Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

16260105 792194 360070.0



District IV Human Resource Dev. Council 2229 5th Avenue Havre, MT 59501

District IV Human Resource Dev. Council:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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. Return Form 8879-EO to us by May 16, 2022.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Best regards,

Annette P. Hill, CPA

	***** THIS IS NOT A FILEABLE COPY *****	-	
0070 EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Form 8879-EO		0.1	
	For calendar year 2020, or fiscal year beginning <u>JUL 1</u> , 2020, and ending <u>JUN 30</u> , ► Do not send to the IRS. Keep for your records.	20 <u>Z I</u>	2020
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Taxpayer i	dentification number
		01 01	005400
	UMAN RESOURCE DEV. COUNCIL	81-0	295420
Name and title of officer or pe KATHY TERBOVI' CFO			
	Return and Return Information (Whole Dollars Only)		
check the box on line <b>1a</b> , 2 blank, then leave line <b>1b</b> , 2 return, then enter -0- on th	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro <b>2a</b> , <b>3a</b> , <b>4a</b> , <b>5a</b> , <b>6a</b> , or <b>7a</b> below, and the amount on that line for the return being filed with <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , or <b>7b</b> , whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. <b>Do not</b> complete more than one line in Part I.	this form w red -0- on th	vas ne
	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,002,691.
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here	· · · · · · · · · · · · · · · · · · ·		
6a Form 990-T check he			
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, Part III, line 1)	/D	
	I declare that X I am an officer of the above organization or I am a person sub		with respect to
(name of organization)			
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	fund, and <b>(c)</b> the date of any refund. If applicable, I authorize the U.S. Treasury and its de nic funds withdrawal (direct debit) entry to the financial institution account indicated in th e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior f thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a a smy signature for the electronic return and, if applicable, the consent to electronic func- tion	e tax prepa account. To to the payn ixes to rece personal	iration revoke nent ive
X I authorize AN	DERSON ZURMUEHLEN & CO., P.C.	to enter my	y PIN 60070
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(i	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforement of disclosure consent screen.		-
electronically file	berson subject to tax with respect to the organization, I will enter my PIN as my signature ad return. If I have indicated within this return that a copy of the return is being filed with a ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	i state ager	ncy(ies)
Signature of officer or person subject Part III Certifica	tion and Authentication	Date	₽ ▶
ERO's EFIN/PIN. Enter vo	ur six-digit electronic filing identification		
-	your five-digit self-selected PIN. 81170938594 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate eturn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informa		
ERO's signature 🕨	Date ► _ 01/	05/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	So	
LHA For Paperwork Rec	luction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

eparate application for each return.	Filo a

► Go to www.irs.gov/Form8868 for the latest information.

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

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)								
print	DISTRICT IV HUMAN RESOURCE		81-02	295420							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 2229 5TH AVENUE				01 02						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAVRE, MT 59501											
Enter the	Return Code for the return that this application is for (fi	le a separa	e application for each return)								
Applicati	on	Return	Application			Return					
ls For		Code	Is For			Code					
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990	)-BL	02	Form 1041-A			08					
Form 472	20 (individual)	03	Form 4720 (other than individual)			09					
Form 990	)-PF	04	Form 5227			10					
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990	)-T (trust other than above) KATHY TERBOVIT	06	Form 8870			12					
<ul> <li>If the o</li> <li>If this</li> <li>box ▶</li> <li>1 I re the</li> <li>▶</li> <li>2 If th</li> </ul>	ne tax year entered in line 1 is for less than 12 months, o	Group Exe and atta MAX janization's , an check reaso	mption Number (GEN) If         ch a list with the names and TINs of <u>Z</u> 16, 2022, to file         return for:         d ending	f this is fo all membe	r the whole ers the extent opt organiza	group, check this					
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.	), or 6069, e	enter the tentative tax, less	3a	\$	0.					
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b											
c Ba	lance due. Subtract line 3b from line 3a. Include your p	ayment witl	n this form, if required, by								
usi	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.					
instructio	If you are going to make an electronic funds withdrawa ns. For Privacy Act and Paperwork Reduction Act Notice			153-EO an		9-EO for payment 8868 (Rev. 1-2020)					

