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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CAPE COD ECONOMIC DEVELOPMENT COUNCIL INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 5 SHOOT FLYING HILL ROAD City or town, state or country, and ZIP + 4 CENTERVILLE, MA 02632	D Employer identification number 04-3354621 E Telephone number (508) 362-3225 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).**

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: WWW.CAPECODEDC.ORG

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

J Tax-Exempt status (check only one) — 501(c)(4) (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 Form 990-EZ or Form 990 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. ▶ \$ 443,166

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	443,150
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	16
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions 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		
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	443,166	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	25,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,850
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	404,901
17 Total expenses. Add lines 10 through 16	17	432,751	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,415
	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)	19	52,351
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,766

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	2,237	22	16,217
23 Land and buildings		23	
24 Other assets (describe ▶)	60,114	24	48,049
25 Total assets	62,351	25	64,266
26 Total liabilities (describe ▶)	10,000	26	1,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,351	27	62,766

Part V Other Information (Note the statement requirements in the instructions 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		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 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		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> _____	37a		
b Did the organization file Form 1120-POL for this year?	37b		No
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?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		No
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> 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		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> MA _____			
42a The organization's books are in care of <input type="checkbox"/> ROBERT BERT TALERMAN Telephone no <input type="checkbox"/> (508) 247-2142 P O BOX 10 Located at <input type="checkbox"/> ORLEANS, MA _____ ZIP + 4 <input type="checkbox"/> 02653			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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 <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
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		No

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.

	Yes	No
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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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 & deferred compensation	(e) Expense account and other allowances

50(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

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-11-01

WARREN RUTHERFORD PRESIDENT
Type or print name and title

Paid Preparer's Use Only










Preparer's signature: MICHAEL J WALSH CPA Date: 2010-12-24 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SANDERS WALSH & EATON LLP, PO BOX F, OSTERVILLE, MA 02655

Preparer's identifying number (See instructions): EIN: Phone no: (508) 428-0790

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data**Software ID:****Software Version:****EIN:** 04-3354621**Name:** CAPE COD ECONOMIC DEVELOPMENT
COUNCIL INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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 & deferred compensation	(E) Expense account and other allowances
WARREN RUTHERFORD  129 AIRPORT ROAD HYANNIS, MA 02601	PRESIDENT 0	0		
ROBERT BERT TALERMAN  19 WEST ROAD ORLEANS, MA 02653	TREASURER 0	0		
RICHARD W NEITZ  34 NORTH MAIN STREET SOUTH YARMOUTH, MA 02664	DIRECTOR 0	0		
JOHN O'BRIEN  5 SHOOTFLYING HILL ROAD CENTERVILLE, MA 02632	DIRECTOR 0	0		
WALTER CARLSON  50 PORTSIDE DRIVE POCASSETT, MA 02559	DIRECTOR 0	0		
JAMES PENN  408 MAIN STREET HYANNIS, MA 02601	DIRECTOR 0	0		
DANIEL WOLF  660 BARNSTABLE ROAD HYANNIS, MA 02601	DIRECTOR 0	0		
STEVE LOWELL  25 BENJAMIN FRANKLIN WAY HYANNIS, MA 02601	DIRECTOR 0	0		
ELIZA COX  1471 IYANNOUGH ROAD HYANNIS, MA 02601	DIRECTOR 0	0		

TY 2009 Compensation Explanation

Name: CAPE COD ECONOMIC DEVELOPMENT
COUNCIL INC

EIN: 04-3354621

Person Name	Explanation
WARREN RUTHERFORD	
ROBERT BERT TALERMAN	
RICHARD W NEITZ	
JOHN OBRIEN	
WALTER CARLSON	
JAMES PENN	
DANIEL WOLF	
STEVE LOWELL	
ELIZA COX	

TY 2009 Other Assets Schedule

Name: CAPE COD ECONOMIC DEVELOPMENT
COUNCIL INC

EIN: 04-3354621

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	58,673	46,608
PREPAID EXPENSES AND DEFERRED CHARGES	1,441	1,441
FURNITURE AND EQUIPMENT	7,391	7,391
LESS ACCUMULATED DEPRECIATION	7,391	7,391
	60,114	48,049

TY 2009 Other Expenses Schedule

Name: CAPE COD ECONOMIC DEVELOPMENT
COUNCIL INC

EIN: 04-3354621

Description	Amount
EXPENSES	
	2,156
DUES AND SUBSCRIPTIONS	625
BANK SERVICE CHARGES	200
HUMAN RESOURCES-CC CHAMBE	400,000
CONTRACT LABOR	1,500
COMPUTER SOFTWARE	420

TY 2009 Other Liabilities Schedule

Name: CAPE COD ECONOMIC DEVELOPMENT
COUNCIL INC

EIN: 04-3354621

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	10,000	1,500
	10,000	1,500