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Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

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.

may use this form

2009

OMB No 1545-1150

Open to Public

Form 990-EZ (2009)

	The organization may have to use a copy or tills return to satisfy state reporting requirements	
_	For the 2009 calendar year, or tax year beginning , 2009, and ending	<u> </u>
'n	Plazee	mployer Identification number
H	l., , aha at	03-0354510
Ħ	Initial return tues D O DOV 1294	elephone number
	Termination Specific MONTPELIER, VT 05601-1384	<u>802/828-6024</u>
	and the limeters of the latest th	roup Exemption
		umber ►
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Other (specify) ▶	
	Website: ► WWW.SOVER.NET/~VCRD H Check ► if required to attack	the organization is not n Schedule B (Form 990,
	Tax-exempt status (check only one) X 501(c) (3) ✓ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-P	F).
K	Check ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be su	nally not more than ure 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	►\$ 312,264.
Pa		
	1 Contributions, gifts, grants, and similar amounts received	1 259,747.
	2 Program service revenue including government fees and contracts .	2 35,847.
	3 Membership dues and assessments .	3 15,745.
	4 Investment income	4 925.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less: cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c
を マンドラン	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	
N	Gross revenue (not including \$ of contributions	
Ĕ	reported on line 1) 6a	
	b Less: direct expenses other than fundraising expenses 6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances 7a	1
	b Less: cost of goods sold 7b	! _ !
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe >)	8
-	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9 312,264.
	10 Grants and similar amounts paid (attach schedule)	10
E	11 Benefits paid to or for members	11
EXP.EX	12 Salaries, other compensation, and employee benefits	12 215,072.
E N	13 Professional fees and other payments to independent contractors	13 6,249.
S E	14 Occupancy, rent, utilities, and maintenance	14 14,672.
Ē S	Printing, publications, postage, and shipping	15 42,423.
i	16 Other expenses (describe > SEE STATEMENT 1	16 108, 911.
\dashv	17 Total expenses. Add lines 10 through 16	17 387,327.
A	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<u>18</u> −75,063.
NS	19 Net assets br போர் ballances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's ரெய்ர்ற	100 522
N S E S T E	20 Other changes in net assets or frand balances (attach explanation)	19 108,533. 20
Š	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	21 33,470.
Pa	Transpares of further balances at part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of the part of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to unough 20 It is a second of year. Combine lines to year. Comb	
	(A) Beginning of ye	
22	Cash, savings, and investments = 5.5.	
23		23
24		
25		
26		
_27	· · · · · · · · · · · · · · · · · · ·	

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

Form	990-EZ (2009) VERMONT COUNCII				-035	54510 Page 2
Par				ons.)	/Daa	Expenses
What I	s the organization's primary exempt purpose?	MMUNITY DEVELOPMEN	<u>IT</u>		501(c)(3) and (4)
Desc desc progr	ribe what was achieved in carrying out th ribe the services provided, the number of ram title.	e organization's exempt purpor f persons benefited, or other re	oses. In a clear and con elevant information for e	each	orgai 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
28	SEE STATEMENT 4					-
						050 001
~~	(Grants \$) If the	nis amount includes foreign gr	ants, check here	>	28a	352,021.
29					ł	
					ł	
	(Grants \$) If the	nis amount includes foreign gr	ants, check here		29a	
30	,,,,		<u></u>			
]	
21		nis amount includes foreign gr	ants, check here	<u> </u>	30 a	
31	(e) nis amount includes foreign gr	ants check here	▶ □	31 a	
32	Total program service expenses (add Irr	nes 28a through 31a)	artis, arrest from	<u> </u>	32	352,021.
Par	t IV List of Officers, Directors	, Trustees, and Key En	nployees. List each o	ne even if not con	npens	ated. (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense account and other allowances
						_
<u>SEE</u>	STATEMENT 5	· · · · · · · · · · · · · · · · · · ·	82,334.	14,1	100.	0.
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	1 990-EZ (2009) VERMONT COUNCIL ON RURAL 03-035451	0	P	age 3
Par	*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	33	103	х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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			
	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?	35 a		<u>x</u>
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		Х
38 <i>a</i>	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?	38a		х
Ŀ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			Ē
39	Section 501(c)(7) organizations Enter:			ŧ
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			ĺ
400	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
			i	ĺ
E	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	40ь		х
d	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			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		х
41	List the states with which a copy of this return is filed NONE			
42 ε	The organization's books are in care of PAUL COSTELLO Telephone no 802/8. Located at P.O. BOX 1384, MONTPELIER, VT ZIP + 4 > 05602	28-6	<u>024</u>	
		-	Yes	No
	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		Х
	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.? If 'Yes.' enter the name of the foreign country.	42 c		X
	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		▶ □	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	44		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	45		X
BAA		rm 99	0-EZ	