023841 04-01-20

			EXTENDED TO MAY 16, 202		<b>T</b>	OMB No. 1545-0047				
Farr	<b>Q</b>	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			0000				
FOI		50	<ul> <li>Do not enter social security numbers on this form as it</li> </ul>							
		of the Treasury enue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the</li> </ul>	-	Open to Public Inspection					
					UN 30, 2021					
B c a	heck if	le: C Name of	organization	-	D Employer identific	ation number				
	Addr	ess DIST	RICT IV HUMAN RESOURCE DEV. COUNCIL							
	Name		usiness as		81-029542	20				
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Roo 5TH AVENUE	om/suite	E Telephone number 406-265-6	712				
	lreturr termi	n-	DUDY STILL AVENUE		<b>G</b> Gross receipts \$	5,002,691.				
	ated Amer	nded UNTO	E, MT 59501		H(a) Is this a group re					
	_returr ☐Appli Ition		nd address of principal officer:		for subordinates?					
L	pend		AS C ABOVE		H(b) Are all subordinates ind	····· = =				
IT	ax-e>	empt status:		527		ist. See instructions				
		ite: ► HRDC			H(c) Group exemption					
ΚF	orm o	f organization:	X Corporation	L Year of		State of legal domicile: MT				
	nrt I		· · · · · · · · · · · · · · · · · · ·							
	1	Briefly describ	e the organization's mission or most significant activities: <u>TO PAR</u>	TNER	WITH LOW IN	COME				
Governance		PEOPLE	IN THEIR EFFORT TO ACHIEVE ECONOMIC	STAB	ILITY AND TO	) ADVOCATE				
rna	2	Check this bo	x 🕨 🥅 if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	ets.				
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	10				
	4		ependent voting members of the governing body (Part VI, line 1b)			<u>    10</u> 95				
s S	5	Total number	Il number of individuals employed in calendar year 2020 (Part V, line 2a)5							
vitie	6	Total number	of volunteers (estimate if necessary)		6	90				
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b	0.				
					Prior Year	Current Year				
e	8	Contributions	and grants (Part VIII, line 1h)		3,531,889.	4,289,318.				
Revenue	9	U U	ce revenue (Part VIII, line 2g)		677,294.	713,152.				
lev.	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		638.	221.				
ш	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,209,821.	5,002,691.				
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.				
es			compensation, employee benefits (Part IX, column (A), lines 5-10)		2,760,576.	2,782,243.				
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.				
ďx	b		ng expenses (Part IX, column (D), line 25)	•	1 450 040	1 680 000				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,472,249.	1,778,032.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,232,825.	4,560,275.				
	19	Revenue less	expenses. Subtract line 18 from line 12		-23,004.	442,416.				
Net Assets or Fund Balances					ginning of Current Year	End of Year				
Sset	20	Total assets (F			3,093,054.	3,617,563.				
et A Ind I	21		(Part X, line 26)		932,873.	1,014,966.				
	22 Irt II		fund balances. Subtract line 21 from line 20		2,160,181.	2,602,597.				
				d atata	nto and to the best of and	knowledge and belief it '-				
			I declare that I have examined this return, including accompanying schedules and			knowledge and Dellet, it is				
truë,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer I	nas any knowledge.					
<u>o</u> .	_	Signature	e of officer		Date					
Sig	1	, -			σαισ					

Here	KAINI IEKOVIIZ, CFO										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date								
Paid	ANNETTE P. HILL, CPA	ANNETTE P. HILL,	CPA 01/05	/22 self-employed P00102055							
Preparer	Firm's name 🕒 ANDERSON ZURMUEH	LEN & CO., P.C.		Firm's EIN 🕨 81-0385940							
Use Only	Firm's address P.O. BOX 748										
	BUTTE, MT 59703			Phone no. 406 - 782 - 0451							
May the IRS discuss this return with the preparer shown above? See instructions											
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)										

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

Form **990** (2020)

	990 (2020) DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-02954	20 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: AS A COMMUNITY ACTION PROGRAM AGENCY, THE COUNCIL'S GOALS ARE TO	
	SERVE, ADVISE, EDUCATE, AND MOST IMPORTANTLY, AID SOCIETY IN PROJ	ECTS
	AIMED AT BREAKING THE CYCLE OF POVERTY. THE SERVICES OFFERED BY	
	DISTRICT IV ARE DEVELOPED TO ENABLE LOW-INCOME INDIVIDUALS IN HIL	L,
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 2,134,557. including grants of \$) (Revenue \$)	<b>48,066.</b> )
	HEAD START: SERVICES TO DISADVANTAGED PRESCHOOL CHILDREN	
4b	(Code:) (Expenses \$502,659. including grants of \$) (Revenue \$	<b>97,373.</b> )
	SECTION 8: HOUSING ASSISTANCE	
4c	(Code: ) (Expenses \$ 161,486. including grants of \$ ) (Revenue \$	1,099.)
40	(Code:) (Expenses \$161,486. including grants of \$) (Revenue \$) WEATHERIZATION: WEATHERIZATION ASSISTANCE	<u> </u>
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ 1,201,193. including grants of \$ ) (Revenue \$ 566,614.) Total program service expenses ▶ 3,999,895.	
4e		orm <b>990</b> (2020)
032002	12-23-20	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	

16260105 792194 360070.0

Form 990 (		DISTRICT			RESOURCE	DEV.	COUNCIL
Part IV	Checklist of R	;					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
)32003	3 12-23-20	⊦orm	<b>990</b> (	2020)

4

032003 12-23-20

 Form 990 (2020)
 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL
 81-0295420
 Page 4

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
05 -	Part V, line 1	34	X X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		x
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	330		- 23
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c		(0000)
032004	12-23-20 5	⊦orm	<b>3</b> 90	(2020)

Form 990		DISTRICT						81-0295420	Page 5
Part V	Statements	Regarding Othe	er IR	S Filings	and Tax Com	oliance	(continued)		

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			100						
	filed for the calendar year ending with or within the year covered by this return	2a	95								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	Х						
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ (see instruction										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х					
b											
4a	<b>4a</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		-	4a		Х					
b	<b>b</b> If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a				5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a											
	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired								
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		<u>X</u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e	-							
-	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.			•							
a				9a							
b				9b							
10	Section 501(c)(7) organizations. Enter:	10a	1								
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a									
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
'' a	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
с	Enter the amount of reserves on hand	13c									
14a				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?			15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ne?	16		X					
	If "Yes," complete Form 4720, Schedule O.				0000						
				Form	990	(2020)					

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Form 990	(2020)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
			,	_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form	ı? [·	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	L	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," a	escribe				
	in Schedule O how this was done			L	12c	Х	
13	Did the organization have a written whistleblower policy?			L	13	Х	
14	Did the organization have a written document retention and destruction policy?			L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			L	15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?			·	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501	(c)(3)s d	only) a	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on So	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy	/, and fi	inanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records  🕨				
	KATHY TERBOVITZ - 406-265-6743						
	2229 5TH AVE, HAVRE, MT 59501					000	
032006	12-23-20				Form	990	(2020)
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Form 990 (2020)	DISTRICT IV H		-		81-0295420	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees	, and Independent Con	tractors				
Check if Sche	dule O contains a response or i	note to any line in this F	art VII			
Section A. Officers, Dir	ectors, Trustees, Key Employ	ees, and Highest Com	pensated Em	nployees		
1a Complete this table for	all persons required to be liste	ed. Report compensatio	n for the caler	ndar year ending w	ith or within the organization'	s tax year.
I ist all of the organized	ation's current officers direct	ors trustees (whether in	dividuals or c	rganizations) rega	rdless of amount of compens	sation

