

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1717 City or town, state or country, and ZIP + 4 HELENA, MT 59624-1717	D Employer identification number 81-0296458 E Telephone number 406-447-1680 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.RMDC.NET**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,469,403.**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	Description			Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		254,707.
	c Indirect public support (not included on line 1a)	1c		166,923.
	d Government contributions (grants) (not included on line 1a)	1d		6,916,822.
	e Total (add lines 1a through 1d) (cash \$ 7,338,452. noncash \$)	1e		7,338,452.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		982,814.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		148,137.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		8a		
		8b		
		8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1b)	9a	
		b Less: direct expenses other than fundraising expenses	9b	
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10 a	Gross sales of inventory, less returns and allowances	10a		
		b Less: cost of goods sold	10b	
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		8,469,403.	
Expenses	13 Program services (from line 44, column (B))	13		6,730,620.
	14 Management and general (from line 44, column (C))	14		902,507.
	15 Fundraising (from line 44, column (D))	15		21,782.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		7,654,909.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		814,494.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,958,415.
	20 Other changes in net assets or fund balances (attach explanation)	20		39,396.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		5,812,305.

COPY FOR YOUR RECORDS

SEE STATEMENT 1

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 3	
22b Other grants and allocations (attach schedule) (cash \$ 979,602 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	979,602.	979,602.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	102,785.	90,452.	11,306.	1,027.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,448,972.	2,865,860.	573,054.	10,058.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a-27	672,851.	560,081.	110,684.	2,086.
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	2,403.	1,758.	645.	
33 Supplies	271,073.	239,708.	27,445.	3,920.
34 Telephone				
35 Postage and shipping				
36 Occupancy	321,712.	244,891.	76,821.	
37 Equipment rental and maintenance	65,953.	53,796.	12,125.	32.
38 Printing and publications	13,908.	12,274.	1,634.	
39 Travel	130,710.	127,054.	3,640.	16.
40 Conferences, conventions, and meetings				
41 Interest	14,346.	7,491.	6,855.	
42 Depreciation, depletion, etc. (attach schedule)	62,109.	56,265.	5,822.	22.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	1,568,485.	1,491,388.	72,476.	4,621.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,654,909.	6,730,620.	902,507.	21,782.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a HOUSING PROJECTS PROVIDE HOUSING OPPORTUNITIES FOR LOW-INCOME INDIVIDUALS (Grants and allocations \$ <u>274,511.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	709,773.
b AGING SERVICES PROVIDE NUTRITION & OTHER SUPPORTIVE SERVICES TO LOW-INCOME SENIORS (Grants and allocations \$ <u>557,847.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,737,750.
c HEAD START & PRE-SCHOOL SERVICES FOR LOW-INCOME CHILDREN (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,073,718.
d WEATHERIZATION & ENERGY ASSISTANCE FOR LOW-INCOME INDIVIDUALS (Grants and allocations \$ <u>26,583.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	693,737.
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$ <u>120,661.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,515,642.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,730,620.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	66,611.	45	76,347.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	167,558.		
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
	49 Grants receivable	259,066.	49	298,549.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))		50b	
	51 a Other notes and loans receivable STMT 6	5,316,152.		
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	48,214.	52	41,407.
	53 Prepaid expenses and deferred charges	48,542.	53	62,637.
	54 a Investments - publicly-traded securities			
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	54 b Investments - other securities			
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation				
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	1,041,693.			
b Less: accumulated depreciation STMT 7	650,228.			
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 8)	599,097.	58	750,540.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,269,557.	59	7,104,655.	
Liabilities	60 Accounts payable and accrued expenses	871,968.	60	798,038.
	61 Grants payable	21,528.	61	
	62 Deferred revenue	3,598.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	149,003.	64b	129,062.
	65 Other liabilities (describe ▶ SEE STATEMENT 10)	265,045.	65	365,250.
66 Total liabilities. Add lines 60 through 65	1,311,142.	66	1,292,350.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,934,647.	67	5,753,084.
	68 Temporarily restricted	23,768.	68	59,221.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,958,415.	73	5,812,305.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,269,557.	74	7,104,655.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 942,281.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
89e			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	155
91 a	The books are in care of BILL TROMLY, DIRECTOR OF FINANCE Telephone no. 406-447-1680		
	Located at RMDC INC, P.O. BOX 1717, HELENA, MT ZIP + 4 59624		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					
b - RELATED O					737,361.
c DAY CARE CENTER FEES					
d	624410	245,453.			
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	148,137.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		245,453.		148,137.	737,361.
105 Total (add line 104, columns (B), (D), and (E))					1,130,951.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	MANAGEMENT FEES FOR LOW-INCOME HOUSING PROJECTS, CHILDCARE AND
93A	OTHER PROGRAMS RELATED TO EXEMPT PURPOSE
93B	DAY CARE CENTER FEES COLLECTED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ROCKY MOUNTAIN FRONT PROPERTIES, INC. - C/O RMDC, INC., 201 S. LAST CHANCE GULCH	100%	OPERATE LOW-INCOME HOUSING COMPLEX IN AUGUSTA, MT	46,974.	0.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No X