Form 990-8	EZ (2009) VERMONT COUNCIL ON	RURAL		03-0354	510	Page 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 494 ction 4947(a)(1) no	onexempt charit	pt charitable trusts or able trusts must answe	ly. All sect	ion S
46 Did ti	he organization engage in direct or indirec	ct political campaign act	ivities on behalf of o		Tv.	s No
for p	ublic office? If 'Yes,' complete Schedule C	C, Part I		.,	46	X
	he organization engage in lobbying activiti e organization a school as described in se	•	•	hedule F	47	X
	he organization make any transfers to an				49a	$\frac{x}{x}$
b If 'Ye	es,' was the related organization a section	527 organization?	J		49b	
50 Comp empl	plete this table for the organization's five loyees) who each received more than \$10	nighest compensated er 0,000 of compensation	nployees (other that from the organizatio	n officers, directors, trustees n. If there is none, enter 'Nor	and key ne.'	
(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) Expens account ar other allowar	nd
NONE					_	
51 Com	number of other employees paid over \$1 plete this table for the organization's five hoensation from the organization. If there is	nighest compensated in	dependent contracto	ors who each received more	than \$100,000) of
NONE	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Compens	ation
NONE_						
d Total	number of other independent contractors	each receiving over \$1	00,000	•		
Sign	Under penalties of perjury, I declare that I have exan true, correct and complete Declaration of preparer	nined this return, including acc (other than officer) is based on	ompanying schedules and all information of which p	statements, and to the best of my kni reparer has any knowledge	owledge and belie	f, it is
Here	Signature of officer Paul Costello, Executive or print name and title	tia Director		Date		
Paid	Preparer's signature LINDA LAFRANCE,		7 Date 4/5		parer's Identifying e instructions) 0202328	Number
Pre- parer's Use	Firm's name (or yours if self-employed), FOTHERGILL SEGA	LE & VALLEY, C	PAS		3-030084	1
Only	address and	05602) 223-626	

► X Yes No

Form **990-EZ** (2009)

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

BAA

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

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

VERMONT COUNCIL ON RURAL

DEVELOPMENT, INC

Employer Identification number

03-0354510

Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type II Type III - Functionally integrated d | | Type III - Other C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (v) Did you notify the organization in col (I) of (I) Name of Supported Organization (III) Type of organization (IV) Is the (VI) is the (VII) Amount of Support rganization in col (i) listed in your organization in col (I) organized in the US? (described on lines 1-9 above or IRC section (see instructions)) governing document? your support? No Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