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable Reportable		Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week			from	from related	other				
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee,	npen		(00-2/1099-00130)		and related
	below	dual t	ltiona		nploy	st cor	1			organizations
	line)	Indivi	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHY TERBOVITZ	40.00									
FISCAL OFFICER		1		x				62,997.	Ο.	10,853.
(2) CARILLA FRENCH	40.00									
EXECUTIVE DIRECTOR		1		x				66,595.	Ο.	4,078.
(3) FRANK DEPRIEST	1.00									
DIRECTOR		x						0.	Ο.	0.
(4) LAUREN BUNTON	1.00									
DIRECTOR		X						0.	Ο.	0.
(5) MARK PETERSON	1.00									
PRESIDENT		x		X				0.	Ο.	0.
(6) VALDEAN EL ASSAD	1.00									
DIRECTOR		Х						0.	Ο.	0.
(7) JOETTE WOODS	1.00									
VICE PRESIDENT		X		X				0.	Ο.	0.
(8) GLENDA HANSON	1.00									
DIRECTOR		X						0.	Ο.	0.
(9) JAMIE LARSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARIT ITA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) AMANDA MEYER	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
		L								
032007 12-23-20										Form <b>990</b> (2020)

032007 12-23-20

Form 990 (2020)

## 16260105 792194 360070.0

2020.05010 DISTRICT IV HUMAN RESOURC 360070.1

		IV HUMA	N	RE	SO	UR	CE.	D	EV. COUNCIL	81-02	2954	420	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not ch , unles cer an	heck i ss per	ition more rson is	than c s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	ie tion ted
			-											
			-											
			-											
			-											
С	Subtotal Total from continuation sheets to Part VI	I, Section A							129,592. 0.		0.			31. 0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re	129,592. eceived more than \$100,	000 of reportable	<b>0.</b>	1	4,9	
	compensation from the organization												Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	•		Ŭ	• •			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr	accrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		x
Sec	tion B. Independent Contractors			51 50		2070								
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensat	ion fro	om	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	С	<b>(C</b> ompe	<b>C)</b> nsatio	n
2	Total number of independent contractors (ii		otlim	nitad		thee		tod	abova) who received m	are then				
	\$100,000 of compensation from the organized	•	51 111	med	0			.cu						

Form **990** (2020)

032008 12-23-20

	1 990 rt V		DISTRICT IV H	UMAN RES	OURCE DEV.	COUNCIL	81-0295	420 Page 9
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
s, G Ame		С	Fundraising events 1c					
Gift Iar			Related organizations 1d					
) sr Simi				000,798.				
tior er S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	288,520.				
onti od C		-	Noncash contributions included in lines 1a-1f		4 200 210			
a Č		h	Total. Add lines 1a-1f	1	4,289,318.			
				Business Code	202 802	202 002		
ice			EQUIPMENT & BUILDING R MISC INCOME & REIMBURS	900099 900099	292,892. 218,056.			
erv ue			PROGRAM FEES	900099	104,831.			
Program Service Revenue			SECTION 8	900099	97,373.	97,373.		
gra Re		d	DECIION 0	500055	57,575.	57,575.		
Pro		e f	All other program service revenue					
_			Total. Add lines 2a-2f		713,152.			
	3	9	Investment income (including dividends, intere					
			other similar amounts)		221.	K		221.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
•		b	Less: cost or other basis					
venue			and sales expenses					
			Gain or (loss)	L				
Other Re			Net gain or (loss) Gross income from fundraising events (not					
Othe	0	a	including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	►				
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b	1				
		С	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory					
sn	44	~		Business Code				
Jeo Neo	11							
ellaneo evenue		b c						
Miscellaneous Revenue			All other revenue					<u> </u>
Ϊ			Total. Add lines 11a-11d	<b>&gt;</b>				
	12		Total revenue. See instructions		5,002,691.	713,152.	0.	221.
03200					•		•	Form <b>990</b> (2020)

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must cor	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	133,139.	86,540.	46,599.	
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	2,191,344.	1,977,173.	214,171.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,895.	24,624.	4,271. 19,093.	
9	Other employee benefits	129,163.	110,070.	19,093.	
10	Payroll taxes	299,702.	269,991.	29,711.	
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting	5,666.	5,665.	1.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		-		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	127,306.	115,532.	11,774.	
16		77,046.	75,629.	1,417.	
17		11,040.	15,029.	1,41/•	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10					
19 20	Conferences, conventions, and meetings	29,382.	29,382.		
20 21	Interest Payments to affiliates	2373021			
21	Depreciation, depletion, and amortization	184,679.		184,679.	
23	Insurance	46,146.	46,146.		
24	Other expenses. Itemize expenses not covered				
21	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPORT SERVICES	375,076.	375,400.	-324.	
b	SUPPLIES	344,192.	338,263.	5,929.	
c	CONTRACTED SERVICES	225,883.	196,750.	29,133.	
d	OTHER COSTS	157,162.	143,236.	13,926.	
е	All other expenses	205,494.	205,494.		
25	Total functional expenses. Add lines 1 through 24e	4,560,275.	3,999,895.	560,380.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

032010 12-23-20

Form 990 (2020)

Part IX Statement of Functional Expenses

## 16260105 792194 360070.0

Form **990** (2020)

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16260105 792194 360070.0

33 Total liabilities and net assets/fund balances

3,093,054.

33

DISTRICT IV HUMAN RESOURCE DEV. COUNCIL Part X Balance Sheet

		Balance Oncer					
		Check if Schedule O contains a response or note	e to any l	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			371,186.	1	235,471.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			225,644.	3	281,552.
	4	Accounts receivable, net			54,735.	4	37,268.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			5		
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			1,853,392.	7	1,893,342.
Assets	8	Inventories for sale or use				8	
As	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,894,091.			
	b	Less: accumulated depreciation		1,724,261.	587,647.	10c	1,169,830.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			450.	15	100.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		3,093,054.	16	3,617,563.
	17	Accounts payable and accrued expenses			258,673.	17	229,100.
	18	Grants payable			~	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or form	er officer	, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes			<u> </u>	22	
_	23	Secured mortgages and notes payable to unrela			674,200.	23	785,866.
	24	Unsecured notes and loans payable to unrelated	-	F		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (	Complete Part X			
		of Schedule D			022 072	25	1 014 066
	26	Total liabilities. Add lines 17 through 25	- 1 - 1	▶ <b>▼</b>	932,873.	26	1,014,966.
ŝ		Organizations that follow FASB ASC 958, che	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			2,160,181.	07	2,602,597.
alaı	27			2,100,101.	27	2,002,397.	
dВ	28					28	
Ľ.		Organizations that do not follow FASB ASC 99	bo, checi				
Net Assets or Fund Balances	20	and complete lines 29 through 33.				29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq		fund		29 30	
Ass	30	Retained earnings, endowment, accumulated inc				30 31	<u> </u>
et /	32	Total net assets or fund balances			2,160,181.	32	2,602,597.
Ż	02	יסנמי חטר מסטכנס טי זעווע שמומווטכס		·····		<u> 72</u>	2,002,007.

81-0295420 Page 11

3,617,563. Form **990** (2020)

Form	1 990 (2020) DISTRICT IV HUMAN RESOURCE DEV. COUNCIL	81-0295	420	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)		,00		
2	Total expenses (must equal Part IX, column (A), line 25)		,56		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,16	0,18	81.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		<u> </u>	о г.	~ <del>-</del>
De	column (B))	10   2	,60	4,5	97.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				X No
				Yes	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
0.	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	0-		x
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
h			2b	x	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	consolidated basis, or both:	: Dasis,			
	X       Separate basis       Consolidated basis       Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
0u	Act and OMB Circular A-133?	-	3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x	
					(2020)

Form **990** (2020)

SCHEDUL	ΕA
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Department of the Treasury

(Form	990	or	990-EZ
	330	UI.	330-LZ

# **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.

OMB No. 1545-0047
2020
Open to Public Inspection

Intern	al Rever	hue Service	Go to www.irs.gov	/Form990 for instruction	ons and th	e latest in	formation.		Inspection		
Nam	e of t	the organization							identification number		
Da		DIST	RICT IV HUN	MAN RESOURCE	DEV.	COUNC	CIL		1-0295420		
Ра	rtI	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The	organ	ization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only o	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 sect									
3		A hospital or a cooperative					•				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (0									
6		A federal, state, or local go	-								
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental i	unit or from t	ne general p	oublic described in		
-		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org	-					-	-		
		or university or a non-land-o	grant college of agrici	uiture (see instructions).	Enter the i	name, city,	, and state of	the college	or		
40		university:			aud 6			:	d average variate from		
10		An organization that norma	•					-			
		activities related to its exen									
		income and unrelated busin See section 509(a)(2). (Co		(less section 511 tax) no	in busines	ses acqui	eu by the oli	janization a	inter Julie 30, 1975.		
11		An organization organized a	• •	volv to tost for public sat	oty Soo	soction 50	$\Omega(a)(4)$				
12		An organization organized a	-					rny out the	nurnoses of one or		
12		more publicly supported or	-					-			
		lines 12a through 12d that									
а		<b>Type I.</b> A supporting orga	• •					-	aivina		
u	L	the supported organization				-					
		organization. You must o			majority o				pporting		
b		<b>Type II.</b> A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	vina		
		control or management of									
		organization(s). You mus			·						
с		Type III functionally inte	-		in connect	ion with, a	and functiona	lly integrate	d with,		
		its supported organizatio	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution req	uirement and	l an attentiv	/eness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.					
f		er the number of supported o	•								
<u> </u>		vide the following information			(iv) Is the orga	nization listed	(1) (	f	(ui) Amount of other		
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

## Schedule A (Form 990 or 990-EZ) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4404893.	3659802.	3530474.	3531889.	4289318.	<u>19416376.</u>		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	4404000	2650000	2520454	2521000	4000010	10110000		
	Total. Add lines 1 through 3	4404893.	3659802.	3530474.	3531889.	4289318.	19416376.		
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)								
~							19416376.		
	Public support. Subtract line 5 from line 4.						µ9410370.		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	4404893.	3659802.	3530474.	3531889.		19416376.		
	Gross income from interest,		00000021			12090201			
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	9,008.	7,761.	402.	638.	221.	18,030.		
9	Net income from unrelated business								
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain			ř					
	or loss from the sale of capital								
	assets (Explain in Part VI.)	303,162.					303,162.		
11	Total support. Add lines 7 through 10						19737568.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,465,271.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)			
	organization, check this box and stop	ohere					<b>&gt;</b>		
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2020 (I		-			14	<u>98.37</u> %		
	Public support percentage from 2019					15	96.11 %		
<b>1</b> 6a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2019. 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								
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	-							
b	10% -facts-and-circumstances test	0					10% or		
	more, and if the organization meets th						. —		
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b					
					Sche	edule A (Form 990	or 990-EZ) 2020		

