

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



032001 02-22-11

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A I</u>	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and en	nding J	<u>UN 30, 2011</u>			
В	Check If Ipplicable	C Name of organization		D Employer identific	ation number		
Γ	Address	CENTRAL VERMONT ECONOMIC DEVELOPMENT					
	Name change	Doing Business As		03-02	260892		
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number			
Ĺ,	Termin- ated	P.O. BOX 1439		(802)	223-4654		
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$ 224,789.			
	Applica tion	[MONIFELIER, VI 03001		H(a) Is this a group ret	urn		
	pending	F Name and address of principal officer Susan Andersen		for affiliates?	Yes X No		
		PO Box 1439, Montpelier, VT 05601		H(b) Are all affiliates incli	uded? Yes No		
1	ax-exe	mpt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) or	527		st (see instructions)		
		∷ ► NA		H(c) Group exemption			
		organization X Corporation Trust Association Other	L Year o		State of legal domicile VT		
		Summary			otto or regardent of a		
<u> </u>	, '—	riefly describe the organization's mission or most significant activities. Indust	trial	and commerc	rial		
Activities & Governance	1	development.		<u> </u>	7242		
ı,	-	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets		
Vē		lumber of voting members of the governing body (Part VI, line 1a)	3	34			
ဗိ	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	0		
ං ඊ ග		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2		
īţi	1	otal number of volunteers (estimate if necessary)		6	0		
Ě	727	otal unrelated business revenue from Part VIII, column (2)		7a	0.		
Ă	, ,	let unrelated business taxable income from Fpm 990-1, line 34	7b	0.			
		101		Prior Year	Current Year		
	8 0	Contributions and grants (Part VIII, line 1h)		302,977.	199,003.		
Revenue			 	37,601.	22,841.		
Ver	J		<u> </u>	1,819.	1,269.		
æ	1	nvestment income (Part VIII, column (A), line 3, 4 (and 70)		1,621.	1,676.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			224,789.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		344,018.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>			
	۔ ۔ ۔	Renefits paid to or for members (Part IX, column (A), line 4)	-	143,331.	148,788.		
Expenses	15 5	dalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
ë	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> ⊢	0.	0.		
Ä	b		0.	1.67 1.03	110 467		
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		167,103.	118,467.		
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash	310,434.	267,255.		
_ 0	19 F	Revenue less expenses Subtract line 18 from line 12		33,584.	-42,466.		
Net Assets or Fund Balances		(1) (2) (2) (40)	Red	ginning of Current Year	End of Year		
SSE	20 1	otal assets (Part X, line 16)	ļ	277,977.	244,705.		
et/	21 7	otal liabilities (Part X, line 26)	-	3,788.	12,982.		
1	art II	let assets or fund balances Subtract line 21 from line 20 Signature Block		274,189.	231,723.		
_			and atatam	note and to the best of mu	to a contract of the contract		
		lies of penury, I declare that I have examined this return, including accompanying schedules at			knowledge and belief, it is		
uue	, correct	and complete. Declaration of preparer other than officer) is based on all information of which	ii preparer	rias ariy kilowiedde.	> > //		
o:-	_	Sinfaire of officer Walley		Date	20/11		
Sig	- 1			i l	l		
Hei	e	Susan Andersen, Executive Director Type or print name and title					
_		Durat/Guna assassala nama	חו	ate Check	TI PTIN		
Da:	- 1	Print/Type preparer's name	1111] r	┦,		
Paid	- h		- (<u>†</u>	2/22/11 self-employed			
	· -	Firm's name BATCHELDER ASSOCIATES, P.C.		Firm's EIN			
USE	Only	Firm's address 1 CONTI CIRCLE BARRE, VT 05641		Dhana 0.0	12 476 0400		
N45	, the ID	S discuss this return with the preparer shown above? (see instructions)	_	Tenone no. 80	2-476-9490 X Ves No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

1(3-16

			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		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	Schedule D, Part III	8		Х
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	۰		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	 		
10	-	40		X
	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11				
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١.,		₹.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	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	١		77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	• • •	l		37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
_	Schedule D, Parts XI, XII, and XIII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			37
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7.7
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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 United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	<u>X</u>
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		_X_
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		X
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		<u>X</u>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000 (
		_	. 111177 //	

			res	NO
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		X
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_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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			3.5
	Schedule J	23		X
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 lines 24b through 24d and complete	04.		v
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24U		
258	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
U	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		
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		Х
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
Ċ	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	33		
54	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	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," complete Schedule R, Part V, line 2			,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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		X
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	Х	<u> </u>
		Form	990 (2010)

art V	SI	atements R	egarding	Other	IRS	Filings	and	Tax	Com	olianc	e:

	Check in Schedule O Contains a response to any question in this rait v			<u></u> _			
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
_	(gambling) winnings to prize winners?	1c					
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 2a 2						
				v			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X			
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-		Х			
3a b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a	-				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b_	_				
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
h	If "Yes," enter the name of the foreign country.	40		- 21			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-				
6a	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		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-					
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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					
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	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					
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	_					
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
ь 10	Section 501(c)(7) organizations. Enter	90					
a	Initiation fees and capital contributions included on Part VIII, line 12	1	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
а	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)		İ				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	}				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	255				
		Form	990 (20101			

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

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?	-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		78	<u>. </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	71)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following				
а	The governing body?		88	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		81	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Ц	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue Code)			. ,
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10	а	X
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?		10		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11	a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	a X	ļ
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise	ŀ		
	to conflicts?		12	b X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," describe	}		
	in Schedule O how this is done		12	1	X
13	Does the organization have a written whistleblower policy?		15		X
14	Does the organization have a written document retention and destruction policy?		14	-	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				1,7
a	The organization's CEO, Executive Director, or top management official		15		X V
D	Other officers or key employees of the organization		15	D	X
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	mont with a	-		
ioa		nent with a	46		x
h	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate ite participation	16	4	 ^
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization to evaluate requiring the organization adopted a written policy of procedure requiring the organization to evaluate requiring the organization to evaluate requiring the organization to evaluate requiring the organization adopted a written policy of procedure requiring the organization to evaluate requiring the organization to evaluate requiring the organization to evaluate requiring the organization of the organization				
	exempt status with respect to such arrangements?	anization s	16	_	
Sec	tion C. Disclosure		1 10	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶VT				•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avai	lable for	•	
.0	public inspection. Indicate how you make these available. Check all that apply	(20 / (5)(6)6 orny) avai	.2210 101		
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest police	ev, and f	nancia	
	statements available to the public	cor or interest polit	- y , with 11		
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the orga	nızatıon	•	
	Susan Andersen - 223-4654				<u>-</u>
	P.O. Box 1439, Montpelier 05601	*			
				- 000	10040

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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

(A)	(B)		(C) Position					(D) Reportable	(E) Reportable compensation	(F) Estimated
Name and Title	Average hours per	(check all that apply)				Iv)	compensation	amount of		
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Susan Matthews	40.00							_		•
Executive vice president	40.00	Х	-	_	X	-		0.	0.	0
Jennifer Surat	40.00	x			x	ŀ		0.	0.	0
Executive admin.	40.00	^			^	╁┈		0.	<u> </u>	<u></u>
See attached for board of directors.								0.	0.	0
			 							
	·					-				
					_					
						 				_
			-	-		-				
		-						-		
			<u> </u>			-				
					1					

rai	t VII Section A. Officers, Directors, Tru	istees, Key Er (B)	nplo	oyee	s, aı (C		<u>ligh</u>	<u>est</u>					/E\	
	(A) Name and title	Average			ر Posi		1		(D) Reportable	(E) Reportable		Fs	(F) timate	ed .
	Numb and this	hours per week	_				арр	ly)	compensation	compensation from related	ŀ	am	ount other	
		(describe hours for	Individual trustee or director				ted		the organization	organizations (W-2/1099-MIS			oensa om th	
		related	ustee o	trustee		g,	pensat		(W·2/1099·MISC)	(** 27 1000 14110	"		anızat	
		organizations in Schedule	nd ual tr	Institutional trustee	. as	Key employee	Highest compensated employee	Je.					l relat nızatı	
		0)	Ē	la St	Officer	Key	F	률						
							-							
				-										
•														
				-							\dashv			
				<u> </u>			<u> </u>							
				 		-	_							
			_			_	ļ				_			
	Sub-total Sub-total		L .			<u> </u>			0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							Ö.		0.			0.
	Total (add lines 1b and 1c)						>		0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	bove	e) wh	no re	eceived more than \$100	1,000 in reportable	ŧ			0
									·	- /			Yes	No
3	Did the organization list any former officer,			e, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d oti	her compensation from	the organization	ŀ	3_		X
	and related organizations greater than \$150	•							•	J		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				•		elat	ed organization or indiv	dual for services		5		X
Sec	tion B. Independent Contractors	piete Scriedar		101 3	ucii j	pers	3011							Λ
1	Complete this table for your five highest co the organization NONE	mpensated in	dep	ende	ent c	onti	racto	rs t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	the organization NONE (A)								(B)			(C	;)	-
	Name and business	address						_	Description of s	ervices		omper	nsatio	n
														•
								-						
					_			-						
				_										
2	Total number of independent contractors (i \$100,000 in compensation from the organic		ot li	ımıte	d to		se li: O	sted	d above) who received n	nore than				
	The organic						-		······································			Form	990 (2010)

Form	9901			NT ECONO	MIC DEVELO	PMENT	03-0260	0892 Page 9
	t VII	II Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c	Federated campaigns Membership dues Fundraising events	1a 1b 1c	27,800.				
utions, gif er similar	d e f	Related organizations Government grants (contributions, gifts, grants)		166,203.				
Sontrib and oth	9	Similar amounts not included about Noncash contributions included in lines		5,000.	199,003.			
	2 a	Total. Add lines 1a-1f Lease Income	· · · · · · · · · · · · · · · · · · ·	Business Code 900000	8,081.	8,081.		
Program Service Revenue	b							
Program Rev	d e	All other program service revi		900099	14,760.	14,760.		
_	g	Total. Add lines 2a-2f		•	22,841.	14,700.		
	3	Investment income (including other similar amounts) Income from investment of ta		>	1,269.	1,269.		
	5	Royalties	(ı) Real	(II) Personal				
	6 a b c	Less rental expenses						
	d 7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	_	Less cost or other basis and sales expenses						
	d	: Gain or (loss) I Net gain or (loss)	L					
Other Revenue	8 a	Gross income from fundraisir including \$contributions reported on line	of					
Other		Part IV, line 18 Less: direct expenses Net income or (loss) from fun	a b draising events	•				
		Gross income from gaming a Part IV, line 19	а					
	С	 Less direct expenses Net income or (loss) from gar Gross sales of inventory, less 	-	>	··-			
		and allowances Less cost of goods sold	a b					
-	<u>c</u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code			<u> </u>	
	11 a b	Other Income		900099	1,676.	1,676.		
	c d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.		>	1,676. 224,789.	25,786.	0.	0.
032009				<u></u>	- <u></u>		<u></u>	Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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	114,023.	102,621.	11,402.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	25,756.	23,181.	2,575.	
10	Payroll taxes	9,009.	8,108.	901.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,060.	2,060.		
13	Office expenses	4,446.	4,002.	444.	
14	Information technology				
15	Royalties				
16	Occupancy	10,224.	9,202.	1,022.	
17	Travel	2,216.	1,994.	222.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,441.	6,697.	744.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	892.		892.	
23	Insurance	3,712.	3,341.	371.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	311 E W EE [37,512.		37,512.	
b	Grant Passthrough	31,966.	31,966.		
С	Transportation/mileage	4,695.	4,225.	470.	
d	Dues & Subscriptions	3,548.		3,548.	
е	Legal & Professional	2,848.	2,565.	283.	
f	All other expenses	6,907.	6,396.	511.	
25	Total functional expenses. Add lines 1 through 24f	267,255.	206,358.	60,897.	0
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Form 990 (2010)

032010 12-21-10

orm 990 (Part X	8010) CENTRAL VERMONT ECONOMIC DEVI Balance Sheet	PHOLIENT.	<u> </u>	260892 Page 11
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	226,572.	1	232,390.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	10,142
5	Receivables from current and former officers, directors, trustees, key			
ļ	employees, and highest compensated employees. Complete Part II		[
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ŀ	employers and sponsoring organizations of section 501(c)(9) voluntary			
.	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net	49,645.	7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	1,305.
10a	Land, buildings, and equipment cost or other			
-	basis Complete Part VI of Schedule D Less accumulated depreciation 10a 54,276 10b 53,408	<u>5.</u>		
b	Less accumulated depreciation 10b 53,408	1,760.	10c	868
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	277,977.	16	244,705
17	Accounts payable and accrued expenses	493.	17	2,810
18	Grants payable		18	
19	Deferred revenue		19	5,850
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21	highest compensated employees, and disqualified persons. Complete Part II			
'	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	3,295.	25	4,322
26	Total liabilities. Add lines 17 through 25	3,788.	26	12,982
ŀ	Organizations that follow SFAS 117, check here			
27 28 29 30 31 32	lines 27 through 29, and lines 33 and 34.	020 207		160 001
27	Unrestricted net assets	232,307.		168,291
28	Temporarily restricted net assets	41,882.	1	63,432.
29	Permanently restricted net assets		29	
:	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	074 100	32	024 802
33	Total net assets or fund balances	274,189.	33	231,723.
34	Total liabilities and net assets/fund balances	<u> </u>	34	244,705.

