVIDE SAFE, AFFORDABLE HOUSING OPPORTUNITIES FOR LOW-INCOME INDIVIDUALS.

4b (Code: ) (Expenses \$ 2,010,955. including grants of \$ 636,770. ) (Revenue \$ ) AGING SERVICES PROVIDE NUTRITION & OTHER SUPPORTIVE SERVICES TO LOW-INCOME SENIORS. PROVIDED 4,716 BOXES OF FOOD TO 805 SENIOR CITIZENS THROUGH THE COMMODITIES PROGRAM IN CY 2010. SERVED 88,819 MEALS TO 1067 SENIOR CITIZENS THROUGH MEALS ON WHEELS PROGRAM IN CY 2010. SERVED 197,369 MEALS TO 4,796 SENIOR CITIZENS THROUGH THE CONGREGATE MEALS PRGRAM IN CY 2010. PROVIDED OUTREACH TO 2,970 SENIOR CITIZENS IN CY 2010.

4c (Code: ) (Expenses \$ 2,983,917. including grants of \$ 2,163,789. ) (Revenue \$ 81,252. ) HEAD START & PRE-SCHOOL SERVICES FOR LOW-INCOME CHILDREN. SERVED 269 CHILDREN THROUGH HEAD START PROGRAM IN CY 2010. OBTAINED FOOD ASSISTANCE FOR 269 CHILDREN THROUGH THE HEAD START PROGRAM IN CY 2010.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 3,871,756. including grants of \$ 98,040. ) (Revenue \$ 916,411. )

4e Total program service expenses 9,788,894.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 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>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> 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>   | 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>                         |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | 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>                                      |     | 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>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  |     | 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>   | 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>   |     | 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>   |     | 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>  |     | 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>   | 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>      |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | 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, XII, and XIII is optional</i>              | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                               |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                   |     | 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>  |     | 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>  | 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>  |     | X  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |     |    |
| 20b |  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | X   |    |
| <b>23</b> 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  |
| <b>24a</b> 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....  | X   |    |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   | X   |    |
| <b>a</b> 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> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> 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   |    |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
|           | <b>1a</b>   |     | 16 |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
|           | <b>1b</b>   |     | 16 |
| <b>2</b>  | 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  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>7b</b> |   |     |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | X   |    |
| <b>8a</b> |   |     |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>8b</b> |   |     |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>b</b>   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     | X  |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12b</b> |  |     |    |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   |     | X  |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15a</b> |  |     |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
| <b>15b</b> |  |     |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | 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>b</b>   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAN KALGAARD, DIRECTOR OF FINANCE - 406-447-1680**  
**RMDC INC, P.O. BOX 1717, HELENA, MT 59624**

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

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

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

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

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

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

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

| (A)<br>Name and Title               | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                     |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| JON CHACOPULOS<br>DIRECTOR          | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| TWILA HARRINGTON<br>DIRECTOR        | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| JEROME LOENDORF<br>DIRECTOR         | 1.00   | X                                      |                       |         |              |                              | 5,738.  | 0.   | 0.  |   |
| ELAINE GRAVELEY<br>DIRECTOR         | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| DANIEL POCHA<br>SECRETARY/TREASURER | 1.00   | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| DEBBIE HAVENS<br>PRESIDENT          | 1.00   | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| DAVE KIRSCH<br>DIRECTOR             | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| MATT KUNTZ<br>DIRECTOR              | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| ANDY HUNTHAUSEN<br>DIRECTOR         | 2.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| BILL ROBERTS<br>DIRECTOR            | 2.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| HELEN FANDRICH<br>VICE PRESIDENT    | 2.00   | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| KEITH MEYER<br>DIRECTOR             | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| RACHEL HABERMAN<br>DIRECTOR         | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| APRIL MILLSAP<br>CHAIRPERSON        | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| PHOEBE WILLIAMS<br>DIRECTOR         | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| ANDREA EDGAR<br>DIRECTOR            | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| GENE LEUWER<br>EXEC DIRECTOR, RMDC  | 40.00  |  |                       | X       |              |                              | 99,820. | 0.   | 13,399.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JAN K. KALGAARD<br>FINANCE DIRECTOR                            | 40.00  |  |                       | X       |              |                              |        | 69,687.  | 0.  | 11,432.   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 175,245.   | 0.  | 24,831.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 175,245.   | 0.  | 24,831.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | 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> |     | 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>                       |     | 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.

| (A)<br>Name and business address                                  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| MCALVAIN CONSTRUCTION<br>5559 W. GOWEN ROAD , BOISE, ID 83709     |                                | 3,413,926.          |
| JINX'S MOBILE HOME SERVICE<br>P.O. BOX 9660, HELENA, MT 59604     |                                | 215,364.            |
| GOLDEN EAGLE CONSTRUCTION<br>3020 E. LYNDAL AVE, HELENA, MT 59601 |                                | 109,283.            |
|   |                                |                     |
|   |                                |                     |

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

**Part VIII Statement of Revenue**

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |          |         |
|--|---|--|----------------------|---|---|--|----------|---------|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  | 1a                   |   |   |  |          |         |
|  | b   | Membership dues  | 1b                   |   |   |  |          |         |
|  | c   | Fundraising events   | 1c                   | 27,976.   |   |  |          |         |
|  | d   | Related organizations  | 1d                   |   |   |  |          |         |
|  | e   | Government grants (contributions)  | 1e                   | 8,307,080.                                      |   |  |          |         |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f                   | 609,007.  |   |  |          |         |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |                      |   |   |  |          |         |
|  | h   | <b>Total.</b> Add lines 1a-1f  |                      | 8,944,063.                                      |   |  |          |         |
|  | Program Service Revenue                               | 2 a  | <b>HOUSING FEES</b>  | Business Code<br>531390                         | 1,055,155.                              | 1,055,155.   |          |         |
| b  |   | <b>EMERGENCY &amp; RUNAWAY</b>   | 624100               | 470,521.  | 470,521.                                |  |          |         |
| c  |   | <b>FEES FOR SERVICES</b>   | 624100               | 445,890.  | 445,890.                                |  |          |         |
| d  |   | <b>DAY CARE CENTER FEES</b>  | 624410               | 381,931.  | 81,252.                                 | 300,679.   |          |         |
| e  |   |  |                      |   |   |  |          |         |
| f  |   | All other program service revenue  |                      |   |   |  |          |         |
| g  |   | <b>Total.</b> Add lines 2a-2f  |                      | 2,353,497.                                      |   |  |          |         |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |                      | 151,081.  |   |  | 151,081. |         |
|  | 4   | Income from investment of tax-exempt bond proceeds   |                      |   |   |  |          |         |
|  | 5   | Royalties  |                      |   |   |  |          |         |
|  | 6 a   | Gross Rents  | (i) Real             | (ii) Personal                                   |   |  |          |         |
|  |   | Less: rental expenses  |                      |   |   |  |          |         |
|  |   | Rental income or (loss)  |                      |   |   |  |          |         |
|  |   | Net rental income or (loss)  |                      |   |   |  |          |         |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities       | (ii) Other                                      |   |  |          |         |
|  |   | Less: cost or other basis and sales expenses   |                      |   |   |  |          |         |
|  |   | Gain or (loss)   |                      |   |   |  |          |         |
|  |   | Net gain or (loss)   |                      |   |   |  |          |         |
|  | 8 a   | Gross income from fundraising events (not including \$ 27,976. of contributions reported on line 1c). See Part IV, line 18 | a                    |   | 0.                                      |  |          |         |
|  |   | Less: direct expenses  | b                    |   | 3,411.                                  |  |          |         |
|  |   | Net income or (loss) from fundraising events   |                      |   | -3,411.                                 |  |          | -3,411. |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a                    |   |   |  |          |         |
| Less: direct expenses                                  |   | b  |                      |   |   |  |          |         |
| Net income or (loss) from gaming activities            |   |  |                      |   |   |  |          |         |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |                      |   |   |  |          |         |
|  | Less: cost of goods sold                              | b  |                      |   |   |  |          |         |
|  | Net income or (loss) from sales of inventory          |  |                      |   |   |  |          |         |
| Miscellaneous Revenue                                  |   |  | Business Code        |   |   |  |          |         |
| 11 a   | <b>MISCELLANEOUS</b>                                  | 900099   | 16,427.              |   |   | 16,427.  |          |         |
| b  | <b>GR8 HOPE PROGRAM</b>                               | 900099   | 12,011.              | 12,011.   |   |  |          |         |
| c  |   |  |                      |   |   |  |          |         |
| d  | All other revenue                                     |  |                      |   |   |  |          |         |
| e  | <b>Total.</b> Add lines 11a-11d                       |  | 28,438.              |   |   |  |          |         |
| 12   | <b>Total revenue.</b> See instructions.               |  | 11473668.            | 2,064,829.                                      | 300,679.                                | 164,097.   |          |         |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  | 734,810.              | 734,810.                        |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  | 330,773.              | 330,773.                        |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 188,872.              |                                 | 188,872.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 6,371,224.            | 5,585,903.                      | 781,760.                               | 3,561.                      |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  |                       |                                 |  |                             |
| 9 Other employee benefits .....  |                       |                                 |  |                             |
| 10 Payroll taxes .....   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 6,032.                | 5,456.                          | 576.                                   |                             |
| c Accounting .....   |                       |                                 |  |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  |                       |                                 |  |                             |
| 12 Advertising and promotion .....   | 19,664.               | 15,090.                         | 2,728.                                 | 1,846.                      |
| 13 Office expenses .....   | 85,438.               | 60,525.                         | 23,949.                                | 964.                        |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 451,741.              | 423,372.                        | 28,369.                                |                             |
| 17 Travel .....  | 196,027.              | 180,045.                        | 15,508.                                | 474.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| 20 Interest .....  | 54,854.               | 54,854.                         |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 190,062.              | 189,730.                        | 332.                                   |                             |
| 23 Insurance .....   | 63,988.               | 52,956.                         | 11,032.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>STIPENDS AND VOLUNTEER</b> .....  | 669,629.              | 669,475.                        | 1.                                     | 153.                        |
| b <b>CONSULTANT/CONTRACT</b> .....   | 530,910.              | 500,253.                        | 20,757.                                | 9,900.                      |
| c <b>MATERIALS AND SUPPLIES</b> .....  | 399,224.              | 379,670.                        | 14,232.                                | 5,322.                      |
| d <b>MEAL COSTS</b> .....  | 312,180.              | 311,846.                        | 334.                                   |                             |
| e <b>MISCELLANEOUS</b> .....   | 125,121.              | 119,575.                        | 4,550.                                 | 996.                        |
| f All other expenses .....   | 201,114.              | 174,561.                        | 28,967.                                | -2,414.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 10,931,663.           | 9,788,894.                      | 1,121,967.                             | 20,802.                     |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year    |  |
|---|--|--------------------------|-------------|-----------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 272,653.                 | 1           | 252,794.              |  |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | 2           |                       |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 328,899.                 | 3           | 241,736.              |  |
|   | <b>4</b> Accounts receivable, net .....  | 146,241.                 | 4           | 372,773.              |  |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5           |                       |  |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | 6           |                       |  |
|   | <b>7</b> Notes and loans receivable, net .....   | 6,629,649.               | 7           | 7,150,251.            |  |
|   | <b>8</b> Inventories for sale or use .....   | 54,086.                  | 8           | 31,142.               |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 92,572.                  | 9           | 87,202.               |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 3,069,304.    |             |                       |  |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 954,241.      | 967,417.    | <b>10c</b> 2,115,063. |  |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | 11          |                       |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | 12          |                       |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13          |                       |  |
|   | <b>14</b> Intangible assets .....  |                          | 14          |                       |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 454,068.                 | 15          | 228,663.              |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 8,945,585.   | 16                       | 10,479,624. |                       |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,027,240.               | 17          | 1,233,335.            |  |
|   | <b>18</b> Grants payable .....   |                          | 18          |                       |  |
|   | <b>19</b> Deferred revenue .....   |                          | 19          |                       |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20          |                       |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21          |                       |  |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22          |                       |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 122,345.                 | 23          | 907,665.              |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24          |                       |  |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   | 441,939.                 | 25          | 409,442.              |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,591,524.               | 26          | 2,550,442.            |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                       |  |
|   | <b>27</b> Unrestricted net assets .....  | 7,323,322.               | 27          | 7,906,181.            |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 30,739.                  | 28          | 23,001.               |  |
|   | <b>29</b> Permanently restricted net assets .....  |                          | 29          |                       |  |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                       |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | 30          |                       |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31          |                       |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32          |                       |  |
|   | <b>33</b> Total net assets or fund balances .....  | 7,354,061.               | 33          | 7,929,182.            |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 8,945,585.   | 34                       | 10,479,624. |                       |  |