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

Sac	(Complete only if you checke tion A. Public Support	ed the box on line !	5, 7, or 8 of Part I	.)				
		· · · · · · · · · · · · · · · · · · ·	-				T	
begi	ndar year (or fiscal year nning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	19	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	255,147.	776,129.	691,322.	316,797.	275,4	192.	2,314,887.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							0.
4	Total. Add lines 1-through 3	255,147.	776,129.	691,322.	316,797.	275,4	192.	2,314,887.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.
6	Public support. Subtract line 5 from line 4							2,314,887.
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	255,147.	776,129.	691,322.	316,797.	275,4	192.	2,314,887.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	512.	1,629.	2,641.	5,187.	9	925.	10,894.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	4,716.	11,641.	29,329.	4,882.	35,8	347.	86,415.
11	Total support. Add lines 7 through 10							2,412,196.
12	Gross receipts from related activi	ties, etc. (see inst	ructions).				12	0.
13	First five years. If the Form 990 is organization, check this box and		ion's first, second,	, third, fourth, or	fifth tax year as a	section 50	1(c)(3)) ▶□
Sec	<u>tion C. Computation of Pu</u>	blic Support P	ercentage					
	Public support percentage for 200	•	.,	11, column (f)			14	96.0%
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14	•			15	97.5%
16 a	33-1/3 support test $-$ 2009. If the and stop here. The organization	organization did n qualifies as a publi	not check the box acly supported orga	on line 13, and th anization.	ne line 14 is 33-1/	3 % or mor	e, che	ck this box
t	33-1/3 support test - 2008. If the and stop here. The organization of	organization did n qualifies as a publi	ot check a box on cly supported orga	i line 13, or 16a, a anization.	and line 15 is 33-1	/3% or mo	re, che	eck this box
17 a	7a 10%-facts-and-circumstances test — 2009 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
Ł	10%-facts-and-circumstances test or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	id-circumstances' est. The organiza	test, check this b ition qualifies as a	ox and stop here. a publicly supporte	Explain in ed organiza	Part I\ ition.	√ how the
18 BAA	Private foundation. If the organiz	ation did not chec	k a box on line, 13	3, 16a, 16b, 17a,				ructions P

Schedule A (Form 990 or 990-EZ) 2009 VERMONT COUNCIL ON RURAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

SAC	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	<u>. T</u>	(f) Total
	Gifts, grants, contributions (Do not include 'unusual grants.')	(a) 2003	(b) 2000	(c) 2007	(d) 2008	(8) 2005	,	(I) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513		·-					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b							
8	Public support (Subtract line					·		
	7c from line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total
9	Amounts from line 6				-			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
Ь	Unrelated business taxable income (less section 511							
	taxes) from businesses acquired after June 30, 1975		_					
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is							
11 12 13	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12)	s for the organiza	tion's first, second	i, third, fourth, or	fifth tax year as	a section 50	I(c)(3)	▶ □
11 12 13 14	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and			d, third, fourth, or	fifth tax year as	a section 50	1(c)(3)	▶ []
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	ıblic Support I	Percentage		fifth tax year as	a section 50		
11 12 13 14 Sec 15	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	Iblic Support I 09 (line 8, column	Percentage (f) divided by line		fifth tax year as	a section 50	15	*
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	Iblic Support I 09 (line 8, column 2008 Schedule A,	Percentage (f) divided by line Part III, line 15	e 13, column (f))	fifth tax year as	a section 50		
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupublic support percentage from 20 public supp	Iblic Support I 09 (line 8, column 2008 Schedule A, vestment Inco	Percentage (f) divided by line Part III, line 15 me Percentag	e 13, column (f))		a section 50	15 16	% %
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage from 2 Public support percentage from 2 Tion D. Computation of Inv	ublic Support I 09 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, c	Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided	e 13, column (f)) e by line 13, colum		a section 50	15 16	% %
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupublic support percentage from 20 public supp	blic Support I 09 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, or rom 2008 Schedule de organization did	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line I not check the bo	e 13, column (f)) e by line 13, column 7 x on line 14, and	in (f)) line 15 is more th	nan 33-1/3%.	15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 133-1/3 support tests — 2009. If the	109 (line 8, column 2008 Schedule A, westment Inco or 2009 (line 10c, or rom 2008 Schedule de organization did ox and stop here. the organization did this box and stop	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line I not check the bo The organization I not check a box here. The organization	e 13, column (f)) by line 13, column 7 x on line 14, and qualifies as a pub on line 14 or 19a, zation qualifies as	in (f)) line 15 is more the licly supported or and line 16 is mo a publicly suppor	nan 33-1/3%, ganization ore than 33-1 ted organiza	15 16 17 18 and II	% % % ne 17 is not

Schedule #	(Form 990 or 990-EZ) 2009	VERMONT COUNCIL ON RURAL	03-0354510 Page 4
Part IV	Supplemental Informat	ion. Complete this part to provide the e	xplanations required by Part II, line 10; additional information. See instructions.
	Fart II, line 17a or 17b;	and Part III, line 12. Provide any other	additional information. See instructions.
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FEDERAL STATEMENTS

VERMONT COUNCIL ON RURAL DEVELOPMENT, INC.

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

CONFERENCES, CONVENTIONS, AND MEETINGS	\$ 29,277.
INSURANCE	832.
MISCELLANEOUS .	2,148.
OFFICE EXPENSES	16,716.
OUTSIDE SERVICES	53,367.
TRAVEL	 6,571.
TOTAL	\$ 108,911.

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

		B	EGINNING _	ENDING
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES SECURITY DEPOSIT		\$	20,133. \$ 4,357. 1,150.	3,924. 3,312. 1,150.
	• •	TOTAL \$	25,640.	8,386.

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 9,719	. \$ 5,769.
	TOTAL \$ 9,719	<u>\$ 5,769.</u>

STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HELP VERMONTERS AND VERMONT COMMUNITIES DEVELOP THEIR CAPACITY TO CREATE A PROSPEROUS AND SUSTAINABLE FUTURE THROUGH COORDINATION, COLLABORATION, AND THE EFFECTIVE USE OF PUBLIC AND PRIVATE RESOURCES.

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VERMONT COUNCIL ON RURAL DEVELOPMENT, INC.

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STATEMENT 5 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			ACCOUNT/
JOLINDA LACLAIR PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
PAUL COSTELLO PO BOX 1384 MONTPELIER, VT 05602	EXECUTIVE DIREC 40.00	82,334.	14,100.	0.
BOB ACKLAND PO BOX 1384 MONTPELIER, VT 05601	TREASURER 1.00	0.	0.	0.
ALEX ALDRICH PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
ROGER ALLBEE PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
JOHN BRAMLEY PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
HAL COHEN PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
CATHERINE DIMITRUK PO BOX 1384 MONTPELIER, VT 05601	CHAIR 1.00	0.	0.	0.
KEVIN DORN PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
TONY ELLIOTT PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
JEFFREY FRANCIS PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
JOE FUSCO PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.

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STATEMENT 5 (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	
THOMAS HARK PO BOX 1384 MONTPELIER, VT 05601	SECRETARY \$	0.	\$ 0.	\$ 0.
CHRISTINE HART PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
MARIE HOUGHTON PO BOX 1384 MONTPELIER, VT 05601	VICE CHAIR 1.00	0.	0.	0.
GREG BROWN PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
STEVE PATTERSON PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
PAT POWDEN PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
TRICIA COATES PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
JONATHAN WOOD PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
CHIP EVANS PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
MOLLY LAMBERT PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
BOB PAQUIN PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
JENNIFER NELSON PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.

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VERMONT COUNCIL ON RURAL DEVELOPMENT, INC.

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STATEMENT 5 (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
CHUCK ROSS PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR : 1.00	\$ 0.	\$ 0.	\$ 0.
MARK YOUNG PO BOX 1384 MONTPELIER, VT 05601	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 82,334.	\$ 14,100.	\$ 0.

STATEMENT 6 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

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

VERMONT COUNCIL ON RURAL DEVELOPMENT, INC.

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PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2009	2008	2007	2006	2005
MISC. INCOME REGISTRATION FEES	TOTAL	17,365. 18,482. \$ 35,847.	422. 4,460. \$ 4,882.	24,979. 4,350. \$ 29,329.	2,051. 9,590. \$ 11,641.	166. 4,550. \$ 4,716.