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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning 1 JAN , 2010, and ending 31 DEC , 2010	C Name of organization RURAL HERITAGE CONNECTION OF BRADFORD Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 296 Room/suite City or town, state or country, and ZIP + 4 BRADFORD, NH 03221-0296																																				
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	D Employer identification number 30-0222872 E Telephone number 603 938 2199 F Group Exemption Number ►																																				
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	H Check ► <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																																				
I Website: ► NA	J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																				
K Check ► <input checked="" type="checkbox"/> If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.																																					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 11,304.78																																					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input type="checkbox"/>																																					
Revenue SCANNED FEB 05 2013	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1 2500</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td style="text-align: right;">3</td> </tr> <tr> <td>4 Investment income</td> <td style="text-align: right;">4 49.38</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> </tr> <tr> <td> b Less: cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c Ø</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a</td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: right;">6b</td> </tr> <tr> <td> c Less: direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d Ø</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> </tr> <tr> <td> b Less: cost of goods sold</td> <td style="text-align: right;">7b</td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c Ø</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td style="text-align: right;">9 2549.38</td> </tr> </table>			1 Contributions, gifts, grants, and similar amounts received	1 2500	2 Program service revenue including government fees and contracts	2	3 Membership dues and assessments	3	4 Investment income	4 49.38	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 Ø	6 Gaming and fundraising events		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	c Less: direct expenses from gaming and fundraising events	6c	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d Ø	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 Ø	8 Other revenue (describe in Schedule O)		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 2549.38
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Net Assets	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> RECEIVED <div style="border: 1px solid black; padding: 2px; display: inline-block;">DEC 06 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; vertical-align: middle;">IR3-OSC</div> </div> <div style="text-align: center; border: 1px solid black; padding: 2px; display: inline-block; vertical-align: middle;">OGDEN, UT</div>																																				

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8795.40	22 11,304.78
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	8795.40	25 11,304.78
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8795.40	27 11,304.78

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 _____

29 _____

If this amount includes foreign grants, check here □

30 If this amount includes foreign grants, check here

Page 6 of 6

21 Other services (describe in Schedule C) If this amount includes foreign grants, check here

Other program services (describe in Schedule O) _____ If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) in this amount includes foreign grants, check here

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

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, explain in Schedule O why the organization did not report the income on Form 990-T. 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 36

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 37b

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a ∅ 37a

b Did the organization file **Form 1120-POL** for this year? 38a

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 tax year covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter: 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40c

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40g

41 List the states with which a copy of this return is filed. ► 42a

42a The organization's books are in care of ► **FRAN VAINAS** Telephone no. ► **603 938-2264**
 Located at ► **PO Box 296, BRADFORD, NH 03221-0296** ZIP + 4 ► **03221-0296** 42b

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)? 42c

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**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43
 If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
 Not Applicable

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? <i>Ausbon Sargent</i>	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
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
- NONE -				
100% UNPAID VOLUNTEERS				

f Total number of other employees paid over \$100,000 ► *0*

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
- NONE -		

d Total number of other independent contractors each receiving over \$100,000 ► *0*

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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.

Sign Here	<i>Michele Halsted</i>	<i>30 NOV 2012</i>
	Signature of officer	Date
<i>MICHELE V HALSTED NEW PRESIDENT (2012)</i>		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No 1545-0047

2010Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

RURAL HERITAGE CONNECTION OF BRADFORD

Employer identification number

30-0222872

Part I 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.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 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.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e 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).
 f 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
 g 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) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U S?		(vii) Amount of support
					Yes	No	
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,115.52	2,000	754	36.50	2,500 ⁰⁰	9,406.02
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						
4 Total. Add lines 1 through 3	4,115.52	2,000	754	36.50	2,500.00	9,406.02
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,115.52	2,000	754	36.50	2,500	9,406.02
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54.84	301.50	266.49	96.88	49.38	769.09
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						10,175.11
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	92.4	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	91.0	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

THIS MAY BE A DUPLICATE FILING; THERE HAS BEEN
A STAFF TURNOVER SINCE 2010,
DURING 2010 RURAL HERITAGE CONNECTION
CONTRIBUTED \$ 3,500 TO AUSBON SARGENT
LAND PRESERVATION TRUST, A 501(C)3, FOR
BATTLES FARM PROJECT.

Name of the organization

RURAL HERITAGE CONNECTION OF BRADFORD, INC

Employer identification number

30-0222872

MISSION: TO EDUCATE ABOUT AND PROMOTE CONSERVATION OF RURAL OPEN SPACE + RURAL HERITAGE OF THE AREA AND OTHER ACTIVITIES + PROGRAMS ANCILLARY TO + IN SUPPORT OF THE FOREGOING, EXCLUSIVELY FOR + IN FURTHERANCE OF CHARITABLE PURPOSES. THE CORPORATION IS ORGANIZED + OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL + SCIENTIFIC PURPOSES.

RHC IS A 100% UNPAID VOLUNTEER ORGANIZATION. NO MEMBER, OFFICER OR DIRECTOR RECEIVES ANY SALARY OR REMUNERATION.

THIS MAY BE + LIKELY IS A DUPLICATE FILING OUT OF AN ABUNDANCE OF CAUTION, DUE TO STAFF + MANAGEMENT TURNOVER.

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