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Rows a, b, c, and Totals.

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No X

Table with 4 columns: (A) Name, address, of each controlled entity; (B) Employer Identification Number; (C) Description of transfer; (D) Amount of transfer. Rows a, b, c, and Totals.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No X

Please Sign Here: 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. Signature of officer: Eugene Leuwer, Executive Director. Date: 12/11/09.

Paid Preparer's Use Only: Preparer's signature: GARY B. CARLSON; Date: 02/06/09; Check if self-employed: []; Preparer's SSN or PTIN: []; Firm's name: ANDERSON ZURMUEHLEN & CO., P.C.; Address: P.O. BOX 1040, HELENA, MT 59624-1040; Phone no.: 406-442-1040.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization: **ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.**
Employer identification number: **81 0296458**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PATRICIA DAHL C/O RMDC, HELENA, MT 59601	HEAD START DIRECTOR 40.00	55,625.	9,054.	
CHARLES VIRAG C/O RMDC, HELENA, MT 59601	ACCOUNTANT 40.00	62,413.	4,429.	
WALTER HANLEY C/O RMDC, HELENA, MT 59601	FOOD SERVICE DIR 40.00	47,783.	8,505.	
JEFFREY MILLER C/O RMDC, HELENA, MT 59601	COMMUNITY DEV DIR 40.00	58,128.	9,229.	
DAWN DOYLE C/O RMDC, HELENA, MT 59601	ACCOUNTING MANAGER 40.00	56,308.	9,101.	

Total number of other employees paid over \$50,000: **0**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GALLATIN PUBLIC AFFAIRS 2025 1ST AVENUE, SUITE 1200, SEATTLE, WA 98121	LOBBYING ACTIVITIES	53,261.

Total number of others receiving over \$50,000 for professional services: **0**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HUMAN RESOURCE COUNCIL, DISTRICT XII P.O. BOX 3486, BUTTE, MT 59702	WEATHERIZATION WORK	109,454.
HELENA AREA TRANSIT 316 NORTH PARK AVENUE, HELENA, MT 59623	HEAD START BUS TRANSPORTATION	89,966.
AFFORDABLE MOBILE HOME SERVICES 1017 RAY ROAD, HELENA, MT 59602	MOBILE HOME FURNACE/OTHER WEA	80,364.

Total number of other contractors receiving over \$50,000 for other services: **0**

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>53,261.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. VI-A, LINE 38B	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 15	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,131,497.	6,876,055.	5,318,503.	5,625,676.	23,951,731.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	882,907.	1,091,739.	444,271.	2,240,844.	4,659,761.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	41,064.	46,634.	23,355.	24,281.	135,334.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	343,348.	333,959.	322,954.	315,032.	1,315,293.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	44,367.	15,174.	SEE STATEMENT 16 39,899.	37,029.	136,469.
23 Total of lines 15 through 22	7,443,183.	8,363,561.	6,148,982.	8,242,862.	30,198,588.
24 Line 23 minus line 17	6,560,276.	7,271,822.	5,704,711.	6,002,018.	25,538,827.
25 Enter 1% of line 23	74,432.	83,636.	61,490.	82,429.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 510,777.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 25,538,827.
d Add: Amounts from column (e) for lines: 18 135,334. 19 _____ 22 136,469. 26b _____					26d 271,803.
e Public support (line 26c minus line 26d total)					26e 25,267,024.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.9357%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	53,261.
38	Total lobbying expenditures (add lines 36 and 37)	38	53,261.
39	Other exempt purpose expenditures	39	7,601,648.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	7,654,909.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000		20% of the amount on line 40
	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	41	\$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
42	Grassroots nontaxable amount (enter 25% of line 41)	42	133,186.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	532,745.	513,055.	506,312.	0.	1,552,112.
46					2,328,168.
47	53,261.	18,496.	28,738.	0.	100,495.
48	133,186.	128,264.	126,578.	0.	388,028.
49					582,042.
50			0.	0.	0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
IN-KIND CONTRIBUTIONS CAPITALIZED		39,396.	
TOTAL TO FORM 990, PART I, LINE 20		39,396.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	14,603.	14,603.			
COMMUNICATIONS	46,271.	46,271.			
CONSULTANT/CONTRACT	371,435.	371,435.			
INSURANCE	42,034.	42,034.			
MEAL COSTS	263,805.	263,805.			
OTHER	99,975.	99,975.			
STIPENDS	525,159.	525,159.			
VOLUNTEER PARTICIPANT EXPENSE	128,106.	128,106.			
ADVERTISING	4,060.		4,060.		
COMMUNICATIONS	8,196.		8,196.		
CONSULTANT/CONTRACT	27,778.		27,778.		
INSURANCE	12,143.		12,143.		
MEAL COSTS	7,440.		7,440.		
OTHER	12,859.		12,859.		
ADVERTISING	981.			981.	
COMMUNICATIONS	573.			573.	
CONSULTANT/CONTRACT	752.			752.	
OTHER	1,895.			1,895.	
VOLUNTEER PARTICIPANT EXPENSE	420.			420.	
TOTAL TO FM 990, LN 43	1,568,485.	1,491,388.	72,476.	4,621.	

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHARITABLE VARIOUS SENIOR SERVICES VARIOUS	979,602.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	979,602.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 4

EXPLANATION
COMMUNITY ACTION AGENCY PROVIDES SERVICES TO LOW-INCOME IN TRI-COUNTY AREA

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
EMERGENCY SHELTER & RUNAWAY PROGRAMS	39,687.	39,689.
OTHER LOW INCOME SUPPORT SERVICES	80,974.	1,455,306.
TRANSPORTATION SERVICES - LOW INCOME/SR/COMMUNITY	0.	20,647.
TOTAL TO FORM 990, PART III, LINE E	120,661.	1,515,642.

FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 6

BORROWER'S NAME		TERMS OF REPAYMENT		
ROADRUNNER RESIDENCE LP		PRIN & INT DUE AT MATURITY		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
04/01/99	04/01/19	55,000.	1.00%	0.
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
NONE		US BANK GRANT LOANED FOR LOW INCOME HOUSING		
RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE	
		0.	55,000.	

BORROWER'S NAME		TERMS OF REPAYMENT		
ROADRUNNER RESIDENCE LP		MTHLY PAYMENTS OF \$1433		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
06/01/99	05/01/31	340,000.	3.00%	0.
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
NONE		HOME FUNDS LOANED FOR LOW INCOME HOUSING		
RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE	
		0.	269,083.	