**Part XI Reconciliation of Net Assets**

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

|   |  |   |             |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 11,473,668. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 10,931,663. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 542,005.    |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 7,354,061.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 33,116.     |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 7,929,182.  |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | X   |    |

Form 990 (2010)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

|   |   |
|---|---|
| <b>Name of the organization</b><br><p style="text-align: center;"><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b></p> | <b>Employer identification number</b><br><p style="text-align: center;">* * _ * * * * * *</p> |
|---|---|

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? .....   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | 11g(iii) |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 6104012. | 6874486. | 8068007. | 7973419. | 8436239. | 37456163. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   | 343,348. | 463,966. | 473,245. | 496,814. | 507,824. | 2285197.  |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 .....   | 6447360. | 7338452. | 8541252. | 8470233. | 8944063. | 39741360. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 39741360. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 .....  | 6447360. | 7338452. | 8541252. | 8470233. | 8944063. | 39741360.                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   | 133,174. | 148,137. | 164,014. | 102,489. | 151,081. | 698,895.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on .....   | -2,130.  | -8,320.  | -26,072. | -9,158.  | -19,593. | -65,273.                 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   | 44,367.  |          | 11,141.  | 23,646.  | 28,437.  | 107,591.                 |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 40482573.                |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 5,018,121.               |
| 13 <b>First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....   | 14                                  | 98.17 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 .....   | 15                                  | 94.81 | % |
| 16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| 17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 18 %

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

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

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.

\*\* - \*\*\*\*\*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

|   |   |
|---|---|
| Name of organization<br><br><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b> | Employer identification number<br><br><b>** _ * * * * * *</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | <p><u>LEWIS AND CLARK COUNTY</u></p> <p><u>316 N. PARK</u></p> <p><u>HELENA, MT 59601</u></p>  | \$ <u>401,005.</u>             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <p><u>STATE OF MONTANA - PUBLIC HEALTH &amp; HUMAN SERVICES</u></p> <p><u>111 N. SANDERS, P.O. BOX 4120</u></p> <p><u>HELENA, MT 59604</u></p> | \$ <u>618,698.</u>             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            | <p>_____</p> <p>_____</p> <p>_____</p>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <p>_____</p> <p>_____</p> <p>_____</p>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <p>_____</p> <p>_____</p> <p>_____</p>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <p>_____</p> <p>_____</p> <p>_____</p>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <p>_____</p> <p>_____</p> <p>_____</p>   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.

