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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C CENTRAL VERMONT CHAMBER OF COMMERCE, INC P.O. BOX 336 BARRE, VT 05641	D Employer identification number 03-0230263 E Telephone number 802 229-5711 F Group Exemption Number
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: WWW.CVCHAMBER.COM**J Tax-exempt status** (check only one) — ☒ 501(c) (06) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

>\$ 401,791.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ 800. of contributions reported on line 1) 6b Less: direct expenses other than fundraising expenses 7a Gross sales of inventory less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe: OGDEN, UT) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 800. 2 154,554. 3 185,574. 4 45,348. 5a 5b 5c 6a 15,515. 6b 7,577. 6c 7,938. 7a 7b 7c 8 9 394,214.
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe: SEE STATEMENT 1) 17 Total expenses. Add lines 10 through 16	10 11 12 190,187. 13 6,106. 14 41,801. 15 15,425. 16 80,426. 17 333,945.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 60,269. 19 731,104. 20 21 791,373.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	164,339.	234,729.
23 Land and buildings	594,852.	573,102.
24 Other assets (describe: SEE STATEMENT 2)	18,829.	20,915.
25 Total assets	778,020.	828,746.
26 Total liabilities (describe: SEE STATEMENT 3)	46,916.	37,373.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	731,104.	791,373.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

SCANNED APR 14 2010

v/p

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

(a) Name and address

(b)	Title and average hours per week devoted to position

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

SEE STATEMENT 4

118,015

19,072

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **GEORGE MALEK** Telephone no **802-229-5711**
 Located at **P.O. BOX 336 BARRE VT** ZIP + 4 **05641**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

If 'Yes,' enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **43** ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year **N/A**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**46** 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

Yes No

46**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**47****48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**48****49a** Did the organization make any transfers to an exempt non-charitable related organization?**49a****b** If 'Yes,' was the related organization a section 527 organization?**49b****50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>George Malek, EVP</u> Date <u>3/15/10</u>			
Paid Preparer's Use Only	Preparer's signature <u>Donald J. Murray, CPA</u> Date <u>2-19-10</u>		Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00199531</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>FOTHERGILL SEGALE & VALLEY, CPAS</u> <u>143 BARRE STREET</u> <u>MONTPELIER, VT 05602</u>		EIN <u>03-0300841</u> Phone no <u>(802) 223-6261</u>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
► **Attach to Form 990 or Form 990-EZ** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CENTRAL VERMONT CHAMBER OF COMMERCE, INC

Employer identification number

03-0230263

Part I	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
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- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Internet and email solicitations | <input type="checkbox"/> | Solicitation of government grants |
| <input type="checkbox"/> | Phone solicitations | <input type="checkbox"/> | Special fundraising events |
| <input type="checkbox"/> | In-person solicitations | | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		RAFFLE (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	16,315.			16,315.
	2 Less: Charitable contributions	800.			800.
	3 Gross revenue (line 1 minus line 2)	15,515.			15,515.
DIRECT EXPENSES	4 Cash prizes	6,000.			6,000.
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,577.			1,577.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				7,577.
	11 Net income summary. Combine lines 3 and 10 in column (d)				7,938.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

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

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a**

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.
- c** If 'Yes,' enter name and address

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

CENTRAL VERMONT CHAMBER OF COMMERCE, INC

03-0230263

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	10,814.
CONFERENCES, CONVENTIONS, AND MEETINGS		180.
DEPRECIATION		31,872.
DUES AND SUBSCRIPTIONS		1,314.
EQUIPMENT REPAIRS/MAINT		3,304.
GIFTS AND PRIZES		1,804.
INFORMATION TECHNOLOGY		9,722.
INSURANCE		2,796.
INTERNAL PROGRAMS		4,947.
MISCELLANEOUS		108.
OFFICE EXPENSES		12,186.
TRAVEL		1,379.
TOTAL	\$	80,426.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 3,698.	\$ 15,905.
AUTOMOBILES	8,876.	1,269.
MACHINERY AND EQUIPMENT	6,255.	3,741.
TOTAL	\$ 18,829.	\$ 20,915.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 9,227.	\$ 8,574.
ACCRUED COMPENSATED ABSENCES	15,757.	16,582.
DEFERRED REVENUE	21,932.	12,217.
TOTAL	\$ 46,916.	\$ 37,373.

STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
GEORGE MALEK PO BOX 336 BARRE, VT 05641	EXECUTIVE VP 40.00	\$ 65,235.	\$ 9,723.	\$ 0.

CENTRAL VERMONT CHAMBER OF COMMERCE, INC

03-0230263

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BOB LORD PO BOX 336 BARRE, VT 05641	PAST PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
NEAL MEIER PO BOX 336 BARRE, VT 05641	PRESIDENT 1.00	0.	0.	0.
MICHAEL WOODFIELD PO BOX 336 BARRE, VT 05641	VP, PLAN & DEVO 1.00	0.	0.	0.
DONA BATE PO BOX 336 BARRE, VT 05641	PAST PRESIDENT 1.00	0.	0.	0.
LESLIE SANBORN PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
JIM KURRLE PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
JAMES BRESSOR PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
NANCY ZORN PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
HEATHER SHOULDICE PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
GUNNER MCCAIN PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
MIKE DONOVAN PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
SCOTT NICHOLS PO BOX 336 BARRE, VT 05641	VP LEADERSHIP 1.00	0.	0.	0.

CENTRAL VERMONT CHAMBER OF COMMERCE, INC

03-0230263

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVE GILMAN PO BOX 336 BARRE, VT 05641	VP, LEADERSHIP 1.00	\$ 0.	\$ 0.	\$ 0.
DAIN HERRING PO BOX 336 BARRE, VT 05641	DIRECTOR 1.00	0.	0.	0.
SUSAN KRUTHERS PO BOX 336 BARRE, VT 05641	EX-OFFICIO 1.00	0.	0.	0.
TIM ROSS PO BOX 336 BARRE, VT 05641	VP, FINANCE 1.00	0.	0.	0.
BRENDA COMSTOCK PO BOX 336 BARRE, VT 05641	CFO 40.00	52,780.	9,349.	0.
	TOTAL	\$ 118,015.	\$ 19,072.	\$ 0.

STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO