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## Form **990**

#### **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)

2009

ZUUJ

Department of the Treasury

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

Open to Public
Inspection

	rthe .	2009 - calendar ve	ar, or tax year beginning 09-01-2009	9 and ending 08-31-2010	)				
		pplicable Please	C Name of organization	and chaing 00-31-2010	,	D Employer ide	ntification number		
	ress ch	ange use IRS	CENTER FOR RURAL AFFAIRS		47-055382	3			
_	ne char	label or	Doing Business As			E Telephone nu	mber		
_	ıal retur	type. See		(402) 687-2	2100				
	mınated	Instruc-	Number and street (or P O box if mail PO BOX 136	ss) Room/suite	<b>G</b> Gross receipts s	\$ 3,583,851			
	ended i	return ı pending	City or town, state or country, and ZIP LYONS, NE 68038	+ 4	•				
			me and address of principal officer		11/ 3		_		
			K HASSEBROOK			ıs a group return ates?	for		
			AIN STREET				,		
		LYON	S,NE 68038			II affiliates include			
Ta	x-exem	npt status 🔽 501(	c) (3) <b>4</b> (insert no)	□ 527		o," attach a list up exemption nui	(see instructions)		
W	ebsit e	∷► N/A			11(0)				
<b>C</b> Forr	n of org	ganization 🔽 Corpor	ation Trust Association Other ►		L Year of fo	ormation 1973 M	State of legal domicile NE		
Pa	rt I	Summary							
Governance		ESTABLISH STR GENUINE OPPO	he organization's mission or most si ONG RURAL COMMUNITIES, SOC RTUNITY FOR ALL WHILE ENGAG FUTURE OF THEIR COMMUNITIE	IAL AND ECONOMIC JU ING PEOPLE IN DECISION					
<u> </u>							_		
> 5	2	Check this box	if the organization discontinued i	ts operations or disposed	of more than	25% of its net a	ssets		
			members of the governing body (Pa				1		
ACTIVITIES &	4	Number of indepe	ndent voting members of the govern	ning body (Part VI, line 1b	)	. 4	1		
Ĕ		•	mployees (Part V, line 2a)	•		5			
Į			olunteers (estimate if necessary)			6	4		
			ated business revenue from Part VI			7a			
			siness taxable income from Form 99		7b				
					Pric	or Year	Current Year		
	8	Contributions ai	nd grants (Part VIII, line 1h)		3,084,249	3,218,045			
₫	9	Program service	revenue (Part VIII, line 2g)			158,076	236,586		
Revenue	10	Investment inco	ome (Part VIII, column (A), lines 3,	4, and 7d)		50,558 63,35			
æ	11	Other revenue (	Part VIII, column (A), lines 5, 6d, 8	Bc, 9c, 10c, and 11e)		69,561 65,87			
	12	Total revenue—	add lines 8 through 11 (must equal	Part VIII, column (A), line	÷	2.252.444			
			<del></del>			3,362,444	3,583,851		
	13		lar amounts paid (Part IX, column (A			105,373	179,675		
	14		or for members (Part IX, column (A				С		
Ø.	15	Salaries, other (	ompensation, employee benefits (P	art IX, column (A), lines 5	-	2,058,122	2,250,567		
138	16a	•	draising fees (Part IX, column (A), l	ine 11e)		2,000,122	2,233,337		
Expenses	ь								
Д		=	penses (Part IX, column (D), line 25) $\blacktriangleright \frac{69}{100}$			1 224 500	1 1 4 7 0 0 1		
	17		(Part IX, column (A), lines 11a-11 Add lines 13-17 (must equal Part			1,224,508	1,147,881		
	18 19	•	penses Subtract line 18 from line :			3,388,003	3,578,123		
	19	Reveilue less ex	penses Subtract fine 10 from fine .		Beginning	g of Current	5,728		
» ው						/ear	End of Year		
Section 1			ort V. Juno 16 \			5,270,198	5,683,551		
Balances	20	Total assets (Pa	it X, lille 10)	Total assets (Part X, line 16)					
and Balances	20 21					3,195,859	3,603,484		
	21 22	Total liabilities Net assets or fu	(Part X, line 26)			3,195,859 2,074,339			
	21	Total liabilities Net assets or fu <b>Signature B</b>	Part X, line 26) nd balances Subtract line 21 from l	line 20		2,074,339	2,080,067		
Par	21 22 † III	Total liabilities  Net assets or fu  Signature B  Under penalties of p	(Part X, line 26)	return, including accompanying		2,074,339	2,080,067		
Par Sign	21 22 t II	Total liabilities Net assets or fu  Signature B  Under penalties of pand belief, it is true	(Part X, line 26)	return, including accompanying	d on all informat	2,074,339	2,080,067		
Par Sign	21 22 t II	Net assets or fu  Signature B  Under penalties of pand belief, it is true  ****** Signature of offi	(Part X, line 26)	return, including accompanying	d on all informat	2,074,339 statements, and to the control of which prepare	2,080,067		
Par Sign	21 22 t II	Net assets or fu  Signature B  Under penalties of pand belief, it is true  ****** Signature of offi  CHUCK HASSEB	(Part X, line 26)	return, including accompanying	d on all informat	2,074,339 statements, and to the control of which prepare	2,080,067		
Par Sign	21 22 t II	Total liabilities  Net assets or fu  Signature B  Under penalties of pand belief, it is true  ******  Signature of offi  CHUCK HASSEB  Type or print na	(Part X, line 26)	return, including accompanying arer (other than officer) is based	d on all informat 2011- Date	2,074,339 statements, and to the confidence of which prepare	2,080,067 ne best of my knowledge er has any knowledge		
Par Sign Here	21 22 t II	Total liabilities Net assets or fu  Signature B  Under penalties of pand belief, it is true  ****** Signature of offi  CHUCK HASSEB Type or print na  Preparer's	(Part X, line 26)	return, including accompanying arer (other than officer) is based  Date	2011-Date	2,074,339 statements, and to the control of which prepare	2,080,067  ne best of my knowledge er has any knowledge		
Sign Here	21 22 t III	Total liabilities  Net assets or fu  Signature B  Under penalties of pand belief, it is true  ******  Signature of offi  CHUCK HASSEB Type or print na  Preparer's Signature  RICH	Part X, line 26)	return, including accompanying arer (other than officer) is based  Date	d on all informat  2011-  Date  Check if	2,074,339 statements, and to the confidence of which prepare -07-11  Preparer's identification of the confidence of the	er has any knowledge		
Par Sign Here	21 22 t III	Total liabilities  Net assets or fu  Signature B  Under penalties of pand belief, it is true  ****** Signature of offi  CHUCK HASSEB Type or print na  Preparer's signature  RICH  Firm's name (or you	Part X, line 26)	return, including accompanying arer (other than officer) is based  Date	2011-Date	2,074,339 statements, and to the confidence of which prepare -07-11  Preparer's identification of the confidence of the	2,080,067  ne best of my knowledge er has any knowledge		
Par Sign Here	21 22 t III	Total liabilities  Net assets or fu  Signature B  Under penalties of pand belief, it is true  ******  Signature of offi  CHUCK HASSEB Type or print na  Preparer's Signature  RICH	Part X, line 26)	return, including accompanying arer (other than officer) is based  Date	2011-Date	2,074,339 statements, and to the construction of which prepare 1-07-11  Preparer's identificate instructions)	2,080,067  ne best of my knowledge er has any knowledge		

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

ESTABLISH STRONG RURAL COMMUNITIES, SOCIAL AND ECONOMIC JUSTICE,

2	Did the organization the prior Form 990	n undertake any significa or 990-EZ?	nt program services	during the year w		Yes ▼ No				
	If "Yes," describe these new services on Schedule O									
3	Did the organization services?	n cease conducting, or m	ake sıgnıfıcant chanç	jes in how it cond		Yes 🔽 No				
	If "Yes," describe th	nese changes on Schedu	le O							
4	Section 501(c)(3) a		ons and section 494	7(a)(1) trusts are	rgest program services by exp required to report the amount rvice reported					
4a	(Code	) (Expenses \$	876,556 ıncludır	ng grants of \$	100,987 ) (Revenue \$	121,061 )				
	BY A LEGION OF FAMIL				JS, AMPLE, AND AFFORDABLE FOOD PROTECTING THE ENVIRONMENT, AN					
4b	(Code	) (Expenses \$	923,982 ıncludır	ng grants of \$	9,833 ) (Revenue \$	115,405 )				
	RURAL ENTERPRISE AS	SSISTANCE PROGRAM - TO MA	KE AVAILABLE AND DELIV	ER BUSINESS DEVELO	PMENT SERVICES TO RURAL AREAS					
	(Code	) (Expenses \$	355,441 includir	ng grants of \$	27,500 ) (Revenue \$	)				
	RURAL ORGANIZING AI EXISTING SUPPORTERS		EKS TO INCREASE THE N	UMBER OF PEOPLE IN	VOLVED WITH THE CENTER AND DE	EPEN ENGAGEMENT OF				
4d	Other program ser	vices (Describe in Sche	dule O ) <b>See also Ad</b>	ditional Data for	Description					
	(Expenses \$	955,926 incli	uding grants of \$	41,35	5 ) (Revenue \$	120)				
4e	Total program serv	/ice expenses►\$	3,111,905							
						Form <b>990</b> (2009)				

Part TV	Checklist	of Re	auired	Schedule	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
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		Νο
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		No
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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		No
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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		N -
<b>L</b>	return?	3a 3b		Νο
a	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)?	4a		Νo
b	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 Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
•	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

LYONS, NE 68038 (402) 687-2100

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 18	·		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
3	other officer, director, trustee, or key employee?	2		N o
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was	3		No
7	filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, 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 arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AZ, AR, CA, CO, CT, DC, GA, IL, K MN, NH, NJ, NY, NM, NC, ND, OK, WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection Indicate how you make these available Check all that apply  Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie oras	nization	n <b>▶</b> -
_ <del>-</del>	HAYLEY HALLSTROM PO BOX 136	5 4		-

### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	fficer, director, trustee or key employee									
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
1b	Total			19,604
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			2 (2000)
		-	orm 991	<b>)</b> (2009)

Form 99	•	,						Page <b>9</b>
Part \	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated cam	paigns 1a					
죮	ь	Membership du	ies 1b	24,100				
βğ	С	Fundraising eve	ents <b>1c</b>					
¥ <u>ĕ</u>	d	Related organiz	zations 1d					
% E	e	Government grant	s (contributions) <b>1e</b>	1,597,348				
î Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,596,597	İ			i i
Contributions, gifts, grants and other similar amounts	g	similar amounts no	ot included above ibutions included in					
T O	9							
<u>a</u> 0	h		s 1a-1f	▶	3,218,045			
				Business Code				
Program Service Revenue	2a	REAP INTEREST IN	ICOME	900,099	92,276	92,276		
93 24	ь	MISCELLANEOUS R	REVENUE	900,099	78,429	78,429		
96	c	FEES AND REIMBU	RSEMENTS	900,099	65,876	65,876		
ž.	d	PUBLICATION REVI	ENUE	900,099	5	5		
ğ	e			,				
<u> </u>	f	All other progra	am service revenue					
ွိ								
	g		s 2a – 2f		236,586			
	3		ome (including dividend		63,350			63,350
	4		ar amounts) stment of tax-exempt bond ;	<b>⊢</b>	03,330			03,330
	5							
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	,	,				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	,,	, ,				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (los	ss)					
۸.	8a	Gross income f events (not inc	rom fundraising					
Other Revenue		\$	ruunig					
<b>⊕</b> >			s reported on line 1c)					
č		See Part IV, III	ne 18 <b>a</b>					
<u>ā</u>	ь	Less direct ex	penses b					
ŏ	с	Net income or (	loss) from fundraising (	events 🕨				
	9a		rom gaming activities					
		See Part IV, lir	ne 19 <b>a</b>					
	ь	lass direct av	penses b					
	c		(loss) from gaming activ	vities►				
	10a	Gross sales of returns and allo	inventory, less owances .					
	ь	_	oods sold b	entory				
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				+
	11a	MISCELLANEO		900,099	6,571	6,571		
	ь	OTHER INCOM	_	900,099	27,711	27,711		+
	c	FEE INCOME	· <u>-</u>	900,099	31,588	31,588		+
	d			, ,	•	,		+
	e	Total. Add lines		<del>  </del>				<del> </del>
	12		See Instructions	· · <b>►</b>	65,870			
	1				3,583,851	302,456		63,350