\*\*-\*\*\*\*\*

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____<br>_____             | \$ _____                                       | _____                |

|   |                                       |
|---|---------------------------------------|
| <b>Name of organization</b>                     | <b>Employer identification number</b> |
| <b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b> | * * _ * * * * * *                     |

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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.) ▶ \$

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

|   |   |
|---|---|
| Name of organization<br><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b> | Employer identification number<br><b>**-*****</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |



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

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |  | (a) Filing organization's totals | (b) Affiliated group totals                              |
|---|--|----------------------------------|--|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |  |                                  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  | 2,200.                           |  |
| c Total lobbying expenditures (add lines 1a and 1b) .....   |  | 2,200.                           |  |
| d Other exempt purpose expenditures .....   |  | 10,185,683.                      |  |
| e Total exempt purpose expenditures (add lines 1c and 1d) .....   |  | 10,187,883.                      |  |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  | 659,394.                         |  |
| <b>If the amount on line 1e, column (a) or (b) is:</b>  | <b>The lobbying nontaxable amount is:</b>          |                                  |  |
| 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) .....   |  | 164,849.                         |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  | 0.                               |  |
| i Subtract line 1f from line 1c. If zero or less, enter -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 instructions for lines 2a through 2f on page 4.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>  |          |          |          |          |            |
|--|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)               | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total  |
| 2a Lobbying nontaxable amount                                | 532,745. | 611,902. | 637,822. | 659,394. | 2,441,863. |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 3,662,795. |
| c Total lobbying expenditures                                | 58,436.  | 65,869.  | 42,950.  | 2,200.   | 169,455.   |
| d Grassroots nontaxable amount                               | 133,186. | 152,976. | 159,456. | 164,849. | 610,467.   |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 915,701.   |
| f Grassroots lobbying expenditures                           |          |          |          |          |            |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> 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 |
|---|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                     | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                | <b>2</b> |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

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

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.

Employer identification number

\*\*-\*\*\*\*\*

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land  |                                      | 336,744.                        |                              | 336,744.          |
| b Buildings  |                                      | 1,450,055.                      | 59,309.                      | 1,390,746.        |
| c Leasehold improvements   |                                      | 237,510.                        | 146,590.                     | 90,920.           |
| d Equipment  |                                      | 1,028,991.                      | 746,653.                     | 282,338.          |
| e Other  |                                      | 16,004.                         | 1,689.                       | 14,315.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | <b>2,115,063.</b> |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

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

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2) OPERATING LOC PAYABLE  | 300,000.   |
| (3) REFUNDABLE ADVANCES  | 109,442.   |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 409,442.   |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |  |             |
|---|--|-------------|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 11,473,668. |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 10,931,663. |
| 3   | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 542,005.    |
| 4   | Net unrealized gains (losses) on investments   |             |
| 5   | Donated services and use of facilities   | 33,102.     |
| 6   | Investment expenses  |             |
| 7   | Prior period adjustments   |             |
| 8   | Other (Describe in Part XIV.)  | 14.         |
| 9   | Total adjustments (net). Add lines 4 through 8   | 33,116.     |
| 10  | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 575,121.    |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |               |
|--|---|---------------|
| 1  | Total revenue, gains, and other support per audited financial statements        | 12,261,305.   |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |               |
| a  | Net unrealized gains on investments   | 2a            |
| b  | Donated services and use of facilities  | 2b 784,226.   |
| c  | Recoveries of prior year grants   | 2c            |
| d  | Other (Describe in Part XIV.)   | 2d 3,411.     |
| e  | Add lines 2a through 2d   | 2e 787,637.   |
| 3  | Subtract line 2e from line 1  | 3 11,473,668. |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |               |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a            |
| b  | Other (Describe in Part XIV.)   | 4b            |
| c  | Add lines 4a and 4b   | 4c 0.         |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 11,473,668. |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |               |
|---|--|---------------|
| 1   | Total expenses and losses per audited financial statements                       | 11,686,198.   |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |               |
| a   | Donated services and use of facilities   | 2a 751,124.   |
| b   | Prior year adjustments   | 2b            |
| c   | Other losses   | 2c            |
| d   | Other (Describe in Part XIV.)  | 2d 3,411.     |
| e   | Add lines 2a through 2d  | 2e 754,535.   |
| 3   | Subtract line 2e from line 1   | 3 10,931,663. |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |               |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a            |
| b   | Other (Describe in Part XIV.)  | 4b            |
| c   | Add lines 4a and 4b  | 4c 0.         |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 10,931,663. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

ROUNDING 14.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT FUNDING RAISING EXPENSES 3,411.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

DIRECT FUND RAISING EXPENSES 3,411.

COPY





**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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                   |
|-----------------|---|---|--------------|---------------------|------------------------------------|
|                 |   | ROCKATHON<br>PHONE & DIRE<br>(event type) | (event type) | 1<br>(total number) | (add col. (a) through<br>col. (c)) |
| Revenue         | <b>1</b> Gross receipts .....   | 22,691.                                   |              |                     | 22,691.                            |
|                 | <b>2</b> Less: Charitable contributions .....                               | 22,691.                                   |              |                     | 22,691.                            |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                           |   |              |                     |                                    |
| Direct Expenses | <b>4</b> Cash prizes .....  |   |              |                     |                                    |
|                 | <b>5</b> Noncash prizes .....   |   |              |                     |                                    |
|                 | <b>6</b> Rent/facility costs .....  |   |              |                     |                                    |
|                 | <b>7</b> Food and beverages .....   |   |              |                     |                                    |
|                 | <b>8</b> Entertainment .....  |   |              |                     |                                    |
|                 | <b>9</b> Other direct expenses .....  | 3,411.                                    |              |                     | 3,411.                             |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |   |              |                     | ( 3,411 )                          |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 ..... |   |              |                     | -3,411.                            |