032022 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, <sup>-</sup>	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
						·····
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	20 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	a publicly suppo	orted organization	
20 Private foundation. If the organizatio	n did not check a l	box on line 14, 19	a, or 19b, check th			▶∟
032023 01-25-21				Sch	edule A (Form 990	0 or 990-EZ) 2020
		16				

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<sup>2020.05010</sup> DISTRICT IV HUMAN RESOURC 360070.1

# Schedule A (Form 990 or 990 EZ) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420 Page 4

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

 10b

 Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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## Schedule A (Form 990 or 990-EZ) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization s and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i>	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u>Soc</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	uon o. Type ii Supporting Organizations			

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

Section D. All 1	ype III Supporting	Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	to satisfy the Integral Part	Test during the vear	(see instructions)
		י נוומנ נוופ טוקמוווצמנוטוו עצפנ	i lu salisiy liie iiileyiai Fail	iest during the year	1000 1100 00

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Yes No

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Sche Pai	dule A (Form 990 or 990-EZ) 2020 DISTRICT IV HUMAN RESOUR			81-0295420 Page 6
				Dert VII Coo instructions
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations must co	ompiei	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
-	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

# Schedule A (Form 990 or 990-EZ) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2020	8	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e		~		
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	Excess from 2017				
с	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990	)-EZ) 2020	DIST	RICT	IV	HUMAN	RESOURCI	E DEV.	COUNCI	L 81	<u>L-0295420</u>	) Page <b>8</b>
Part VI	Supplement Part IV, Section line 1; Part IV, S	A, lines 1 A, lines 1 ection D, 5, 6, and	<b>mation.</b> , 2, 3b, 3c lines 2 an	Provide , 4b, 4c, 5 d 3; Part I	the exp 5a, 6, 9 IV, Sec	olanations )a, 9b, 9c, tion E, line	required by Part 11a. 11b. and 1	II, line 10; c; Part IV, and 3b; Pa	Part II, line 17 Section B, line art V, line 1; Pa	a or 17b; es 1 and art V, Sec	Part III, line 12; 2; Part IV, Sectio ction B, line 1e; F	on C.
		5.)										
					4							
							*					
032028 01-25-2	1						21		Sche	edule A (	Form 990 or 990	)-EZ) 2020
6010E '	792191 36	0070	0				0 05010	ד משים דר			DECOUDO	26007

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# **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

Name of the organization	n	Employer identification number							
	DISTRICT IV HUMAN RESOURCE DEV. COUNCIL	81-0295420							
Organization type (chec	ck one):								
Filers of:	Section:								
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> 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								
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special I	Rule. See instructions.							
General Rule									
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribute								
Special Rules									
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 putor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the am -EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from							
contributor, du literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an <i>exclusively</i> religion complete any of the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box ous, charitable, etc., it received <i>nonexclusively</i>							
but it <b>must</b> answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its et 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) (2020)

Name of organization

Page **2** 

Employer identification number

81-0295420

## DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 U.S. DEPT OF HEALTH & HUMAN SERVICES X Person Payroll 200 INDEPENDENCE AVE, SW 3,192,566. Noncash \$ (Complete Part II for WASHINGTON, DC 20201 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 U.S. DEPT OF JUSTICE X Person Payroll 950 PENNSYLVANIA AVE, 96,997. Noncash NW (Complete Part II for WASHINGTON, DC 20530 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 U.S. DEPT OF LABOR X Person Payroll 200 CONSTITUTION AVE, NW 94,109. Noncash (Complete Part II for WASHINGTON, DC 20210 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. U.S. DEPT OF HOUSING & URBAN 4 DEVELOPMENT X Person Payroll 451 7TH STREET SW 183,270. Noncash \$ (Complete Part II for WASHINGTON, DC 20410 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 U.S. DEPARTMENT OF TREASURY X Person Payroll 1500 PENNSYLVANIA AVE, NW 208,854. Noncash (Complete Part II for WASHINGTON DC 20220 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 U.S. SMALL BUSINESS ADMINISTRATION X Person Payroll 409 3RD ST SW 139,388. Noncash \$ (Complete Part II for WASHINGTON, DC 20416 noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B	(Form 990,	990-EZ, or	990-PF)	(2020)
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Name of organization

Employer identification number

DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

81-0295420

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>4</b>							
Name of or	rganization		Employer identification number							
DISTRI	ICT IV HUMAN RESOURCE D	EV. COUNCIL	81-0295420							
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in section	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) <b>\$</b>							
(a) No.	Use duplicate copies of Part III if additional	space is needed.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
			_							
			-							
-		(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
-		(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
			_							
			-							
Γ		(e) Transfer of gift								
	Transferee's name, address, a	nd <b>7</b> ID + 4	Relationship of transferor to transferee							
ŀ		IIU ZIF' T T								
023454 11-25	-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							

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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