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	179,675			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	1,484,532	1,317,518	150,765	16,249
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	766,035	628,311	120,571	17,153
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)				
а	Management				_
ь	Legal	5,454	5,454	0	0
c	Accounting	2,121	2,121	-	
d	Lobbying				
 e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
	Other	347,624	273,200	63,892	10,532
g 12	Advertising and promotion	347,024	273,200	03,892	10,332
13	Office expenses	114,712	102,694	0	12,018
	Information technology	114,/12	102,094		12,010
14 15	Royalties				
	·	110.014	101 171	15 140	1.005
16	Occupancy	118,014	101,171	15,148	1,695
17 18	Payments of travel or entertainment expenses for any federal,	165,861	156,844	9,009	8
19	state, or local public officials	71,139	65,060	6,079	0
20	Interest	61,255	59,645	1,610	
21	Payments to affiliates	61,233	39,643	1,610	
21	·				
	Depreciation, depletion, and amortization	10.516	F67	0.040	
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	10,516	567	9,949	0
а	total expenses shown on line 25 below ) STAFF DEVELOPMENT	13,824	12,722	1,102	0
a b		89,338	79,524	4,166	5,648
c	BAD DEBT EXPENSE	63,202	63,202	0	0
	EQUIPMENT RENT	43,155	25,216	14,200	3,739
	MISCELLANEOUS	43,787	41,102	0	2,685
f	All other expenses	43,787	41,102	1	2,003
25	Total functional expenses. Add lines 1 through 24f	2 570 122	2 111 005	200 404	60.737
		3,578,123	3,111,905	396,491	69,727
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		-			

Part X Balance Sheet (A) (B) Beginning of year End of vear 3.752 3.480 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 612.584 2 270.598 2 Savings and temporary cash investments . . . . . . 854,173 1,196,473 3 3 4 3.058 4 1.867 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 1,855,545 1,997,852 Notes and loans receivable, net . . . . 7 34.092 39.774 Inventories for sale or use . . . . . . 8 9 812.060 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 543,476 **10c** 10b 294.733 b Less accumulated depreciation . . . . 517.327 11 1.800 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1.363.518 15 15 1.654.380 16 5,270,198 16 5,683,551 Total assets. Add lines 1 through 15 (must equal line 34) . . . 243,204 17 405.169 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 2,895,235 23 3,198,180 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 57.420 135 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 3,195,859 3,603,484 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.095.977 1.085.084 27 27 Unrestricted net assets . . . . 28 820.059 28 836.680 Temporarily restricted net assets . . . . . Fund 158.303 158.303 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . 2,074,339 33 33 2,080,067 34 Total liabilities and net assets/fund balances . . . . . 5.270.198 5.683.551 34

#### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

CENTER FOR RURAL AFFAIRS

#### **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. See separate instructions.

Inspection

Employer identification number

47-0553823 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 section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other 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 it 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in Name of (ii) (described on organization in col (i) listed in A mount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? organization or IRC section document? (see Yes No Yes No Yes instructions))

Total

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

	(Complete only if yo	ou checked the	box on line 5, 7	7, or 8 of Part I	.)			
S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,220,746	5 3,192,882	2,368,816	3,084,249	3,	.218,045	14,084,738
2	Tax revenues levied for the organization'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							
<b>4 5</b>	Total. Add lines 1 through 3 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)	2,220,746	3,192,882	2,368,816	3,084,249	3,	218,045	14,084,738
6	Public Support. Subtract line 5 from line 4							14,084,738
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	09	<b>(f)</b> Total
7	beginning in) A mounts from line 4	2,220,746	75,828	2,368,816	3,084,249	3.	218,045	14,084,738
8	Gross income from interest,	=,===,	,	_,	_,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	58,200	75,828	54,596	50,558		63,350	302,532
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	20,202	36,580	13,071	69,561		65,870	205,284
11	Total support (Add lines 7 through 10)					T T		14,592,554
12	Gross receipts from related activit	, ,	•			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, third, fourth, or f	ıfth tax year as a	501(c)(3	) organız	eation, ►
	ection C. Computation of Pul							
14	Public Support Percentage for 200	•		11 column (f))		14		96 520 %
15	Public Support Percentage for 200	8 Schedule A, Pa	rt II, line 14			15		90 030 %
	33 1/3% support test—2009. If the and stop here. The organization qui 33 1/3% support test—2008. If the	alıfıes as a publıc	ly supported orga	nızatıon			•	<b>▶</b>  ✓
	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization me organization	n qualifies as a p — <b>2009.</b> If the org ation meets the "f	ublicly supported anization did not d acts and circums	organization :heck a box on lin :ances" test, che	ie 13, 16a, or 16t ck this box and <b>st</b>	and line	14 Explain	▶┌
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	e "facts and cırcu	mstances" test, o	heck this box and	d <b>stop he</b>	re.	
18	supported organization <b>Private Foundation</b> If the organizat							<b>▶</b> ┌
	instructions							<b>▶</b> □

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, 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						
	business under section 513 Tax revenues levied for the						
4	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						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts 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						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6 )						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1)   otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	<b>009</b> (line 10c co	olumn (f) dıvıded l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	. 7		18	
19a	<b>33 1/3% support tests—2009.</b> If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

#### **Facts And Circumstances Test**

OTHER INCOME PART II, LINE 10, 2005 20202, 2006 36580, 2007 13071, 2008 69561, 2009 65870,

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493194011551

### OMB No 1545-0047

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

<b></b> Se	ection 501(c)(3) organizations that	t have filed Form 5768 (election un t have NOT filed Form 5768 (election	on under section 501	1(h)) Complete Part II-B Do n	ot complete Part II-A
	e organization answered "re ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5	(Proxy Tax) or For	rm 990-⊏∠, line 35a (regar	uing proxy tax), then
Na	me of the organization NTER FOR RURAL AFFAIRS	zations complete rait iii		Employer iden	tification number
				47-0553823	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(	(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 495!	5 <b>►</b>	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	on 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
		ganization is exempt und	er section 501(	c) except section 501	L(c)(3).
1	<u>-</u>	ended by the filing organization fo		<u> </u>	\$
2		organization's funds contributed to			\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made For each organizat contributions received that we	nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivered hittee (PAC) If additional space i	from the filing organ d to a separate polit	nization's funds Also enter t rical organization, such as a	he amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

	under section 501(11)).			
	Check 🔽 if the filing organization belongs to a	<b>5</b> ,		
<u>B</u> _	Check   If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	34,003	34,00
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)	69,289	69,28
c	Total lobbying expenditures (add lines 1a and 1	o)	103,292	103,29
d	Other exempt purpose expenditures		3,474,831	3,474,83
е	Total exempt purpose expenditures (add lines 1	c and 1d)	3,578,123	3,578,12
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	328,906	328,90
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	82,227	82,22
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> Total		
2a	Lobbying non-taxable amount	301,396	299,014	317,962	328,906	1,247,278		
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,870,917		
_с	Total lobbying expenditures	202,199	180,573	96,125	103,292	582,189		
d	Grassroots non-taxable amount	75,349	74,754	79,491	82,227	311,821		
e	Grassroots ceiling amount (150% of line 2d, column (e))					467,732		
f	Grassroots lobbying expenditures	64,465	53,825		34,003	181,063		

	ruge
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l	

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5			
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanation
Pt I-A Line 1		RURAL POLICY PROGRAM WORKS ON FEDERAL AND STATE POLICY THAT AFFECTS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493194011551