Form **990** (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

2010
Open to Public Inspection

Name of the organization

CENTRAL VERMONT ECONOMIC DEVELOPMENT

Employer identification number 03-0260892

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(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 advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purposi	e conferring
	impermissible private benefit?	•	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	**	
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		_
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ıal gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2010

		VERMONT E						03-02				
Par	t III Organizations Maintaining C	ollections of A	rt, Historic	al Tre	asures, o	r Othe	r Simil	<u>ar Asse</u>	ts (conti	nued)		
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply)											
а	Public exhibition	¬										
b	Scholarly research	e	e 🔲 Other									
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be ma								Yes		<u>No_</u>	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or												
	reported an amount on Form 990, Par	t X, line 21	_									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contri	butions	or other as:	sets not	ıncluded					
	on Form 990, Part X?								Yes		No	
b	b If "Yes," explain the arrangement in Part XIV and complete the following table											
	· -								Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No	
	If "Yes," explain the arrangement in Part XIV	·										
Par	t V Endowment Funds. Complete r	f the organization ar	nswered "Yes"	to Forr	n 990, Part	IV, line 1	0					
		(a) Current year	(b) Prior ye	ar	(c) Two year	s back	(d) Three y	ears back	(e) Four	years	back	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities						-					
	and programs		•			- 1						
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year end balance held as											
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Term endowment	%										
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization											
	by Yes No									No		
	(i) unrelated organizations 3a(i)											
	(ii) related organizations 3a(II)											
b	If "Yes" to 3a(ıı), are the related organizations listed as required on Schedule R?											
4	Describe in Part XIV the intended uses of the											
Pai	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X, line	10.						_		
	Description of investment	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	value	€	
		basis (invest	basis (investment) basis (other) de		der	oreciation						
1a	Land											
b	Buildings			_								
c	Leasehold improvements											
d	Equipment			54	4,276.		53,4	08.		8	<u>68.</u>	
е	Other											
Tota	Add lines 1a through 1e (Column (d) must e	gual Form 990 Par	X column (B)	line 10	(c))					8	68.	

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

	Sule (Form 990) 2010 CENTRAL VERMONT ECONOMIC DE				<u>)260892 </u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			789.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		267	<u>, 255.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-42	466.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5		<u> </u>	
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			<u>,466.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	its With Rever	iue per F	Return		
1	Total revenue, gains, and other support per audited financial statements			1	224	<u>,789.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a		-		
b	Donated services and use of facilities	2b		- 1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		↓		•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	224	789.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIV)	4b		- 1		•
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Stateme	nto With Evno	2000 200	5 Dotu		<u>,789.</u>
		iits with Expe	ilses pei	1		255
1	Total expenses and losses per audited financial statements			1	201	<u>, 255.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a		-		
þ	Prior year adjustments	2b		-		
С.	Other losses	2c		-		
d	Other (Describe in Part XIV)	2d	··	ا ۵۰ ا		Λ
e	Add lines 2a through 2d			2e 3	267	,255.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1			•	201	, 2,,,,
4	Investment expenses not included on Form 990, Part VIII, line 7b	40				
a		4a 4b		┨ ┃		
D	Other (Describe in Part XIV)	40		1 40		0.
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	267	,255.
	t XIV Supplemental Information			1 3 1	207	, 233.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4 Pa	rt IV lines 1	lb and 2	b. Part V line	4. Part
	e 2: Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl					.,
,		-	,			
_					. <u></u>	
			······································			
				Cabad	ule D (Form 9	00) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CENTRAL VERMONT ECONOMIC DEVELOPMENT 03-0260892 Form 990, Part VI, Section A, line 6: Members Form 990, Part VI, Section B, line 11: Presented to the Board of Directors Form 990, Part VI, Section C, Line 19: Made available upon request.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01:24-11

Schedule O (Form 990 or 990-EZ) (2010)