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** 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 operate 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 operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**

**Employer identification number  
\*\*\_\*\*\*\*\***

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| <b>1 (a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOZEMAN SENIOR SOCIAL CENTER<br>807 N. TRACY<br>BOZEMAN, MT 59715      | **_*****       | 501(C)(3)                            | 184,344.                        | 0.                                       |  |   | PROVIDE SERVICES TO LOW-INCOME SENIORS    |
| BROADWATER COUNTY HEALTH DEPT<br>124 NORTH CEDAR<br>TOWNSEND, MT 59644 | **_*****       | BROADWATER COUNTY                    | 13,750.                         | 0.                                       |  |   | PROVIDE SERVICES TO LOW-INCOME SENIORS P  |
| CENTER FOR MENTAL HEALTH<br>PO BOX 762<br>HELENA, MT 59624             | **_*****       | 501(C)(3)                            | 50,000.                         | 0.                                       |  |   | PROVIDE SERVICES TO LOW-INCOME SENIORS    |
| DISTRICT IX HRDC<br>32 S TRACY<br>BOZEMAN, MT 59715                    | **_*****       | 501(C)(3)                            | 70,197.                         | 0.                                       |  |   | PROVIDE SERVICES TO LOW-INCOME SENIORS    |
| GOD'S LOVE<br>533 N MAIN<br>HELENA, MT 59601                           | **_*****       | 501(C)(3)                            | 11,000.                         | 0.                                       |  |   | PROVIDE SERVICES TO LOW-INCOME SENIORS    |
| HELENA INDIAN ALLIANCE<br>436 N JACKSON<br>HELENA, MT 59601            | **_*****       | 501(C)(3)                            | 6,797.                          | 0.                                       |  |   | PROVIDE SERVICES TO LOW-INCOME SENIORS    |

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                   | (b) EIN  | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|--|----------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LIVINGSTON MEALS ON WHEELS<br>PO BOX 1603<br>LIVINGSTON, MT 59047                    | **-***** | 501(C)(3)                     | 108,980.                 | 0.                                |   |  | PROVIDE SERVICES TO LOW-INCOME SENIORS |
| MEAGHER COUNTY SENIOR CENTER<br>101 1ST AVE. S.E.<br>WHITE SULPHUR SPRINGS, MT 59645 | **-***** | 501(C)(3)                     | 55,733.                  | 0.                                |   |  | PROVIDE SERVICES TO LOW-INCOME SENIORS |
| PARK COUNTY HEALTH DEPT<br>414 E. CALLENDER STREET<br>LIVINGSTON, MT 59047           | **-***** | PARK COUNTY                   | 35,000.                  | 0.                                |   |  | PROVIDE SERVICES TO LOW-INCOME SENIORS |
| RMDC EAGLE ROCK INC.<br>PO BOX 1717<br>HELENA, MT 59624-1717                         | **-***** | 501(C)(3)                     | 55,984.                  | 0.                                |   |  | PROVIDE SERVICES TO LOW-INCOME SENIORS |
| A PLUS HEALTHCARE SYSTEMS<br>1117 SOUTH MAIN<br>KALISPELL, MT 59901                  | **-***** |                               | 40,563.                  | 0.                                |   |  | PROVIDE SERVICES TO LOW INCOME SENIORS |
| BELGRADE SENIOR CENTER<br>93 E. CAMERON ROAD<br>BELGRADE, MT 59714                   | **-***** | 501(C)(3)                     | 26,153.                  | 0.                                |   |  | PROVIDE SERVICES TO LOW INCOME SENIORS |
| FRIENDSHIP CENTER OF HELENA<br>1503 GALLATIN AVENUE<br>HELENA, MT 59601              | **-***** | 501(C)(3)                     | 30,243.                  | 0.                                |   |  | EMERGENCY SHELTER SERVICES             |
| SHIELDS VALLEY SENIOR CENTER<br>P.O. BOX 48<br>WILSALL, MT 59086                     | **-***** | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | PROVIDE SERVICES TO LOW INCOME SENIORS |
|  |          |                               |                          |                                   |   |  |  |

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| HOME HEATING ASSISTANCE                 | 134                      | 29,909.                  | 0.                                |   |  |
| ASSISTANCE WITH MENTAL HEALTH SERVICES  | 30                       | 1,500.                   | 0.                                |   |  |
| RENTAL AND UTILITY ASSISTANCE           | 319                      | 185,407.                 | 0.                                |   |  |
| FURNACE REPAIR & REPLACEMENT ASSISTANCE | 91                       | 102,703.                 | 0.                                |   |  |
| REFRIGERATOR REPLACEMENT ASSISTANCE     | 16                       | 11,254.                  | 0.                                |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS TO OTHER US ORGANIZATIONS ARE MONITORED THROUGH ENTERING INTO WRITTEN CONTRACTS OR GRANT AGREEMENTS, REQUIRING & REVIEWING PERIODIC REPORTS & CONDUCTING PERIODIC EVALUATIONS. ASSISTANCE PAYMENTS TO US RESIDENTS ARE MONITORED THROUGH INITIAL VERIFICATION OF PROGRAM ELIGIBILITY THEN OBTAINING DOCUMENTATION SUPPORTING AMOUNT OF PAYMENTS TO INDIVIDUALS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.