OMB No 1545-0047

2009

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
CENTER FOR RURAL AFFAIRS

Employer identification number
47-0553823

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 9	(a) Donor advised funds	(	( <b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor add funds are the organization's property, subject to the	-	nor advi	sed Yes No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit			
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of a	a certifie	ically importantly land area d historic structure onservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	neid at the End of the Year
a b	Total acreage restricted by conservation easement	-c	2b	
c	Number of conservation easements on a certified h		2c	
d	Number of conservation easements included in (c)	* *	2d	
_				
3	Number of conservation easements modified, trans-	terrea, reieasea, extinguisnea, or termina	tea by th	ie organization during
4	Number of states where property subject to conserv	vation easement is located 🛌		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of	violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation ease	ments d	uring the year 🗕
7	A mount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easemen	ıts durınç	g the year ► \$
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of se	ection	┌ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financi		
Par	t III Organizations Maintaining Collecti Complete if the organization answered		, or Otl	her Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or resea	rch ın fu	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research		·
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		for finan	cial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	References included in Form 550, Fait VIII, line 1			· +

**b** Assets included in Form 990, Part X

Par	tiiii Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	reasu	res, or Ot	her	Similar .	<u>Asse</u>	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	e a significar	nt us	e of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexch	nange progra	ms				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the o	rganızatıon's	s exe	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Γ,	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye	es" to Forn	າ 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions o	r other asse	ts n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A mou	nt	
c	Beginning balance						1	Lc				
d	Additions during the year						1	Ld				
e	Distributions during the year						·	Le				
f	Ending balance						_	Lf				
2a	Did the organization include an amount on Fo	orm 990 Part Y lin	e 212				<u></u>	-			Yes	
	If "Yes," explain the arrangement in Part XIV		C 2 1 .							,		, 110
	rt V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to F	orm 990 I	Part	TV, line 1	0.		
	Elia Willelle Falla Si Complete F	(a)Current Year		Prior `					hree Years Ba		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dmınıstered	for t	he			
	organization by	-									Yes	No
	(i) unrelated organizations								_	Ba(i)		
	(ii) related organizations								L	Ba(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	·						•		3b		
4	Describe in Part XIV the intended uses of the rt VI Investments—Land, Buildings					00 Da	rt V lina 1	0				
Pal	rt VI Investments—Land, Buildings	s, and Equipme	iii. 5			•	· ·		(-) A			
	Description of investment				ı) Cost o sıs (ınve:		(b)Cost or ot basis (othe		(c) Accumula depreciation		( <b>d</b> ) Bo	ook value
				+-						- 1		
1a	Land						10,	000				10,000
	Land						10,6 613,	_	10	6,443		10,000 506,809
b			· ·				, ·	_	10	6,443		
b c	Buildings		· · ·				, ·	252		6,443 1,290		
b c d	Buildings						613,	252	18			506,809

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  CASH IN REVOLVING LOAN FUND	ne 15.		1,546,770
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Image (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST	ne 15.		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST DUE FROM AFFILIATES	ne 15.		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip CASH IN REVOLVING LOAN FUND ACCRUED INTEREST DUE FROM AFFILIATES  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. Stion		1,546,770 28,357
Part IX Other Assets. See Form 990, Part X, Immage (a) Descripe CASH IN REVOLVING LOAN FUND ACCRUED INTEREST DUE FROM AFFILIATES  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	ne 15. Stion		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Descripe CASH IN REVOLVING LOAN FUND ACCRUED INTEREST DUE FROM AFFILIATES  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	ne 15. Stion		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Descriped CASH IN REVOLVING LOAN FUND ACCRUED INTEREST DUE FROM AFFILIATES  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Total Income Taxes  Other Assets. See Form 990, Part X, Immage (a) Description of Liability  (a) Description of Liability  [a) Description of Liability  [a) Description of Liability	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Immage (a) Description of Liability  Federal Income Taxes	5.)		1,546,770 28,357 79,253
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip  CASH IN REVOLVING LOAN FUND  ACCRUED INTEREST  DUE FROM AFFILIATES  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		1,546,770 28,357 79,253

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,583,851
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,578,123
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,728
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,728
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	3,583,851
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,583,851
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,583,851
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	3,578,123
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
		l I	
b	Prior year adjustments		
b c	Prior year adjustments		
	· · ·		
c	Other losses	2e	
c d	Other losses	2e 3	3,578,123
c d e	Other losses		3,578,123
c d e 3	Other losses		3,578,123
c d e 3	Other losses		3,578,123
c d e 3 4	Other losses		3,578,123

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference

**Explanation** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493194011551

Open to Public Inspection

(h) Purpose of grant

Department of the Treasury Internal Revenue Service

Name of the organization
CENTER FOR RURAL AFFAIRS

(a) Name and address of

Employer identification number

47-0553823

(g) Description of

(f) Method of

Part I	General	Information	on	Grants	and	Assistance
--------	---------	-------------	----	--------	-----	------------

**(b)** EIN

- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(c) IRC Code section

(d) A mount of cash

(e) A mount of non-

<b>(B)</b> EIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
383653116		65,000		FMV	I	NSAC SUBCONTRACT
382870020		6,000		FMV		NSAC SUBCONTRACT
061495135	501(c)(3)	26,806		FMV		NSAC SUBCONTRACT
710603560		15,000		FMV	•	NSAC SUBCONTRACT
311543695	501(c)(3)	8,333		FMV	I	REAP SUBCONTRACT
261728620		20,000		FMV		RO SP SUBCONTRACT
391824623	501(c)(3)	5,265		FM∨		NSAC SUBCONTRACT
470798343		22,500		FMV		RO O P SUBCONTRACT
770252545	501(c)(3)	20,000		FMV	I	NSAC SUBCONTRACT
	383653116  382870020  061495135  710603560  311543695  261728620  391824623	383653116 382870020 061495135 501(c)(3) 710603560 311543695 501(c)(3) 261728620 391824623 501(c)(3)			If applicable   grant   cash   assistance   valuation (book, FMV, appraisal, other)	If applicable   grant   cash   assistance   waluation (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations . . . . . . .

	· · · · · · · · · · · · · · · · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Comp	plete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
				<u> </u>	·

Part IV	Supplemental Informa	ation. Complete this j	part to provide the infor	mation required in Part	t I, line 2, and any other a	additional information.	
Ident if ier	Return Referen	nce Exp	planation				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493194011551

OMB No 1545-0047

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name of the organization	
CENTER FOR RURAL AFFAIRS	

Employer identification number

47-0553823

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		CONFLICT OF INTEREST IS MONITORED BY THE EXECUTIVE DIRECTOR,

Identifier	Return Reference	Explanation
		BOARD OF DIRECTORS, AND THE PROGRAM COUNCIL IF IT INCLUDES A

ldentifier	Return Reference	Explanation
		BOARD MEMBER THAN IT GOES TO TEH BOARD FOR A VOTE AND IS

ldentifier	Return Reference	Explanation
		RECORDED IN THE MINUTES

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		AVAILABLE UPON REQUEST

	ldentifier	Return Reference	Explanation
I	Pt XI, Line 2c		THE AUDIT COMMITTE ASSUMES RESPONSIBILITY FOR THE AUDIT

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11A		THE FORM 990 IS A VAILABLE UPON REQUEST

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

DLN: 93493194011551

2009

Open to Public Inspection

Schedule R (Form 990) 2009

### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
CENTER FOR RURAL AFFAIRS