Employer identification number 81-0295420 

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	coun	ts. Co	omplete if	the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(	<b>b)</b> Fun	ds and o	other acco	unts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed fund	s			
	are the organization's property, subject to the organization's	exclusive legal control?			[	Yes	No No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ng			
_						Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education)	f a histo	rically	importa	nt land are	a
	Protection of natural habitat	Preservation o	f a certif	fied his	storic str	ructure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor	iservat			
	day of the tax year.				Held at	the End of	he Tax Year
	Total number of conservation easements			2a			
				2b			
	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiz	zation	during t	he tax	
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per				Г		
~	violations, and enforcement of the conservation easements it					Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation	rease	ments c	uning the	year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion one	omont	e during	n the year	
'	Amount of expenses incurred in monitoring, inspecting, nanc \$		lion cas	emeni	5 GUIIII	y the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	'h)(4)(B)(	i)			
-	and section 170(h)(4)(B)(ii)?				Г	Yes	No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	•				е	
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	<sup>•</sup> Art, Historical Treasures, or Ot	ther Si	imila	r Asse	ets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	nce sh	ieet wor	′ks	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	urtheran	ce of p	oublic		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ıs.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet	works c	of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance	of pub	olic serv	ice,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
	(ii) Assets included in Form 990, Part X				·		
2	If the organization received or held works of art, historical tre		l gain, p	orovide	l.		
	the following amounts required to be reported under FASB A	-			•		
	Revenue included on Form 990, Part VIII, line 1			-	\$		
-	Assets included in Form 990, Part X				\$ Sahadu		- 000) 0000
	For Paperwork Reduction Act Notice, see the Instructions	s tor form 990.			Schedu	ile D (Forr	n 990) 2020
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		T IV HUMAN						81-02			<sub>age</sub> 2
Pai	t III Organizations Maintaining C								(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the f	ollowing that	at make si	ignificant ι	use of its			
_	collection items (check all that apply):										
a	Public exhibition	C			hange progr						
	b Scholarly research e Other										
c	Preservation for future generations							a a in Daut	VIII		
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be ma								Yes		
Par	t IV Escrow and Custodial Arran										No
1 41	reported an amount on Form 990, Pa		ete îl the oli	Janizatio	n answered	res on	F0111 990	, Fart IV, I	ine 9, 01		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for cont	tributions	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escr	ow or cu	istodial acco	ount liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar	swered "Ye	s" on Fo							
		(a) Current year	(b) Prior	year	(c) Two yea	ars back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc		olumn (a)	) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с		- · -									
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that ar	o hold on	d adminiata	rad for th		otion			
Ja		ssion of the organiza	alion that are	e neiu an	iu auministe		le organiza		l	Yes	No
	by: (i) Unrelated organizations								3a(i)	Tes	
	<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requir	red on Sche	dule R2					3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm			0.							
	Complete if the organization answere		), Part IV, lin	ie 11a. S	ee Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	other		or other	(c) A	ccumulate		<b>(d)</b> Boo	k value	e
1a	Land	``			3,454.				14	3,4	54.
	Buildings				8,286.	1,2	265,23	18.		3,00	
	Leasehold improvements				•	1	•				
	Equipment			77	2,351.		459,04	43.	31	3,30	08.
	Other						·			-	
	. Add lines 1a through 1e. (Column (d) must e		X. column (l	B). line 10	0c.)				1,16	9 <u>,</u> 83	30.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020	DISTRICT I	/ HUMAN RE	SOURCE	DEV.	COUNCIL	81-0295420 Page <b>3</b>
Part VII	Investments -	Other Securities.					· · · · · · · · · · · · · · · · · · ·
	Complete if the orga	anization answered "Yes	" on Form 990, Par	t IV, line 11t	o. See Form	990, Part X, line	12.
(a) Descrip		Ory (including name of security)	(b) Book va				ost or end-of-year market value
(1) Financia	al derivatives						
.,							
(3) Other	noid oquity intereste						
(A)							
(B)							
(C)							
(D)							
<u>(E)</u>							
<u>(F)</u>							
(G)							
(H)							
		, Part X, col. (B) line 12.) 🕨	•				
Part VIII		Program Related.					
		anization answered "Yes					
	(a) Description of	investment	(b) Book va	lue	(c) Metho	od of valuation: Co	ost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Part IX	Other Assets.	, Part X, col. (B) line 13.) 🕨	•				
T art IX		opization anoward "Vac	" on Form 000 . Dor	HIV Boo 11		000 Dart V lina	16
	Complete il trie orga	anization answered "Yes	) Description	LTV, MIETIC	J. See Full	1990, Part A, III e	(b) Book value
		(6	I) Description				(b) BOOK value
(1)				· ·			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu Part X	<u>mn (b) must equal Fo</u> Other Liabilitie	rm 990, Part X, col. (B) lii <b>S.</b>	ne 15.)				►
		anization answered "Yes	" on Form 990. Par	t IV, line 114	e or 11f. Se	e Form 990. Part 3	X. line 25.
1.		escription of liability		,		,	(b) Book value
	leral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	imn (b) must equal Eq	rm 990. Part X. col. (B) lii	25)				
	uuu uu uuusi euuai EO	1111 330. Eat A. CUI. (D) [[]	10 20.1				💌 👔
2 Liability	., , ,	, , , , ,	,	thate to the	e oraznizati	on's financial stat	ements that reports the
-	for uncertain tax pos	itions. In Part XIII, provid	e the text of the foo		-		ements that reports the

032053 12-01-20

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCI		0295420 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,002,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,002,691.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,002,691.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Retur	n.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expens           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	es per Retur	
<b>Pa</b> 1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Retur	n. 4,560,275.
	Int XII         Reconciliation of Expenses per Audited Financial Statements With Expense           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	es per Retur	
1	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	es per Retur	
1 2	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	es per Retur	
1 2 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	es per Retur	
1 2 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	es per Retur	
1 2 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	es per Return	4,560,275.
1 2 b c d	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	es per Return	
1 2 b c d e	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	es per Return	4,560,275.
1 2 b c d e 3	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	es per Return	4,560,275.
1 2 6 6 8 4	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	es per Return	4,560,275.
1 2 b c d e 3 4 a	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         Investment expenses not included on Form 990, Part VIII, line 7b       4a	es per Return	4,560,275. 0. 4,560,275. 0.
1 2 a b c d e 3 4 a b c 5	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         4a         Other (Describe in Part XIII.)	es per Return	4,560,275.