Employer identification number

\*\*\_\*\*\*\*\*

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WEATHERIZATION IS AN ENERGY CONSERVATION PROGRAM DESIGNED TO REDUCE THE  
HOME HEATING COSTS OF LOW INCOME FAMILIES.WEATHERIZED 180 HOMES FOR  
LOW-INCOME INDIVIDUALS IN CY 2010. ASSISTED 2265 LOW-INCOME INDIVIDUALS  
WITH ENERGY BILL PAYMENTS IN CY 2010

EXPENSES \$ 1,710,183. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ENERGY ASSISTANCE FOR LOW-INCOME INDIVIDUALS, TRANSPORTATION SERVICES &  
EMERGENCY SHELTER/SERVICES FOR AT-RISK YOUTH. ASSSITED 9 INDIVIDUALS  
WITH HEALTH SERVICES.

EXPENSES \$ 2,161,573. INCLUDING GRANTS OF \$ 98,040. REVENUE \$ 916,411.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD WAS UNABLE TO MEET PRIOR  
TO FILING THE 2010 FORM 990 & WILL REVIEW THE FORM AFTER IT HAS BEEN FILED  
UNDER EXTENSIONS. AN AMENDED RETURN WILL BE FILED IF NECESSARY. THE FORM  
HAS BEEN REVIEWED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12: BOARD MEMBERS ARE REQUIRED TO  
ANNUALLY DISCLOSE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OBTAINS  
INFORMATION REGARDING COMPENSATION OF EXECUTIVE DIRECTORS OF OTHER MONTANA  
& REGIONAL HRDC'S & DOCUMENTS ITS DISCUSSION IN MEETING MINUTES. SALARIES  
OF OTHER MEMBERS OF THE MANAGEMENT TEAM ARE REVIEWED THROUGH THE ANNUAL  
BUDGET PROCESS.

Name of the organization **ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**

Employer identification number  
\*\*-\*\*\*\*\*

FORM 990, PART VI, SECTION C, LINE 18: FORM 990 & RELATED FORMS ARE MADE AVAILABLE UPON REQUEST AND ARE ALSO POSTED TO RMDC'S WEBSITE (WWW.RMDC.NET).

FORM 990, PART VI, SECTION C, LINE 19: ALL ORGANIZATIONAL DOCUMENTS & POLICIES ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST & ARE ALSO POSTED TO RMDC'S WEBSITE (WWW.RMDC.NET).

|   |         |
|---|---------|
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: |         |
| DONATED SERVICES AND USE OF FACILITIES:           | 33,102. |
| ROUNDING  | 14.     |
| TOTAL TO FORM 990, PART XI, LINE 5                | 33,116. |

FORM 990, PART XI - FINANCIAL STATEMENTS & REPORTING, LINE 2C  
AUDITOR SELECTION PROCESS & REVIEW OF AUDITED FINANCIAL STATEMENTS  
THE PROCESS FOR SELECTING THE INDEPENDENT AUDITOR & REVIEWING THE  
AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

PART XII, LINE 2 B  
FINANCIAL STATEMENT REPORTING  
THE FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE REGARDING A FIN 48  
STATEMENT OF UNCERTAIN TAX POSITIONS.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**

**Employer identification number**  
\*\* - \* \* \* \* \*

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

| (a)<br>Name, address, and EIN<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity            | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|--|---|-------------------------------|---|--|--|----|
|  |  |   |                               |   |  | Yes  | No |
| RMDC EAGLE ROCK, INC. - 81-0640371<br>C/O RMDC, INC., P.O. BOX 1717<br>HELENA, MT 59624-1717           | PROVIDES SUPPORTIVE<br>SERVICES TO LOW-INCOME<br>SENIOR HOUSING FACILITIES | MONTANA   | 501 (C) 3                     | 509 (A)(2)  | ROCKY MOUNTAIN<br>DEVELOPMENT<br>COUNCIL, INC. |  | X  |
| PENKAY EAGLES MANOR, INC. - 81-0304365<br>C/O RMDC, INC., P.O. BOX 1717<br>HELENA, MT 59624-1717       | PROVIDES LOW-INCOME SENIOR<br>HOUSING                                      | MONTANA   | 501 (C) 3                     | 509 (A)(2)  | ROCKY MOUNTAIN<br>DEVELOPMENT<br>COUNCIL, INC. |  | X  |
| EAGLES MANOR PROJECT NO. 2, INC - 81-0371019<br>C/O RMDC, INC., P.O. BOX 1717<br>HELENA, MT 59624-1717 | DEVELOP & OPERATE<br>LOW-INCOME SENIOR HOUSING                             | MONTANA   | 501 (C) 3                     | 509 (A)(2)  | ROCKY MOUNTAIN<br>DEVELOPMENT<br>COUNCIL, INC. |  | X  |
|  |  |   |                               |   |  |  |    |
|  |  |   |                               |   |  |  |    |
|  |  |   |                               |   |  |  |    |