BORROWER'S NAME TERMS OF REPAYMENT

ROADRUNNER RESIDENCE LP AVAILABLE CASH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
2/29/99	12/31/09	63,726.	6.47%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE DEVELOPER FEE FOR LOW INCOME HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
		0.	29,571.

BORROWER'S NAME TERMS OF REPAYMENT

RMDC PTARMIGAN, INC. PAYABLE AT MATURITY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
1/20/00	06/30/16	40,000.	6.09%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE OPERATING DEFICIT ESCROW - LOW INCOME HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
		0.	40,000.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
PTARMIGAN RESIDENCE LP	\$8,534 ANNUAL PMTS BEGINNING 12/31/2009

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
06/30/01	12/31/58	310,000.	1.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	CDBG FUNDS - LOW INCOME HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
		0.	310,000.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
PTARMIGAN RESIDENCE LP	ANNUAL PMTS OF \$9,554 (AVAILABLE CASH)

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
06/30/01	12/31/51	370,201.	1.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	HOME FUNDS - LOW INCOME HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
		0.	364,206.

BORROWER'S NAME		TERMS OF REPAYMENT		
PHEASANT GLEN LP		AVAILABLE CASH		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
08/01/03	12/31/13	354,000.	.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE DEVELOPER FEE - LOW INCOME HOUSING

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
		0.	78,515.

BORROWER'S NAME		TERMS OF REPAYMENT		
PHEASANT GLEN LP		PRIN & ACC'D INTEREST PAYABLE AT MATURITY		

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
08/15/03	08/15/33	59,167.	4.27%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE CHDO PROCEEDS - LOW INCOME HOUSING

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
		0.	59,167.

BORROWER'S NAME		TERMS OF REPAYMENT		
PHEASANT GLEN LP		MTHLY PAYMENTS OF \$800, SUBJECT TO AVAILABLE CASH		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
08/15/03	09/01/19	506,157.	4.27%	0.
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
NONE		CDBG FUNDS - LOW INCOME HOUSING		
RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE	
		0.	506,157.	

BORROWER'S NAME		TERMS OF REPAYMENT		
PHEASANT GLEN LP		MTHLY PAYMENTS OF \$333		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
08/15/03	09/01/19	411,856.	4.27%	0.
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
		HOME FUNDS FOR LOW INCOME HOUSING		
RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE	
		0.	411,856.	

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
EAGLE ROCK RESIDENCE LP	VARIOUS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
VARIOUS	VARIOUS	1,292,739.	1.25%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
	LOAN OF GRANT FUNDS FOR LOW INCOME HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
INTEREST RATES VARY FROM .25% TO 4.61%		0.	1,292,739.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
EAGLE ROCK RESIDENCE LP	ANNUAL PMTS H)

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
1/22/05	11/22/40	650,000.	.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
	CONSTRUCTION LOAN

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
		0.	650,000.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
EAGLE ROCK, INC.	NONE

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
06/22/06	06/22/11	21,850.	.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
RELATED PARTY		0.	21,850.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
VETERAN'S FDN	AVAILABLE CASH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
07/10/06	10/01/21	50,000.	1.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
		0.	20,864.

BORROWER'S NAME		TERMS OF REPAYMENT		
EAGLE ROCK RESIDENCE LP		ANNUAL PMTS H)		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
05/01/07	05/16/42	346,500.	4.86%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
RELATED PARTY		0.	346,500.

BORROWER'S NAME		TERMS OF REPAYMENT		
EAGLES MANOR III		AVAILABLE CASH		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
02/02/07		73,044.	4.84%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
RELATED PARTY		0.	73,044.

BORROWER'S NAME		TERMS OF REPAYMENT		
FRIENDSHIP CENTER		AVAILABLE CASH		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
06/30/07	12/31/07	41,100.	.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
NONE		0.	0.

BORROWER'S NAME		TERMS OF REPAYMENT		
EAGLES MANOR III		AVAILABLE CASH		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
06/30/08		420,942.	4.84%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
RELATED PARTY		0.	420,942.