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

SCHEDULE L	l	Tra	insaction	is V	Vith	Int	erested	Ρ	ersons			O	MB No.	1545-00	47
(Form 990 or 990-EZ)	Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	0
Department of the Treasury Internal Revenue Service	· · · · · · · · · · · · · · · · · · ·	Go to v	► Atta www.irs.gov/Fo				Form 990-E2		st information.			-	pen T spect		olic
Name of the organization												r ident		on nu	mber
			IV HUMAN									954	20		
	Benefit Trans														
Complete it	f the organizatior						ine 25a or 25t I	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.	1		
<ol> <li>(a) Name of disquali</li> </ol>	ified person	(b) ⊦	elationship betv person and or		•	ified	(	<b>c)</b> De	escription of tran	sactio	n				cted?
				3									- T	es	No
2 Enter the amount o	-		•	°			•	Ũ	2		•				
	ftav if any on li										► \$ ► ¢				
<b>3</b> Enter the amount o	of tax, if any, on ii	ne 2, a	above, reimburs	ed by	the or	ganiza	lion				• •				
Part II Loans to	and/or Fron	n Inte	erested Pers	ons.											
Complete it	f the organizatior	n ansv	vered "Yes" on F	Form 9	90-EZ	, Part '	V, line 38a or I	- orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
	n amount on Forr					,						-			
(a) Name of	(b) Relatio						(h) Approved by board or								
interested person	with organi	ization	of loan		zation?	prine	cipal amount			defa	ault?	committee? agreement?			ement?
				То	From				*	Yes	No	Yes	No	Yes	No
Total	or Assistance	Dan	ofiting Inton				> \$								
			-												
(a) Name of intere	f the organization						c) Amount of		<b>(d)</b> Type	of		10	) Purp	000 0	f
(a) Name of interes	sted person	'	(b) Relationship interested pers			'	assistance		assistan			•	assist		1
			the organiza	ation											
		_									-+				
		_													
											-+				
											-+				
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LHA For Paperwork R	eduction Act No	otice, :	see the Instruct	tions f	or For	m 990	) or 990-EZ.		Sch	edule	L (Fo	rm 990	) or 99	Ю-EZ	) 2020

032131 12-09-20

	(Form 990 or 990-EZ) 2020					DEV.	COUNCIL	81-0295420	Page 2
Part IV	Business Transaction	ons Involving I	nter	ested Per	sons.				

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

(a) Name of interested person	(b) Relationship between interested person and the organization				(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
							Yes	No
ANTELOPE COURT, LP	DISTRICT	IV	HRDC	IS	42,288.	EXPENSE REI		X
BUFFALO COURT, LP	DISTRICT	IV	HRDC	IS	27,907.	EXPENSE REI		X

### Part V Supplemental Information.

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

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

(A) NAME OF PERSON: ANTELOPE COURT, LP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DISTRICT IV HRDC IS THE GENERAL PARTNER IN ANELOPE COURT, LP

(D) DESCRIPTION OF TRANSACTION: EXPENSE REIMBURSEMENT AND DEVELOPER FEES

(A) NAME OF PERSON: BUFFALO COURT, LP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DISTRICT IV HRDC IS THE PARTNER IN BUFFALO COURT, LP

(D) DESCRIPTION OF TRANSACTION: EXPENSE REIMBURSEMENT AND DEVELOPER FEES

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

EZ 2020 Open to Public Inspection Employer identification number

OMB No. 1545-0047

DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR SOCIAL AND ECONOMIC ADVANCEMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BLAINE, AND LIBERTY COUNTIES IN MONTANA OF ALL AGES TO ATTAIN THE

SKILLS, KNOWLEDGE, MOTIVATIONS, AND THE OPPORTUNITIES NEEDED FOR THEM

TO BECOME FULLY SELF-SUFFICIENT.

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

LOW INCOME ENERGY ASSISTANCE: ENERGY ASSISTANCE; FOOD BANK: FOOD FOR

HOMELESS AND UNDERPRIVILEGED; CONTINUUM OF CARE: LOW INCOME HOUSING

SUPPORT; TEMPORARY ASSISTANCE FOR NEEDY FAMILIES/WORK READINESS

COMPONENT: WORK PLACEMENT; SUMMER YOUTH TRAINING; COMMUNITY SERVICES

BLOCK GRANT: IMPROVEMENT OF POVERTY CONDITIONS; WIA ADULT: OCCUPATIONAL

TRAINING AND ASSISTANCE; SKILLS TRAINING: OCCUPATIONAL TRAINING AND

ASSISTANCE; WIA YOUTH: YOUTH OCCUPATIONAL OPPORTUNITIES; CHILD CARE

BLOCK GRANT: CHILD CARE ASSISTANCE; NWE WEATHERIZATION: WEATHERIZATION

ASSISTANCE; DOMESTIC VIOLENCE: SHELTER FROM ABUSE; EMERGENCY HOMELESS

SHELTER: TEMPORARY HOUSING ASSISTANCE

EXPENSES \$ 1,201,193. INCLUDING GRANTS OF \$ 0. REVENUE \$ 566,614.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND THEN PRESENTS TO THE BOARD

FOR APPROVAL BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

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

32

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization DISTRICT IV HUMAN RESOURCE DEV. COUNCIL	Employer identification number 81-0295420
BOARD MEMEBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST	STATEMENT
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR HIRING ALL OFFIC	ERS OF THE
DRGANIZATION. THE BOARD RESEARCHES COMPARABLE ORGANIZATIO	NS TO DETERMINE
REASONABLE COMPENSATION AND BENEFIT PACKAGES FOR THE ORGAN	IZATION'S
DFFICERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DURING OFFICE HOURS UPON REQUEST	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR IN THE ORGANIZATION'S FINANCIAL	STATEMENT
OVERSIGHT OR INDEPENDENT ACCOUNTANT SELECTION PROCESS.	
32212 11-20-20 Sche	edule O (Form 990 or 990-EZ) 202

16260105 792194 360070.0

Department of the Treasury
Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

81-0295420

Name of the organization

SCHEDULE R (Form 990)

\_\_\_\_\_

DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

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

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

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

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	Exempt Code	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	rolled											
				501(c)(3))	(c)(3))		No												
	]																		
	]																		

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

Schedule R (Form 990) 2020

## Schedule R (Form 990) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

81-0295420 Page 2

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

	,								1	
(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General o	Percentage
	(state or	entity	excluded from tax under	income		alloca		20 of Schedule	partner?	ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
_										
RESIDENTIAL										
RENTAL-HOUSING	MT		RENT				x	N/A	X	ļ
-										
-										
-										
RENTAL-HOUSING	MT		RENT				X	N/A	X	ļ
-										
-										
1										
4										
-										
	(b) Primary activity RESIDENTIAL	(b)     (c)       Primary activity     Legal domicile (state or foreign country)       RESIDENTIAL     MT       RESIDENTIAL     MT	(b)     (c)     (d)       Primary activity     Legal domicile (state or foreign country)     Direct controlling entity       RESIDENTIAL     MT       RESIDENTIAL     MT	(b)     (c)     (d)     (e)       Primary activity     Legal domicile (state or foreign country)     Direct controlling entity     Predominant income (related, unrelated, excluded from tax under sections 512-514)       RESIDENTIAL     MT     RENT       RESIDENTIAL     MT     RENT	(b)     (c)     (d)     (e)     (f)       Primary activity     Legal domicile (state or foreign country)     Direct controlling entity     Predominant income (related, unrelated, excluded from tax under sections 512-514)     Share of total income       RESIDENTIAL RENTAL-HOUSING     MT     RENT	(b)       (c)       (d)       (e)       (f)       (g)         Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of end-of-year assets         RESIDENTIAL       MT       RENT       RENT       Rental       <	(b)       (c)       (d)       (e)       (f)       (g)       (u)       (b)         Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of end-of-year assets       Idox         RESIDENTIAL       MT       RENT       RESIDENTIAL       MT       RENT       Idox       Idox	(b)       (c)       (d)       (e)       (f)       (g)       (h)         Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income assets       Share of end-of-year assets       Image: sections 212-514         RESIDENTIAL       MT       RENT       X       Image: section se	(b)       (c)       (d)       (e)       (f)       (g)       (h)       (i)         Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of end-of-year assets       Disproportionate allocations?       Wo       Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)         RESIDENTIAL       MT       RENT       Kate       Kate <th< td=""><td>(b)       (c)       (d)       (e)       (f)       (g)       (h)       (i)       (i)       (i)         Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of total income       Disproportionate allocations?       Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)       Generation and amount in box 20 of Schedule K-1 (Form 1065)       Fees No         RESIDENTIAL       MT       RENT       X       N/A       X         RESIDENTIAL       MT       RENT       X       N/A       X</td></th<>	(b)       (c)       (d)       (e)       (f)       (g)       (h)       (i)       (i)       (i)         Primary activity       Legal domicile (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated, excluded from tax under sections 512-514)       Share of total income       Share of total income       Disproportionate allocations?       Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)       Generation and amount in box 20 of Schedule K-1 (Form 1065)       Fees No         RESIDENTIAL       MT       RENT       X       N/A       X         RESIDENTIAL       MT       RENT       X       N/A       X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) le Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp,	Type of entity	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?							
		country)				400010		Yes	No									
DISTRICT IV HRDC, LLC - 27-1619437																		
2229 5TH AVENUE	RESIDENTIAL		DISTRICT IV															
HAVRE, MT 59501	RENTAL-HOUSING	MT	HRDC	C CORP	-8.	0.	100%	Х										
DISTRICT IV HRDC, LLC1 - 47-1566433																		
2229 5TH AVENUE	RESIDENTIAL		DISTRICT IV															
HAVRE, MT 59501	RENTAL-HOUSING	MT	HRDC	C CORP	-12.	٥.	100%	Х										

## Schedule R (Form 990) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

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

Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I.	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered r	elationships and transaction thresholds.			
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved		
(1)							
(2)							
<u> </u>							
(3)							
(4)							

(5)

(6)

## Schedule R (Form 990) 2020 DISTRICT IV HUMAN RESOURCE DEV. COUNCIL

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

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

(a)	(b)	(c)	(d)	14	a)	(f)	(g)	(۲	1)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	all	Share of	Share of		• <b>,</b> opor-	Code V-LIBI	General		
of entity	T findary doubley	(state or foreign	(related, unrelated,	partnei 501 (i org	c)(3)	total	end-of-year	Dispr tior allocat	iate	amount in box 20	managi	ownership	
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets	Yes	No		Yes N		
				res	INO			res	NO	(1011111000)	resin		
				М									
												+	

Schedule R (Form 990) 2020

Provide additional information for responses to questions on Schedule R. See instructions.	
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS	CORP OR TRUST:
NAME OF RELATED ORGANIZATION:	
DISTRICT IV HRDC, LLC	
DIRECT CONTROLLING ENTITY: DISTRICT IV HRDC	
NAME OF RELATED ORGANIZATION:	
DISTRICT IV HRDC, LLC1	
DIRECT CONTROLLING ENTITY: DISTRICT IV HRDC	
032165 10-28-20	Schedule R (Form 990) 202

DISTRICT IV HUMAN RESOURCE DEV. COUNCIL 81-0295420 Page 5

Schedule R (Form 990) 2020

Part VII Supplemental Information