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

| (a)<br>Name, address, and EIN<br>of related organization                               | (b)<br>Primary activity                            | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |  |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| EAGLE MANOR III RESIDENCES LP<br>- 20-5195770, P.O. BOX 1717,<br>HELENA, MT 59624-1717 | OPERATE LOW<br>INCOME SENIOR<br>HOUSING            | MT   | PENKAY EAGLES<br>MANOR, INC.        | RELATED   |                                 |  |   | X  | N/A   |   | X  |                                |
| EAGLE MANOR II RESIDENCES LP<br>- 20-8039596, P.O. BOX 1717,<br>HELENA, MT 59624-1717  | OPERATE LOW<br>INCOME SENIOR<br>HOUSING            | MT   | RMDC EAGLES<br>MANOR II, LLC        | RELATED   |                                 |  |   | X  | N/A   |   | X  |                                |
| BIG BOULDER RESIDENCES LP -<br>26-4766446, P.O. BOX 1717,<br>HELENA, MT 59624-1717     | OPERATE LOW<br>INCOME SENIOR<br>HOUSING            | MT   | RMDC BIG<br>BOULDER LLC             | RELATED   |                                 |  |   | X  | N/A   |   | X  |                                |
| RIVER ROCK RESIDENCES, LP -<br>27-4336395, P.O. BOX 1717,<br>HELENA, MT 59624-1717     | TO DEVELOP AND<br>OPERATE<br>AFFORDABLE<br>HOUSING | MT   | RMDC RIVER<br>ROCK LLC              | RELATED   |                                 |  |   | X  | N/A   |   | X  |                                |

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

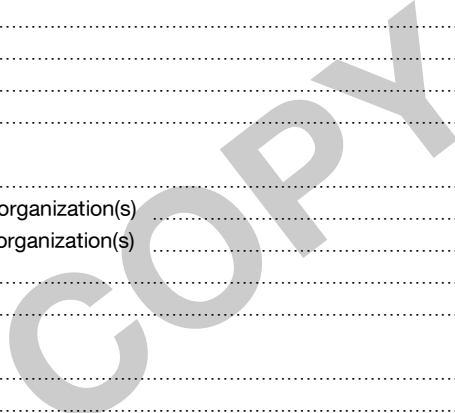
| (a)<br>Name, address, and EIN<br>of related organization                                    | (b)<br>Primary activity          | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity            | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|---|----------------------------------|---|--|--|---------------------------------|--|--------------------------------|
| ROCKY MOUNTAIN FRONT PROPERTIES, INC - 31-0250201<br>P.O. BOX 1717<br>HELENA, MT 59624-1717 | RENTAL HOUSING IN<br>AUGUSTA, MT | MT  | ROCKY MOUNTAIN<br>DEVELOPMENT<br>COUNCIL, INC. | C CORP   | -4,110.                         | 188,498.                                 | 100%                           |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |
|   |                                  |   |  |  |                                 |  |                                |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV 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?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) .....  | X   |    |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) .....  |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s) .....   | X   |    |
| <b>e</b> Loans or loan guarantees by other organization(s) .....  |     | X  |
| <b>f</b> Sale of assets to other organization(s) .....  |     | X  |
| <b>g</b> Purchase of assets from other organization(s) .....  |     | X  |
| <b>h</b> Exchange of assets .....   |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....   |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....                             | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....                              |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....   |     | X  |
| <b>n</b> Sharing of paid employees .....  | X   |    |
| <b>o</b> Reimbursement paid to other organization for expenses .....  |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses .....  |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s) .....  |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(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)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
| (1) EAGLE MANOR II RESIDENCES LP  | K                             | 0.                     |  |
| (2) EAGLE MANOR III RESIDENCES LP | K                             | 0.                     |  |
| (3) EAGLE ROCK INC                | D                             | 62,000.                |  |
| (4) BIG BOULDER RESIDENCES LP     | K                             | 0.                     |  |
| (5) ROCKY MOUNTAIN FRONT PROP     | K                             | 0.                     |  |
| (6)                               |                               |                        |  |





**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2010**

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |   |   |   |
|--|---|---|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed   |   | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>***-*****</b> |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | <b>Print or Type</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 1717</b><br>City or town, state, and ZIP code<br><b>HELENA, MT 59624-1717</b> | <b>E</b> Unrelated business activity codes (See instructions.)<br><b>624410</b>   |   |
| <b>C</b> Book value of all assets at end of year<br><b>10,479,624.</b>   | <b>F</b> Group exemption number (See instructions.)   |   |   |
| <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust   |   |   |   |

**H** Describe the organization's primary unrelated business activity. **DAY CARE CENTER OPERATION IN HELENA, MT**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **JAN KALGAARD, DIRECTOR OF FINANCE** Telephone number **406-447-1680**