BORROWER'S NAME		TERMS OF REPAYMENT		
EAGLE MANOR III		AVAILABLE CASH		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
6/30/08		366,658.	1.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 NONE

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
		0.	366,658.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	5,316,152.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT & VEHICLES	917,192.	635,055.	282,137.
BUILDINGS	56,501.	15,173.	41,328.
LAND	68,000.	0.	68,000.
TOTAL TO FORM 990, PART IV, LN 57	1,041,693.	650,228.	391,465.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS/OTHER	1,000.	0.
INTEREST RECEIVABLE	259,045.	402,220.
CONSTRUCTION IN PROGRESS	220,672.	0.
ASSETS HELD FOR SALE	0.	235,000.
INVESTMENT IN HOUSING PROJECT	0.	64,352.
RECEIVABLE FROM RELATED ENTITIES	118,380.	48,968.
TOTAL TO FORM 990, PART IV, LINE 58	599,097.	750,540.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 9

LENDER'S NAME TERMS OF REPAYMENT

VALLEY BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
1/07/00	01/20/20	60,373.	8.75%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
HOUSE	HEADSTART HOUSE

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	39,806.

LENDER'S NAME TERMS OF REPAYMENT

HLB

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
4/01/99	04/01/19	55,000.	1.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	SUBSIDIZE LOW-INC HOUSING PROJECT

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	60,324.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
MOUNTAIN WEST BANK	NONE

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
1/26/07	11/23/09	29,804.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	CONSTRUCT HIGH SCHOOL HOUSE

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	18,793.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
FHLB - SEATTLE	NONE

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
06/30/08		6,325.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	SUBSIDIZE LOW-INC HOUSING PROJECT

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	5,725.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	<u>129,062.</u>
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FORM 990	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
OPERATING LOC PAYABLE		265,045.	365,250.
TOTAL TO FORM 990, PART IV, LINE 65		265,045.	365,250.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
REVENUE OF SUBSIDIARIES, NET OF ELIMINATIONS		338,674.	
TOTAL TO FORM 990, PART IV-A		338,674.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	12
DESCRIPTION		AMOUNT	
EXPENSES OF SUBSIDIARIES, NET OF ELIMINATIONS		584,955.	
TOTAL TO FORM 990, PART IV-B		584,955.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TON CHACOPULOS C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
GREGG GROEPPER C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
WENA GRUBB C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
CHRISTINA GWINN C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
WILA HARRINGTON C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
FEROME LOENDORF C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
CHARLES NOTBOHM C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
BILL ROBERTS C/O RMDC HELENA, MT 59601	VICE-PRESIDENT 1.00	0.	0.	0.
HERESA ORTEGA C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
DANIEL POCHA C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
JAMES E. SMITH C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.

MARVIN WILLIAMS C/O RMDC HELENA, MT 59601	DIRECTOR 1.00	0.	0.	0.
GANDY HUNTHAUSEN C/O RMDC HELENA, MT 59601	PRESIDENT 1.00	0.	0.	0.
HELEN FANDRICH C/O RMDC HELENA, MT 59601	SECRETARY/TREASURER 1.00	0.	0.	0.
BENE LEUWER C/O RMDC HELENA, MT 59601	EXEC DIRECTOR, RMDC 40.00	91,238.	11,547.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		91,238.	11,547.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
RMDC EAGLE ROCK, INC.	X	
RMDC PTARMIGAN, INC.	X	
RMDC PHEASANT GLEN, INC.	X	
ROCKY MOUNTAIN FRONT PROPERTIES, INC.		X
EAGLE MANOR II RESIDENCES LP		X
EAGLE MANOR III RESIDENCES LP		X

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 15

EXECUTIVE DIRECTOR COMPENSATION ONLY

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	44,367.	15,174.	39,899.	37,029.
TOTAL TO SCHEDULE A, LINE 22	<u>44,367.</u>	<u>15,174.</u>	<u>39,899.</u>	<u>37,029.</u>