Employer identification number
47-0553823

Part I Identification of Disregarded Entities (Complete	Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)										
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) 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 Organiza or more related tax-exempt organizations during the	<b>tions</b> (Complete ıf th tax year.)	ne organization an	swered "Yes" o	n Form 990, Part	IV, line 34 because it had one						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity st (if section 501(c	(f) Fatus Direct controlling entity						
THE GRANARY FOUNDATION	TO SOLICIT AND HOLD		1								
PO BOX 136	ENDOWMENT FUNDS, USED TO SUPPORT PROGRAMS	NE	501(c)(3)	PF-T	YPE I NA						
LYONS, NE 68038 47-0804412	FOR THE CENTER FOR RURAL AFFAIRS		,,,,								

Cat No 50135Y

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	<b>(j</b> Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f)	)		(-)	(5)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary a	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

chedule R (Form 990) 2009			Рa	ige 3
Part V Transactions With Related Organizations (Complete If the organization answered "Yes" on Form 990,	Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in P	Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		1c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n	Yes	
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1р	Yes	_
<b>q</b> Other transfer of cash or property to other organization(s)		1q		No
r Other transfer of cash or property from other organization(s)	<b>-</b>	1r		No

(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved
(1) THE GRANARY FOUNDATION	1	3,946
(2) THE GRANARY FOUNDATION	n	72,376
(3) THE GRANARY FOUNDATION	р	38,571
(4)		
(5)		

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
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										1

#### **Additional Data**

Software ID: Software Version:

**EIN:** 47-0553823

Name: CENTER FOR RURAL AFFAIRS

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	142,836	including grants of \$	) (Revenue \$	)
	, RESEARCH AN DANALYSIS			AN DANALYSIS ON EMERGING A S, RESEARCH AN DANALYSIS ON	
(Code RURAL OPPORTUN	) (Expenses \$ ITIES AND STEWARDSHIP	306,675 P R O G R A M	including grants of \$	21,355 ) (Revenue \$	120 )
(Code SUSTAINABLE AG	) (Expenses \$ RICULTURAL MARKETPLACE	172,843 =	including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$	333,572	including grants of \$	20,000 ) (Revenue \$	1

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours		(C tion ( hat a	che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
CHUCK HASSEBROOK EXECUTIVE DIRECTOR	40 00			Х				52,641	0	19,604	
PAUL SWANSON PRESIDENT	50	Х		Х				0	0	0	
JIM KNOPIK VICE-PRESIDENT	50	X		х				0	0	0	
MARK GUSTAFSON SECRTARY	50	Х		х				0	0	0	
CHUCK KARPF TREASURER	50	Х		х				0	0	0	
DR LAVERNE BARRETT BOARD MEMBER	50	Х						0	0	0	
JOE BLANKENAU BOARD MEMBER	50	Х						0	0	0	
LOWELL FEY BOARD MEMBER	50	X						0	0	0	
BECKY GOULD BOARD MEMBER	50	X						0	0	0	
DAVID HANSEN BOARD MEMBER	50	X						0	0	0	
RHEA LANDHOLM BOARD MEMBER	50	Х						0	0	0	
KEITH MAHANEY BOARD MEMBER	50	X						0	0	0	
CLARK NICHOLS BOARD MEMBER	50	Х						0	0	0	
PAUL OLSON BOARD MEMBER	50	Х						0	0	0	
CY PINKELMAN BOARD MEMBER	50	Х						0	0	0	
MARYANNE ROUSE BOARD MEMBER	50	Х						0	0	0	
KAYLA SCHNEULLE BOARD MEMBER	50	Х						0	0	0	
CAROL SCHOOLEY BOARD MEMBER	1	Х									
KAREN TIKALSKY BOARD MEMBER	1	Х									
BOB WARRICK DIRECTOR EMERITUS	1	Х									
DON REEVES DIRECTOR EMERITUS	1	Х									

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STAFF DEVELOPMENT	13,824	12,722	1,102	0
COMMUNICATIONS	89,338	79,524	4,166	5,648
BAD DEBT EXPENSE	63,202	63,202	0	0
EQUIPMENT RENT	43,155	25,216	14,200	3,739
MISCELLANEOUS	43,787	41,102	0	2,685