| Part I Unrelated Trade or Business Income   | (A) Income                | (B) Expenses | (C) Net         |
|---|---------------------------|--------------|-----------------|
| <b>1 a</b> Gross receipts or sales <b>300,679.</b>  |                           |              |                 |
| <b>b</b> Less returns and allowances <b>c</b> Balance                                     | <b>1c</b> <b>300,679.</b> |              |                 |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>                  |              |                 |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>3</b> <b>300,679.</b>  |              | <b>300,679.</b> |
| <b>4 a</b> Capital gain net income (attach Schedule D)                                    | <b>4a</b>                 |              |                 |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4b</b>                 |              |                 |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b>                 |              |                 |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>5</b>                  |              |                 |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>                  |              |                 |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>7</b>                  |              |                 |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>8</b>                  |              |                 |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>9</b>                  |              |                 |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>10</b>                 |              |                 |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b>                 |              |                 |
| <b>12</b> Other income (See instructions; attach schedule.)                               | <b>12</b>                 |              |                 |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> <b>300,679.</b> |              | <b>300,679.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |                 |            |
|--|------------|-----------------|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |                 |            |
| <b>15</b> Salaries and wages   | <b>15</b>  | <b>231,113.</b> |            |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |                 |            |
| <b>17</b> Bad debts  | <b>17</b>  |                 |            |
| <b>18</b> Interest (attach schedule)   | <b>18</b>  |                 |            |
| <b>19</b> Taxes and licenses   | <b>19</b>  |                 |            |
| <b>20</b> Charitable contributions (See instructions for limitation rules.)  | <b>20</b>  |                 |            |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |                 |            |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |                 | <b>22b</b> |
| <b>23</b> Depletion  | <b>23</b>  |                 |            |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |                 |            |
| <b>25</b> Employee benefit programs  | <b>25</b>  |                 |            |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |                 |            |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |                 |            |
| <b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 1</b>  | <b>28</b>  | <b>89,159.</b>  |            |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>  | <b>320,272.</b> |            |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | <b>30</b>  | <b>-19,593.</b> |            |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)  | <b>31</b>  | <b>0.</b>       |            |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   | <b>32</b>  | <b>-19,593.</b> |            |
| <b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)   | <b>33</b>  | <b>1,000.</b>   |            |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>  | <b>-19,593.</b> |            |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2009 overpayment credited to 2010
44b 2010 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: PAULA R. JACQUES
Date: 05/15/12
Title: FINANCE DIRECTOR
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: PAULA R. JACQUES
Preparer's signature: PAULA R. JACQUES
Date: 05/15/12
Check if self-employed: [ ]
PTIN: P00102076
Firm's name: ANDERSON ZURMUEHLEN & CO., P.C.
Firm's EIN: \*\*-\*\*\*\*\*
Firm's address: P.O. BOX 1040 HELENA, MT 59624
Phone no.: 406-442-1040

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Totals 0. 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            | 0.                  |  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b>                        | 0.  | 0.  |  |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> | 0.                          | 0.                          |  |                       |                     | 0.  |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)                                |                             |                             |  |                       |                     |   |
| (2)                                |                             |                             |  |                       |                     |   |
| (3)                                |                             |                             |  |                       |                     |   |
| (4)                                |                             |                             |  |                       |                     |   |
| <b>(5) Totals from Part I</b>      | 0.                          | 0.                          |  |                       |                     | 0.  |
| <b>Totals, Part II (lines 1-5)</b> | 0.                          | 0.                          |  |                       |                     | 0.  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |



FORM 990-T OTHER DEDUCTIONS STATEMENT 1

| DESCRIPTION                          | AMOUNT  |
|--------------------------------------|---------|
| ALLOCATED OVERHEAD                   | 29,381. |
| MEAL COSTS                           | 13,311. |
| TRAINING                             | 2,155.  |
| OCCUPANCY                            | 29,251. |
| OTHER EXPENSE                        | 1,159.  |
| MATERIALS, SUPPLIES & PRINTING       | 10,230. |
| INSURANCE                            | 2,079.  |
| CONTRACT LABOR                       | 1,593.  |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 89,159. |

COPY

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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization<br><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b>   | Employer identification number<br><b>** - *****</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 1717</b>                             |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>HELENA, MT 59624-1717</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) 07

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**JAN KALGAARD, DIRECTOR OF FINANCE**

- The books are in the care of ▶ **RMDC INC, P.O. BOX 1717 - HELENA, MT 59624**  
 Telephone No. ▶ **406-447-1680** 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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

**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

|  |           |    |    |
|--|-----------|----|----|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|  |  |   |
|--|--|---|
| <b>Part II</b>   | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).                  |   |
| <b>Type or print</b><br><small>File by the extended due date for filing your return. See instructions.</small> | Name of exempt organization<br><b>ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.</b>   | Employer identification number<br><b>** - *****</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 1717</b>                             |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>HELENA, MT 59624-1717</b> |   |

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                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JAN KALGAARD, DIRECTOR OF FINANCE**

• The books are in the care of  **RMDC INC, P.O. BOX 1717 - HELENA, MT 59624**

Telephone No.  **406-447-1680**

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 EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2012**.

**5** For calendar year , or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

**7** State in detail why you need the extension

**ADDITIONAL TIME REQUIRED TO PREPARE AN ACCURATE TAX RETURN.**

|  |           |    |    |
|--|-----------|----|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 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 and any amount paid previously with Form 8868. | <b>8b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.   | <b>8c</b> | \$ | 0. |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title  **CPA**

Date

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**

**\*\* - \*\*\*\*\***

Name and title of officer

**JAN KALGAARD  
FINANCE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|   |   |                           |
|---|---|---------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>11473668</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____           |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____           |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____           |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | <b>5b</b> _____           |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ANDERSON ZURMUEHLEN & CO., P.C. to enter my PIN 92016  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*** Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81066838594  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 05/15/12

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**